The sensitivity, specificity, positive predictive value and non-invasive surrogate marker of intestinal involvement of BD.

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 for diagnosis of CD.

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

D.H. Kim*, B. Kim, S.J. Park, S.P. Hong, T.J. Kim, W.H. Kim, J.H. Cheon. Yonsei University College of Medicine, Department of Internal Medicine and Institute of Gastroenterology, Seoul, South Korea

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 (567.83 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 IL-32 gamma level and DAIBD in patients with typical ulcers were not significantly different from those in patients with atypical ulcers or without ulcers.

Conclusions: 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

A. Natalis1, E. Louis1,*, C. Vankemseke1, J. Belaiche1, L. Seidel2, C. Reenaers3,*, 1 CHU de Liege, Gastroenterologie, Liege, Belgium, 2 CHU de Liege, Statistics, Liege, Belgium

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.

Results: A total of 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%), and complex fistulae, anal fissure and abscess in 28/181 (15%). 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 were perianal abscess (p < 0.0001, HR=8.4), fistula (p < 0.0001, HR=4.5) or surgical drainage at diagnosis (p < 0.0001, HR=4.5). At diagnosis, 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 were 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

M. Matsuura1,*, H. Nakase2, T. Yoshino1, T. Chiba1. 1 Kyoto University Hospital, Department of Gastroenterology and Hepatology, Kyoto, Japan, 2 Kyoto University Hospital, Division of Endoscopic Medicine, Kyoto, Japan

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.

Methods: 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).

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 (567.83 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 IL-32 gamma 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.