Shareholder with: Abbott, Employee of: Abbott, R Thakkar Shareholder with: Abbott, Employee of: Abbott.

REFERENCES

1. **Solem C**. *Inflamm Bowel Dis* 2005;**11**:707.
2. **Henriksen M**. *Gut* 2008;**57**:1518.
3. **Bitton A**. *Gut* 2008;**57**:1386.
4. **Consigny Y**. *Inflamm Bowel Dis* 2006;**12**:551.
5. **Colombel JF**. *Gastroenterology* 2007;**132**:52.

PTU-112 PRESENTATION, TREATMENT AND CLINICAL OUTCOME OF COLLAGENOUS AND LYMPHOCYTIC COLITIS OVER A 6-YEAR PERIOD IN A SINGLE UK CENTRE

doi:10.1136/gutjnl-2012-302514c.112

M Naghibi,* T Akbar, J N Gordon. *Gastroenterology, Hampshire Hospitals NHS Foundation Trust, Winchester, UK*

Introduction Collagenous colitis (CC) and lymphocytic colitis (LC) are referred to collectively as microscopic colitis (MC). CC and LC represent an increasingly common cause of chronic diarrhoea. However, clinical and epidemiological data on these diseases are scare and diagnosis is often delayed. Optimal treatment, especially of resistant cases, remains to be defined. We therefore aimed to investigate the incidence, presentation, treatment and outcome of patients from a single UK centre.

Methods Clinical data were retrospectively collected from electronic and paper records for all patients diagnosed with CC and LC at this institution from April 2004 to November 2011.

Results 104 patients were identified of which 68 (65%) had CC and 36 (35%) LC. The median age at diagnosis for MC was 70 years (range 36–90 years), with 18% being under the age of 55 years. The overall MC female to male sex ratio was 2.8:1. The incidence of MC rose tenfold during the study from 0.67 to 6.67 per 100 000 population/year. Presentation was similar between CC and LC with diarrhoea present in all cases and nocturnal diarrhoea in 41%, abdominal pain in 36%, weight loss in 34% and nausea in 12%. 58 (56%) were referred through the surgical pathway, often via 2-week-wait pathway. Diagnosis could be made from left sided biopsies in 96/102 (94%). The median number of days between histological diagnosis and commencement of treatment was 54 days with no significant difference between medical and surgical referral pathways. 46 (48%) patients were treated with budesonide with an immediate response in 42 (92%), though 54% of responders subsequently relapsed. The vast majority of budesonide sensitive patients responded to a further course of budesonide with continuing disease activity rare after a third treatment course. Budesonide was more likely to be started as first line treatment in the medical pathway compare to surgical. Of all cases, drug withdrawal was part of the treatment in 12 cases resulting in complete clinical remission in eight patients with a further two patients reporting a modest improvement. Six (6%) patients required long-term maintenance therapy, four with budesonide and two with azathioprine.

Abstract PTU-112 Table 1 Associations of CC and LC

Association	CC (%)	LC (%)
Lansoprazole	23 (22%)	6 (6%)
NSAIDs	27 (26%)	9 (9%)
SSRIs	7 (7%)	5 (5%)
Coeliac	6 (6%)	0
Current smoker	12 (12%)	4 (4%)

Conclusion The incidence of both CC and LC increased over the period of the study in keeping with other European studies. A significant proportion of patients presented below the age of 55. Lansoprazole and NSAID use are both more common in CC than LC. Left-sided biopsies were sufficient for diagnosis in the vast majority of cases. Budesonide therapy is an effective strategy but long term maintenance therapy requires further investigation.

Competing interests None declared.

PTU-113 QUALITY OF LIFE IN PATIENTS WITH ILEOANAL POUCH: A SURVEY COMPARING TWO DIFFERENT PATIENT POPULATIONS

doi:10.1136/gutjnl-2012-302514c.113

[1]M F Jaboli,* [1]E Cronin, [1]L Marelli, [2]P Gionchetti, [2]F Rizzello, [2]A Calafiore, [3]O Olagunju, [4]G Poggioli, [1]G Erian, [1]O Epstein, [1]M Hamilton, [1]C Murray. *[1]Gastroenterology, Royal Free Hospital, London, UK; [2]Department of Clinical Medicine, University of Bologna, Bologna, Italy; [3]Colorectal Surgery, Royal Free Hospital, London, UK; [4]Colorectal Surgery, University of Bologna, Bologna, Italy*

Introduction Ileal pouch anal anastomosis (IPAA) is the standard restorative procedure for ulcerative colitis (UC) following colectomy. This operation is, however, associated with distinct rates of failure and complications. We performed a survey to evaluate the quality of life (QoL) after IPAA comparing patients followed up in two different teaching Hospitals in London (L), UK and Bologna (B), Italy.

Methods A total of 126 (71L+55B) UC patients received the questionnaire by mail or during clinic. The questionnaire was done according to the IBDQ and it was designed to assess pouch function, disease-specific adjustment, lifestyle aspects and psychological factors. 85 (43L+42B) patients (67%) returned it (M/F= 46/39; age 41±16 years); average pouch duration was 5–7 years.

Results There was no significant difference between L and B in terms of age, gender, marital status, pouch duration, bowel frequency (median 3–6 motions per day and 1–2 per night), experience of leakage (30% more than once a week) and need of additional surgery (0.05%). In L there were significantly more patients who had at least one episode of pouchitis (72%) compared to B (33%). L used significantly more alternative remedies (L 11% vs B 0%), antimotility drugs (L 44% vs B 30%), antibiotics (L 65% vs B 29%) and steroids (L 16% vs B 7%). No difference in immunosuppressant (18%) and VSL#3 use (22%). L patients regret having IPAA significantly more frequently (L 13% vs B 0.02%), cope less with the stoma (in L 39% hated it vs 0% in B), suffer more of unpredictability (L 51% vs B 19%), are less capable to hold the stool for more than 1 h (L 62% vs B 88%) and have more worrying thoughts (L 30% vs B 9%). B patients play sport significantly more frequently (B 76% vs L 53%). L and B reported similar QoL, well being, cheerfulness, ability to work, go on holiday and enjoy things they used to do; similar confidence in doing whatever they want and level of concern in finding a toilet.

Conclusion Our survey showed that in London patients developed more pouchitis and therefore used more medications. They cope worse with the pouch and regret more having had surgery. Interestingly in Italy patients play more sport, but the overall quality of life was the same. Extent and severity of disease prior to surgery, smoking and association with primary sclerosis cholangitis may play a role in the increase incidence of pouchitis in London, but these data were not available in our anonymous questionnaire. Different biologic behaviour and/or genetic background may contribute in this difference.

Competing interests None declared.

Gut: first published as 10.1136/gutjnl-2012-302514c.112 on 28 May 2012. Downloaded from http://gut.bmj.com/ on April 19, 2024 by guest. Protected by copyright.