12 months after the start. Pre-emptive treatment with an anti-emetic to reduce adverse events was underused.

P-018
Clinical presentation, therapeutic approach and disease course of pediatric ulcerative colitis in a referral center
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Introduction: Pediatric UC is usually more extensive and progressive than adult’s. Initial intensive therapies are needed and surgery is earlier indicated.

Aim: To review the epidemiologic features and clinical outcomes of our pediatric UC patients.

Methods: Retrospective study of our pediatric UC patients diagnosed between 2008 and 2012 in our center. Data on epidemiology, clinical presentation, therapeutic management and outcomes were reviewed at baseline and throughout the follow-up.

Results: 48 patients were included. Mean follow-up 28 months (SD 17 mo). Median age at diagnosis: 12 years (p25–75 7.2–14). Clinical presentation at diagnosis: 92% rectal bleeding, 77% diarrhea, 50% abdominal pain, 42% weight loss. 67.8% had pancolitis or extensive colitis, 23.4% proctocolitis, 8.5% left-side colitis. Mean PCDAI at diagnosis: 45 points (SD 15.7); 13.6% presented with severe disease. Median diagnostic delay 5 months. 36 patients (75%) received 5-ASA at disease onset; 9 of these patients needed also steroids. Globally, 62.4% (n = 30) received cyclosporine at onset; 2 of them received also infliximab, without response and need for colectomy (4% of the whole group). The incidence of steroid-dependence and steroid-resistance was 26% and 16%, respectively. Throughout the follow-up, 35.4% presented with at least one severe relapse. 41.6% did not show recurrence. Endoscopic follow-up was performed in 22 patients, with 3 showing disease extension (pancolonic involvement).

Conclusions: Our UC patients show a similar pattern to those described in the literature, with extensive and aggressive disease. The main predictor of colectomy was failure of rescue therapy after steroid-resistance since diagnosis.

P-019
Short term clinical course in pediatric IBD based on a nationwide, prospective Hungarian pediatric IBD registry (HUPIR)
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Background: There has been no nation-wide pediatric inflammatory bowel disease (IBD) registry with prospective follow-up. Our aim was to evaluate the short-term clinical course of pediatric IBD in a prospective nation-wide registry.

Methods: From January 1, 2010 to December 31, 2013 demographic and clinical data of newly diagnosed pediatric IBD patients younger than 18 years were prospectively registered. The first three years of disease course has been analyzed based on diagnosis, frequency of relapse, and need for aggressive therapy.

Results: A total of 148 new IBD cases were identified [Crohn’s disease (CD): 99, Ulcerative colitis (UC): 35, IBD-unclassified (IBD-U): 14], the incidence rate of IBD was 7.48/105. At the third year of follow-up the cumulative incidence of bowel resection in CD was 12.5%. Relapse rates in CD at the first, second and third year were 35%, 25% and 17.5%, respectively. Relapse rate in UC in the first three years was 41%. Mean pediatric CD activity index (PCDAI) was 34 at diagnosis, 6.2 at one-year, and 6.6 at three years. Mean pediatric UC activity index (PUCAI) was 37 at diagnosis, 8.6 at one-year, and 2.8 at three-year of follow-up.

Conclusions: Medium rate of relapse and low activity indices (PCDAI and PUCAI) were observed at follow-up based on the first nation-wide registry that included prospectively collected disease activity indices in children.

P-020
Japanese pediatric inflammatory bowel disease registry – just embarked
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Introduction: Children with inflammatory bowel disease (IBD) have been increasing worldwide including Asia. A study group was formed for Japan pediatric IBD registry (JPIBD).

Aim: To reveal the characteristics of Japanese pediatric IBD.

Methods: Prospective registration of newly diagnosed Japanese children with IBD through web-based system was started as of October of 2012. The disease characteristics at diagnosis were evaluated using the PARIS classification. The results were compared to EUROKIDS data.

Results: 83 children with IBD were registered from 14 institutions. 35 had Crohn’s disease (CD), 46 had ulcerative colitis (UC) and 2 had indeterminate colitis. For CD, the mean age of diagnosis was 11.2 ± 3.9 y (A1a: 22.9%, A1b: 77.1%). The disease location at diagnosis was L1 in 12.1%, L2 in 15.2%, L3 in 45.5%, L1+L4a in 6.1%, L2+L4a in 3.0%, and L3+L2a in 18.2%. The disease behavior was B1 in 79.4%, B2 in 14.7%, B3 in 2.9%, and B2B3 in 2.9%. 32.4% had perianal disease. For UC, the mean age of diagnosis was 10.9 ± 3.7 y (A1a: 23.9%, A1b: 76.1%). The disease extent at diagnosis was E1 in 10.9%, E2 in 10.9%, E3 in 4.3%, and E4 in 73.9%. The above data did not reveal the significant difference from EUROKIDS (published on Inflamm Bowel Dis in 2012) except for more perianal disease in JPIBD (p < 0.01).

Conclusion: Although Japanese children with CD had more perianal disease, other characteristics appeared similar to EUROKIDS data. Further comparison with more subjects and natural history will be conducted in the future.

P-021
Phenotype of paediatric IBD in a Southeast Asian population
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Introduction and Aim: We aimed to describe the trends and phenotype of paediatric inflammatory bowel disease (IBD) in our local population.

Methods: A retrospective records review of paediatric IBD patients (<18 years at diagnosis) from 1998–2013 was performed. Children were classified as having early onset (EO) (0–5 years) or later-onset (6–11 and 12–18 years) disease. Anatomical involvement and behavior were assessed according to the Paris classification.

Results: Forty-eight children were included: 27 (56%) Crohn’s Disease (CD), 19 (40%) Ulcerative Colitis (UC) and 2 IBD unspecified. The number of newly diagnosed IBD patients appeared to increase in each 5-year time period; 9 (1998–2003), 10 (2004–2008), 29 (2009–2013). Eight had EO-IBD