Results: Our study revealed sensitivity of 100% and specificity of 92.3% for differentiating UC and CD comparing to standard diagnostic tests. Mean mucosal Thickness in patients with UC was significantly greater than with patients with CD, while, Mean Sub-mucosal thickness was significantly greater in patients with CD than UC patients (p < 0.001). The sensitivity and Specificity of Mean Mucosal Thickness for differentiating UC form CD and Controls were 92.3% and 88.6% with Cut-off point of 1.1 mm (p < 0.001). Moreover, Sensitivity and Specificity of Mean Submucosal Thickness for differentiating CD from UC and Controls were 100% and 86.1% with Cut-off point of 1.08 mm (p < 0.001).

Conclusions: EUS can be used as an efficient and non-invasive modality with acceptable accuracy vs. standard tests to differentiate Crohn’s disease and ulcerative colitis. However, its accuracy is highly dependent on the experience of the technician.

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Clinical course of Crohn’s disease followed up in a period of six years in one reference centre
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Background: Many studies have shown that the late diagnosis is related to the development of complications and poor prognosis for Crohn’s disease (CD). The aim of our study is to perform a retrospective analysis of the clinical course of CD in patients hospitalised in one reference clinical centre for a period of 6 years.

Methods: For a period of 6 years (2011–2017), the 140 patients were divided into two groups: group I - 108 (77.10%) diagnosed with CD within one year of the onset of complaints and group II - 29 (20.70%) who were diagnosed within 24 months of the onset of complaints. There was a follow-up of the clinical course of the disease, the occurrences of extra-intestinal manifestations, intestinal complications and the therapy performed.

Results: There is no significant difference between the two study groups in terms of CD activity (assessed via the CDAI), the Montreal classification, the received treatment and the intestinal complications. A significant difference was found with respect to the average number of hospitalisations (4 for group I and 6 for group II, p <0.05), the EIM frequency (group II prevalence - 95.8%), the course of the disease and perianal disease. In group I 35% of patients with colon localisation (L2) on debut progressed in the first year to ileocolonic (L3). In the first year, perianal disease (p) increased to 22% and in the sixth year it reached 70%. The penetrating and stricturing form of the disease (B2 and B3) reached 21% in the first year, while in the sixth year it was already 60.7% (Table 1).

In group II there was a constant trend of increase of the perianal disease, which grew almost 7 times in the third year from 9.1% to 63.40%, and this tendency is maintained during the sixth year (61.9%). Regardless of the time of diagnosis, about half the patients had a debut with a surgical intervention (58.1% for group I and 50.0% for group II), with about one third of the subjects undergoing surgery during the course of the disease (32.6% for group I and 35.7% for group II).

Conclusions: Regardless of the equally applied treatment in late-diagnosed patients, an increased number of hospitalisations, extra-intestinal manifestations, increasing progression in the occurrence of perianal disease, and a penetrating and stricturing form of CD are being observed.

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Pregnancy and delivery outcomes in patients with ulcerative colitis
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Background: Ulcerative colitis (UC) patients are remarkably increasing all over the world. Because of young age onset, UC patients may often overlap the age of childbearing time. In Japan, low birth weight (LBW: under 2500 g) babies are increasing compared with other OECD countries in recent years. One of the reasons is considered as the increase in low body mass index (LBMI: under 18.5) women in childbearing age. The aim of this study is to reveal the association between clinical background including LBMI in childbearing UC and delivery outcomes.

Methods: This is retrospective cohort study from April 2006 to March 2016. A total of 376 UC patients visited regularly to our institution were included in this study. Fourteen patients of them got pregnant. The clinical background and treatment were analysed as profile and the risk factor of low birth weight, preterm birth or congenital malformation were assessed as adverse outcomes.

Results: Fourteen patients experienced 24 conceptions, 22 deliveries and two spontaneous abortions. Most of the conception cases were in clinical remission state (Lichtiger CAI < 5) except 3 conceptions and one of them was spontaneous abortion. Two cases got relapse after conception (2/24, 8.3 %). Outcome details of 22 deliveries were, 2 spontaneous abortions (2/24, 8.3 %), 4 preterm births (4/22, 18.2 %), 5 LBW babies (5/22, 22.7 %), and 1 congenital malformation (1/22, 4.5 %). There was no statistical difference between normal birth weight group and LBW group in clinical backgrounds, such as congestion age, BMI, disease duration, disease type, and treatment. Three LBMI cases were remission state during pregnancy and had normal weight babies. On the other hand, two patients with relapse of UC after conception got LBW babies (p = 0.04, Fischer’s exact test).

Conclusions: This study suggests that relapse of UC after conception may be one of the risk factors for LBW delivery. Therefore proper follow-up avoiding relapse should be necessary for childbearing generation of UC to give a safe pregnancy and childbirth.

In group II there was a constant trend of increase of the perianal disease, which grew almost 7 times in the third year from 9.1% to 63.40%, and this tendency is maintained during the sixth year (61.9%). Regardless of the time of diagnosis, about half the patients had a debut with a surgical intervention (58.1% for group I and 50.0% for group II), with about one third of the subjects undergoing surgery during the course of the disease (32.6% for group I and 35.7% for group II).

Conclusions: Regardless of the equally applied treatment in late-diagnosed patients, an increased number of hospitalisations, extra-intestinal manifestations, increasing progression in the occurrence of perianal disease, and a penetrating and stricturing form of CD are being observed.