Abstract PTU-076 Table

	Number of VOCs found per association on analysis of peak-area using Mann-Whitney U test			
	UC inactive (SCCAI $\leq$ 2)	UC active (SCCAI $\geq$ 3)	CD inactive (HBI $\leq$ 3)	CD active (HBI $\geq$ 4)
UC inactive (SCCAI $\leq$ 2)	-	2 VOCs (P = 0.007–0.018)	9 VOCs (P = 0.011–0.039)	NIL
CD active (HBI $\geq$ 4)	-	-	1 VOC (P = 0.038)	NIL
IBS	8 VOCs (P = 0.016–0.041)	-	2 VOCs (P = 0.027–0.029)	9 VOCs (P = 0.02–0.046)
Healthy	20 VOCs (P = 0.017–0.048)	6 VOCs (P = 0.008–0.047)	19 VOCs (0.001–0.048)	21 VOCs (P = 0.004–0.044)

Please note: table restrictions and character limitations do not allow compound names to be embedded. Full results will be included within the presentation

Abstract PTU-076 Figure

Conclusion Faecal VOCs are capable of distinguishing IBD from non-inflammatory conditions like IBS and healthy.

Disclosure of Interest None Declared

PTU-077 **DIAGNOSTIC POTENTIAL OF VOLATILE ORGANIC COMPOUNDS AS URINE BIOMARKERS IN INFLAMMATORY BOWEL DISEASE**

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Introduction The potential of urinary VOCs as biomarkers in IBD is unknown.

Methods Patients recruited from outpatient clinic, with proven Crohn's disease (CDN = 35) and ulcerative colitis (UC N = 49), IBS (N = 22) and 41 healthy volunteers. Concurrent disease activity was recorded using Harvey-Bradshaw index (HBI) in CD and simple clinical colitis activity index (SCCAI) in UC. Urine headspace gas was sampled using SPME and was transferred to GCMS for VOC identification.

Results

Conclusion Urine VOCs are capable of distinguishing IBD from IBS.

Disclosure of Interest None Declared