(63% female, 63% Chinese). Median (range) age at diagnosis was 3.5 (1–5) years. UC was more common (63%) in EO-IBD, with 60% having extensive involvement (E3). Pancolonic involvement and proctitis were seen in 83% (6–11 year-olds) and 57% (12–18 year-olds). CD was more common in later-onset disease: 66.7% (6–11 year-olds) and 53.3% (12–18 year-olds). Upper gastrointestinal tract involvement was seen in 37% of CD. 32% of CD had growth delay at presentation. 32.2% of children with CD achieved remission with enteral nutrition alone. All other patients required a combination of steroids and immunomodulators with one child needing Adalimumab & thalidomide. A higher proportion of younger patients experienced relapse requiring repeat steroid therapy.

Conclusion: We have seen a four-fold rise in paediatric IBD over the last five years. Early onset IBD appears to exhibit more extensive disease.

P-022
What is the difference between early-onset pediatric ulcerative colitis and late-onset pediatric ulcerative colitis?
A single center experience in Japan
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Introduction: Early-onset pediatric ulcerative colitis (UC) are distinguished by an impact of genetic predisposition, compared with late-onset pediatric UC. However, the clinical features of early-onset pediatric UC have been poorly reported.

Aim: To describe the presentation and disease course of early-onset (the range 0 to 7 years) pediatric UC compared with late-onset (the range 8 to 15 years) pediatric UC.

Methods: We analyzed 43 children with UC were diagnosed between January 2008 and December 2013 in Saitama Children’s Medical Center in Japan, retrospectively.

Results: Eight patients (19%) were in the early-onset group (EO), 35 patients (81%) in the late-onset group (LO). All in EO had a pancolitis, compared with 69% of LO (P = 0.16). Diagnostic delay (>2 months) was more frequent in EO than in LO (P < 0.05). The prevalence of extraintestinal manifestations were higher in EO than in LO (P = 0.01). No statistical differences between the 2 groups were found for family history for IBD, PUCAI at the diagnosis, and severity at follow up. Therapies at follow up were almost similar in EO and LO; corticosteroids-dependent (63% vs 49%), the need of immunompressive agents (25% vs 31%), and surgery (15% vs 16%). However, anti-TNF-alpha have been used only to 11 patients in the late-onset group (0% of EO vs 31% of LO: P = 0.09).

Conclusion: The early-onset group has a pancolitis, diagnostic delay, and extraintestinal manifestations. These findings might exhibit the diagnosis and treatment strategies of early-onset pediatric UC are more challenging than those of late-onset pediatric UC.

P-023
Impact of socio-economic position on incidence of inflammatory bowel disease in children
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Introduction: There has been a marked increase in the incidence of Inflammatory bowel disease (IBD) over the last 25 years, suggesting environmental factors are important.

Aims: The objective of this study was to investigate the relationship between IBD and socioeconomic position.

Methodology: Data was collected prospectively on all children from Bristol and the South West of England diagnosed with IBD between 2004–2013. Socioeconomic position was determined by quintile rank Index of multiple deprivation score (IMD-10 score) based on postcode at diagnosis. 2011 Census provided the control population data. Data was analysed using Pearson Chi Squared test. There were 5 groups ranging from 1 which was the most deprived to 5, the least deprived.

Results: 384 children aged 0–17 years were diagnosed with IBD of which 50 had a City of Bristol postcode. The children from this postcode are all exclusively managed by Bristol Paediatric gastroenterology department so reliable incidence rates could be calculated. The incidence of IBD was found to be 8.72, 7.56 and 9.82/100,000 respectively in groups 1, 2 and 3 compared to the two highest socio-economic classes comprising Groups 4 and 5 where the incidence was 4.15 and 4.72/100,000. This difference however did not reach statistical significance.

Conclusions: Our data suggests a higher incidence of diagnosed IBD in children from lower socioeconomic classes which favours an environmental aetiology. The results did not reach statistical significance, possibly due to small numbers. A larger study is warranted.

P-024
Rising incidence and increasing severity of very early onset IBD in Ireland
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Introduction: The literature describing very early onset IBD (VEO-IBD) is limited.

Aim: This study examined the epidemiology, phenotype and clinical outcomes of an Irish national cohort from 2000 to 2013.

Methods: A retrospective review of all cases of VEO-IBD (those diagnosed <10 years of age) attending the National Centre of Paediatric Gastroenterology from January 2000 to December 2013 was undertaken. Patient demographics, diagnostic work-up, treatment, and outcomes were recorded. Cases were phenotyped according to the Paris Classification. Data were analysed using SPSS. Poisson regression analysis was used to calculate incidence rates.

Results: 181 children with VEO-IBD were identified; 87 (48%) had Crohn’s Disease (CD), 74 (41%) had Ulcerative Colitis (UC) and 20 (11%) had undefined IBD (IBD-U). The incidence of VEO-IBD increased from 0.8 to 3.3/100,000/year. A significant increase of 10% per year in the incidence of UC (p = 0.009) was noted, Pancolonic UC (E4) increased (5%/100,000/year; P = 0.066) and those presenting with severe UC disease activity (S1) (8%/100,000/year; P = 0.07) rose steadily. Males had a significantly higher incidence of extensive disease (L3 +/- L4) (p = 0.009) and a higher prevalence of upper GI disease (p = 0.03). At one year follow up 95 (64%) of the 148 patients followed were in clinical remission with 88 (59%) in steroid-free remission.

Conclusions: The dynamics of VEO-IBD have recently changed in Ireland, notably the significant increases in the incidence and severity of UC and more severe VEO-IBD disease phenotypes in males. Future prospective longitudinal studies are required to fully elucidate the factors underlying VEO-IBD.

P-025
Is it Crohn’s disease? Diagnostic errors in a young child
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Introduction: Primary eosinophilic gastro-intestinal disorders represent a specific group of inflammatory diseases characterized by the presence of eosinophilic infiltrates of the digestive wall. These disorders are classified into eosinophilic esophagitis, gastro-enteritis and colitis, the last one being the rarest described.

Objectives: This paper presents a case with eosinophilic colitis in a 3 years old boy which was considered at the onset as
Crohn's disease due to common clinical manifestations and similar endoscopic findings, along with an initial inconclusive histopathological interpretation of the biopsy sample. The child didn’t present relevant changes at clinical examination. Inflammatory tests were negative, with moderate peripheral eosinophilia, increased total IgE serum level, increased level of specific IgE antibodies against casein/lactalbumin/beta-lactoglobulin. Fecal calprotectin was increased, colonooscopy showed disseminated aftoid lesions separated by normal mucosa from descending colon to cecum. Histopathological examination revealed inflammatory infiltrates composed by lymphocytes/eosinophils (~40 eosinophils/field). We sustained the diagnosis of eosinophilic colitis associated to cow's milk proteins allergy. After dairy exclusion, with systemic corticosteroids and leukotriene inhibitors, the evolution was favorable.

Conclusions: A number of pediatric disorders may present similar clinical manifestations with Crohn’s disease: infectious enterocolitis (viral, bacterial), cow's milk protein allergy/eosinophilic colitis. Fecal calprotectin and colonooscopy don’t have maximum accuracy for differential diagnosis. Histopathological examination is the most specific for defining the diagnosis.

P-026
Inflammatory bowel disease in Romanian children – the experience of a single center
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Introduction: The incidence of inflammatory bowel disease (IBD) is increasing in the pediatric population of developing countries. This tendency may be explained by the recent westernization of lifestyle.

Aim: The study aimed to evaluate the epidemiological characteristics of Romanian children with IBD.

Methods: IBD was diagnosed in 41 children admitted between January 2004 and December 2013. We reviewed the records and analyzed the epidemiological characteristics (sex, age at diagnosis and at last visit, year of diagnosis and environment). Results: 41 patients diagnosed with IBD were included. 28 patients (68.4%) were diagnosed with ulcerative colitis (UC), median age 9.8 years at diagnosis and 12.2 at the last visit. Crohn’s disease (CD) was diagnosed in 11 patients (26.8%), median age 14.9 years at diagnosis and 16.2 years at the last visit. Two patients (4.8%) were considered unclassified colitis. The sex ratio was M/F=1.3/1: 50% and 72.7% of UC, respectively CD patients were boys. 75.6% of children came from urban areas (71.4% of the UC group and 81.8% of the CD group). We report an increasing incidence of IBD in the last years; the majority of CD cases were diagnosed since 2008 (90.9%).

Conclusion: The incidence of IBD has a rising trend. UC is more frequently diagnosed in Romanian children than CD. The boys are more likely to be diagnosed with IBD, especially with CD. Age at diagnosis is significantly lower in the UC group. IBD prevalence is higher in urban areas.

P-027
3-year follow-up of pediatric patients with inflammatory bowel diseases in Hungary: first results from a nationwide pediatric registry (HUPIR)
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Introduction: Predicting short-term relapses and long-term prognosis would be indispensable in pediatric inflammatory bowel disease (IBD).

Aim: Our aim was to identify the association of laboratory markers and disease activity indices with short-term prognosis in pediatric IBD patients from Hungary.

Methods: From January 1, 2008 to December 31, 2010 newly diagnosed pediatric IBD patients with anthropometric, laboratory and clinical data were prospectively registered in nationwide incident cohort.

Results: During the 3 years a total of 420 patients were recruited, with a predominance of Crohn’s disease (CD) compared to ulcerative colitis (UC) [(266 (63.2%) and 124 (29.4%), respectively]. The disease activity index was increased in CD patients, and this rate decreased during the follow-up (48% and 21%, respectively). In line with this, the elevated disease severity rate of UC patients (PUCAI >35) was also declined during the follow-up (57.5% and 6.8%, respectively). The terminal ileal involvement correlated with CRP and PCDAI (p = 0.021 and p = 0.026, respectively). In addition, the stricturing/penetrating CD phenotype was also associated with higher CRP and low iron levels (p = 0.01 and p = 0.006, respectively). The elevated CRP was also related to disease extension in UC (p = 0.002). At the baseline the CRP and PCDAI were associated with the need for immunomodulators and biologicals at one year (p < 0.001 and p = 0.015, respectively).

Conclusion: Newly diagnosed patients with IBD had moderate to severe disease and this rate decreased to less than 10% after one year follow-up. The elevated CRP and PCDAI were associated with the need of more aggressive medical therapy in CD.

P-028
Extraintestinal manifestations in Bulgarian pediatric patients with inflammatory bowel disease – a single center experience
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Introduction: Inflammatory bowel diseases (IBD) are associated with a variety of extraintestinal manifestations (EIMs) that sometimes may dominate the clinical picture.

Aim: The aim of our study was to evaluate the prevalence and characteristics of EIMs in Bulgarian pediatric patients with IBD and to assess the relationship between their appearance and the disease course.

Methods: A retrospective study of 105 IBD patients followed in our department in a period of 18 years. In each patient we checked sex, disease type, disease-onset time and the presence of EIMs.

Results: Twenty-eight patients (26.6%) – 14 girls and 14 boys; 12 with ulcerative colitis (UC) and 16 with Crohn’s disease (CD), experienced at least 1 EIM. The most common EIMs were: arthritis – 6 patients; liver disease – 5 patients and pancreatitis – 4 patients. In 8 cases the EIMs were present at the time of the IBD diagnosis, in 2 cases they were found during a routine follow-up, in 7 cases the EIMs appeared during a disease relapse and in 10 cases they preceded the IBD diagnosis or a disease relapse. Most of the EIMs (22 cases) paralleled the IBD disease activity and their resolution was associated with the disease management. In 5 cases the EIM run a clinical course independent of IBD disease activity.