association with serum IL-32 titer and clinical manifestation of patients with CD, and identify whether serum IL-32 test is helpful in the differential diagnosis between CD and intestinal tuberculosis (ITB).

Methods: Serum samples from 48 patients with CD, 46 patients with ITB and 20 normal control were collected. Serum IL-32 gamma (most active isoform of IL-32) titer was measured by IL-32 gamma specific sandwich ELISA.

Results: Serum IL-32 gamma titer in patients with CD was significantly elevated compared with patients with ITB and normal control (p < 0.01). Between patients with ITB and normal control, serum IL-32 gamma titers were not significantly different. In patients with CD, serum IL-32 gamma titer tended to be increased patients with clinical symptoms such as weight loss, abdominal pain and hematochezia, and patients with lesion involved small bowel and anorectal area (p < 0.05).

The sensitivity, specificity, positive predictive value and negative predictive value of serum IL-32 gamma titer for diagnosis of CD were 64.6%, 73.9%, 45.7% and 54.3%, respectively.

Conclusions: Serum IL-32 gamma titer can represent CD activity and be helpful in the differential diagnosis between CD and ITB. However, prospective large studies are needed to verify the clinical usefulness of serum IL-32 gamma titer in diagnosis and monitoring of CD.

P261 Clinical usefulness of fecal calprotectin measurement in predicting intestinal involvement of Behçet’s disease: preliminary results

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Background: Fecal calprotectin (FC) concentration directly represents the degree of intestinal inflammation. It is established that FC level predicts the clinical course of inflammatory bowel disease. However, little is known about the impact of FC in patients with intestinal Behçet’s disease (BD).

Methods: Fifteen consecutive patients with systemic BD who undertook colonoscopy for evaluation of gastrointestinal symptoms were prospectively enrolled between November, 2012 and March, 2013 in Severance hospital, Seoul, Korea. Fecal specimens from the patients were obtained one day before starting bowel preparation. FC level was compared with colonoscopic outcomes, disease activity index for intestinal BD (DAIBD), and laboratory markers.

Results: Median age of the patients was 43 (31-68) and nine (60%) were male. Of them, 11 (73.3%) showed intestinal ulcers (five typical and six atypical ulcers). Terminal ileum was the most frequent location (81.8%). Three definite intestinal BD (27.3%) and eight probable intestinal BD (72.7%) were diagnosed from the established criteria. Median FC level in patients who had typical intestinal ulcers was significantly higher than in those with atypical ulcers or without ulcers (56.83 μg/g [327.12–1604.39], 51.75 μg/g [20.14–95.18] and 58.36 μg/g [6.04–103.53], respectively; P = 0.004 and 0.016, respectively). However, serum CRP level and DAIBD in patients with typical ulcers were not significantly different from those in patients with atypical ulcers or without ulcers.

Conclusions: High FC level was clearly correlated with typical intestinal BD ulcers. FC level might have a significant role as a non-invasive surrogate marker of intestinal involvement of BD.

P262 Clinical outcome of perianal Crohn’s disease: Natural history and impact of medical and surgical strategies over time

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Background: Perianal Crohn’s disease (pCD) is associated with complications leading to recurrent surgery and tissue damage. Immunosuppressive drugs (IS) including anti-TNF have changed the management of pCD. Our aim was to describe the management and the natural history of a cohort of patients with active pCD and to identify predictive factors of poor evolution.

Methods: A retrospective study of pCD patients registered in the database of the university hospital of Liege, Belgium. Perianal lesions included abscess, fistulae, anal fissure, anal strictures. pCD treatments included antibiotics, surgical drainage (with or without seton), stoma. Medical treatments including IS and anti-TNF were recorded at pCD diagnosis and over follow-up.

pCD relapse was defined as anti-therapy for recurrent abscess, the need for surgical drainage or stoma. The subgroups of patients followed before (old cohort) and after (young cohort) the year 2000 were compared in a subanalysis.

Results: 181 patients with pCD were included. Mean follow-up was 7.9 years. Mean time between CD and pCD diagnosis was 6.3 years. Lesions at pCD diagnosis were abscess in 93/181 (51%), fistula in 91/181 (50%; 77/93 of complex fistulae), anal fissure in 28/181 (15%), anal stricture in 18/181 (10%). At diagnosis abscess drainage was performed in 31/181 (17%), drainage + seton in 44/181 (24%), stoma in 18/181 (10%), 132/181 (74%) and 83/181 (47%) had IS and anti-TNF respectively at pCD diagnosis. Relapse rate was 51% within a mean time of 33 months. During follow-up 15% required a stoma. Predictive factors of relapse of perianal were perianal abscess (p < 0.0001, HR=4.4), fistula (p < 0.0001, HR=3.3) or surgical drainage at diagnosis (p < 0.0001, HR=4.5), young age at pCD diagnosis (28 versus 31 yo, p = 0.02), short time between CD and pCD diagnosis (5.7 versus 7 years, p = 0.01), IS (p = 0.04, HR=1.8) and anti-TNF (p = 0.01, HR=1.5) at pCD diagnosis. Anti-TNF during follow-up, time to introduce them and duration of anti-TNF treatment were not predictive of relapse. The young and old cohort had the same characteristics at pCD diagnosis except a higher use of IS (87% vs 48%, p < 0.0001) and anti-TNF (3% vs 68%, p < 0.0001) in the young cohort. Clinical outcome including the time to relapse, type of relapse, need for surgery and stoma was similar in both cohorts.

Conclusions: In our cohort of pCD patients half of them had a perianal relapse over the time requiring surgery in more than 2/3 of them. At pCD diagnosis perianal abscess, fistula, surgical drainage, young age, treatment with IS or anti-TNF were associated with a higher risk of relapse. Although higher prescription of anti-TNF and IS in the last years new treatment strategies have not impacted the outcome of pCD.

P263 Clinical impact of magnifying chromoendoscopy on assessment of mucosal healing and prediction of disease relapse in quiescent ulcerative colitis

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Background: Mucosal healing (MH) has emerged as an important treatment goal in ulcerative colitis (UC). Several previous studies showed that achievement of mucosal healing is associated with medium- and long-term clinical outcome. However, there is no validated definition of MH. The aim of this study is to examine the usefulness of magnifying colonoscopy for evaluation of MH in UC.