limit of normal (ALT >40 IU/l, ALP >200 IU/l, GGT >30 IU/l and bilirubin >17 mmol/l). The investigations performed to identify the cause of the abnormalities were noted.

Results A total of 450 phone calls were made to the IBD help line during the study period. Of those, 82 patients with ulcerative colitis were identified. Of these, 15 patients (18.3%) had so far been found to have abnormal LFTs at some time during the course of their illness. Persistently abnormal LFTs were identified in 10 patients (12.2%). Of these 10, 6 (60%) had auto immune screen, four patients (40%) had viral hepatitis screen, four patients (40%) had a liver ultrasound, three patients (30%) had CT abdomen. Furthermore no patients had targeted investigations to exclude PSC such as a liver biopsy or magnetic resonance cholangiography.

Conclusion Our results suggest that 12% of ulcerative colitis patients in our cohort had persistently abnormal liver function tests although none had had further investigations for PSC. Given expected prevalence data we could perhaps expect to see one patient with PSC in this cohort. The monitoring and following of LFTs in patients with UC should be part of standard follow-up procedures.

Competing interests None declared.

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PMO-233 A PROSPECTIVE AUDIT OF THE USE OF CALCINEURIN INHIBITORS IN PATIENTS WITH REFRACTORY ULCERATIVE PROCTO-COLITIS IN A DISTRICT GENERAL HOSPITAL

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Introduction Calcineurin inhibitors (CI), most commonly ciclosporin, may be used as salvage therapy in patients with refractory moderate-severe ulcerative procto-colitis (UC), who would otherwise require surgery.[1] However, use of CI may be limited by drug toxicity. For patients who have a good clinical response to ciclosporin but experience side effects, tacrolimus may be used as an alternative.[2] We report our experience with CI in patients with moderate-severe UC whom either failed, or were intolerant of, thiopurines and as an alternative to surgery.

Methods NICE (January 2008) did not support the use of infliximab in patients with moderate-severe UC.[3] Our patients were offered the choice of surgery or treatment with CI. Clinical response was assessed by AWH in clinic. If ciclosporin (4–6 mg/kg/day in two divided doses) led to a clinical response but caused intolerable side effects, tacrolimus (0.1 mg/kg/day in two divided doses) was offered as an alternative. Failure of therapy prompted referral for surgery.

Results 14 patients (8 female; mean age 38 [range 22–56] years) were treated with CI (13 ciclosporin, 1 tacrolimus). Ten of 14 (71%) patients had an initial clinical response to CI. Adverse effects were common (57%): nausea, paraesthesia, menstrual disturbance, maculopapular rash, hypertension (two patients) and renal dysfunction (one patient). Of the four patients who failed to respond to CI, three were referred for surgery and one patient is managed on mesalazine suppositories. A further four patients stopped treatment with CI due to adverse effects: two were referred for surgery and two were offered treatment with methotrexate. 6 (43%) of 14 patients responded successfully to CI and without side effects. 4 (30%) of these remain on CI: 3 on ciclosporin (mean duration of treatment 39 [range 19–71] months) and one patient on tacrolimus (duration of treatment 24 months); two patients stopped treatment with CI for reasons unrelated to efficacy or adverse effects (one to start a family and the other out of choice).

Conclusion CI should be considered as an alternative therapy for patients with refractory moderate-severely active UC who would otherwise require surgery. CI can be used safely and effectively in the presence of an established evidence-based protocol to ensure safe prescribing and monitoring for adverse side effects.

Competing interests None declared.

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PMO-234 IS THE RUTGEERTS' SCORE OF ANY CLINICAL VALUE AFTER ILEO-COLIC RESECTION FOR CROHN'S DISEASE? A PROSPECTIVE STUDY IN DISTRICT GENERAL HOSPITAL PRACTICE

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Introduction Disease recurrence after surgical resection for Crohn's disease (CD) is observed in 20%–30% of patients at 1 year, with a 10% increase per year in subsequent years. The European Crohn's and Colitis Organisation currently recommends ileo-colonoscopy 1 year after ileo-colic resection, since this predicts the need for further surgery (Statement 8C) within 2 years.[1] This statement is not supported by the BSG guidelines, highlighting a need for prospective studies to determine the role of the Rutgeert's score following ileo-colic resection. The aim of this study was to determine if the Rutgeert's score[3] at 1–2 years after ileo-colic resection predicts clinical recurrence and/or need for further surgery in patients with CD in district general hospital practice.

Methods Between 2005 and 2011, 43 patients with fibrostenotic or penetrating terminal ileal or right sided CD underwent ileo-colic resection. Ileo-colonoscopy was performed in 34 asymptomatic patients between 1 and 2 years following surgery. A single expert observer (AWH) assessed the surgical anastomosis to determine the Rutgeerts' score[3] (i_0–i_4). Nine patients who underwent resection were excluded either because ileo-colonoscopy was unsuccessful or the patient refused endoscopic assessment.

Results 14 of 15 (93%) patients with Rutgeert's scores i_0 or i_1 remained asymptomatic from CD (Harvey Bradshaw Index ≤4) at January 2012 (range of follow-up 4–69 months, mean of 30 months after ileo-colonoscopy). Three (20%) of these patients smoked. Of 19 patients scoring i_2 to i_4, 12 (63%) had clinical recurrence requiring medical treatment with immunosuppression and/or biologics. 47% of patients with a Rutgeert's score of i2–i4 and 50% of those with clinical recurrence were current smokers.

Conclusion In district general hospital practice, a low Rutgeert's score (i_0 or i_1) at 1–2 years after ileo-colic resection for CD predicts prolonged clinical remission without the need for medical treatment. By contrast, in those patients with a Rutgeert's scores ≥i_2 clinical recurrence occurred within a maximum of 16 months following surgical resection with a higher rate of recurrence among smokers.