

PTU-126 MR ASSESSMENT OF CROHN'S RELATED STRICTURES CORRELATES WELL WITH ENDOSCOPIC FINDINGS FACILITATING SAFE AND EFFECTIVE FLUOROSCOPIC DILATATION

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Introduction Intestinal strictures are a known complication of Crohn's disease (CD) and may be inflammatory (in part), fibrostenotic or post-operative (anastomotic). Treatment options include a combination of medical, endoscopic or surgical interventions. We performed a retrospective analysis of our radiological assessment and endoscopic management of CD related strictures.

Methods A retrospective review of adult patients who underwent balloon dilatation of CD related strictures by a single endoscopist at our institution. All patients underwent MR enterography prior to endoscopic assessment. Where necessary strictures were dilated under fluoroscopic screening. Endoscopic success was defined as the ability to traverse the stricture endoscopically after dilatation. Clinical success was defined as improvement in patients symptoms at follow-up. Complications, need for escalation of medical therapy, further dilatation or surgical intervention were recorded.

Results A total of 56 dilatations were performed in 30 patients (range 1–5). Mean age was 47.5 years. 16 were females. Mean duration of disease was 209 months (range 14–444). Mean follow-up was 29.5 months (range 1–135). 27/30 (90%) had at least one previous CD surgical resection (range 0–6, mean 1.96 per patient). The site of the strictures were ileo-colonic in 21/30 (70%), colonic 3/30 (10%), gastro-duodenal 3/30 (10%), ileo-rectal 2/30 (7%) and ileal pouch stricture in 1/30 (3%). Stricture lengths at MRE were 6 cm, a length deemed significant as this is the length of the colonoscopic balloons. At MRE 17 (57%) of strictures were deemed to have an inflammatory component and 13 (43%) fibrostenotic. There was correlation between MRE and endoscopic findings of the nature of the stricturing (inflammatory vs fibrostenotic) in 26/30 (87%) of cases. Fluoroscopic screening was used in 21/30 (70%) of cases. Dilatation endoscopically successful in 27/30 (90%) cases and clinically successful in 26/30 (87%) of cases. No dilatation was performed in one case due to technical difficulties and this patient ultimately required surgical resection. Fourteen patients (47%) required repeated dilatations for symptom recurrence (range 2–5 dilatations). 17 patients (57%) had an escalation of their medical therapy after dilatation. A total of 5/30 (17%) ultimately required elective surgery for symptom recurrence.

Conclusion MRE enterographic assessment of CD related strictures correlates well with endoscopic findings. Fluoroscopic screening facilitates safe and effective dilatation of CD related strictures which, together with optimising medical therapy, can reduce the need for surgical intervention.

Competing interests None declared.

PTU-127 THE IMPACT OF SURGERY ON HEALTH RELATED QUALITY OF LIFE IN ULCERATIVE COLITIS

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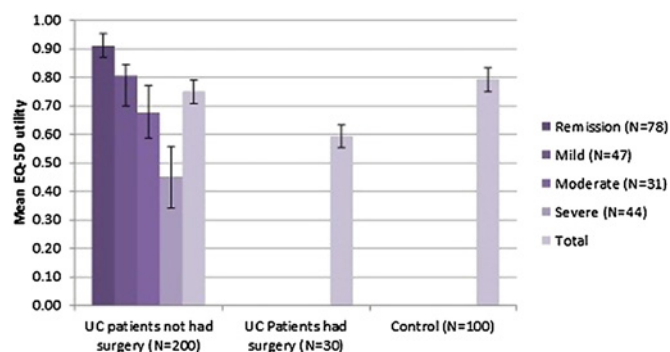
Introduction Surgery is perceived as curative for ulcerative colitis but may not restore full health. Health-related QoL in ulcerative colitis is often measured using disease-specific instruments (eg, the Inflammatory Bowel Disease Questionnaire, IBD-Q) and less

commonly using generic instruments (eg, EuroQol EQ5D). The generic approach measures QoL on a common "utility" scale ranging from 0 (dead) to 1 (full health). This allows for more useful comparison of impaired QoL relative to a healthy population or to individuals with other diseases. To examine the impact on surgery on patients' QoL, this study captured data on both disease-specific and generic QoL on patients post-colectomy where published data are limited, as well as patients without colectomy. Utility scores of patients across the full spectrum of disease severity in UC were also evaluated.

Methods 230 UC patients (including 30 post-surgery patients) were recruited along with 100 age and gender matched controls. Participants completed an online survey which comprised the Simple Clinical Colitis Activity Index, EuroQol EQ-5D and the IBD-Q. Basic sociodemographic and clinical data were also collected. Disease severity was categorised using established cut-off values for the IBD-Q. EQ-5D utility scores were compared across disease severity, among post-surgery patients vs non-surgery patients, and among post-surgery patient vs controls.

Results EQ-5D utility scores demonstrate a clear relationship with disease severity as categorised by the IBDQ (ANOVA $F(2,329)=5.544$, $p=0.004$) with post-surgery patients reporting poorer QoL than non-surgery patients ($p=0.016$) or controls ($p=0.03$). Those with the most severe disease report values comparable to colorectal cancer (Tappenden, 2007).

Conclusion Global QoL (utilities) among post-surgical patients was significantly poorer than both age and gender matched population controls and patients in remission or with mildly active colitis, suggesting that identification of effective new drug therapies for severe disease remains the goal for optimising long term QoL.



Abstract PTU-127 Figure 1 Mean EQ-5D utility scores for study participants (n=330).

Competing interests P Swinburn Grant/Research Support from: Abbott Laboratories Ltd, H Elwick Grant/Research Support from: Abbott Laboratories Ltd, K Bean: None Declared, A Curry: None declared, S Patel: None declared, K Bodger Consultant for: Abbott Laboratories Ltd, A Lloyd Grant/Research Support from: Abbott Laboratories Ltd.

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PTU-128 TEMPORARY DOUBLE-DOSING WITH INFlixIMAB: QUICK FIX OR LONG TERM SOLUTION?

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Introduction The increasing use of anti-TNF drugs in Crohn's disease reflects their efficacy. Unfortunately, even with scheduled