

**PWE-065 SHOULD FOCAL COLONIC ACTIVITY FOUND ON <sup>18</sup>FDG PET CT BE FOLLOWED-UP WITH ENDOSCOPIC EVALUATION?**

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**Introduction** PET CT is a non-invasive imaging modality that is widely used in the imaging work up of malignant disease. It has been postulated that due to <sup>18</sup>FDG accumulation in adenomatous polyps, PET CT using <sup>18</sup>FDG may detect early premalignant colonic lesions. The aim of our study was to assess the performance of <sup>18</sup>FDG PET CT in the detection of significant colonic lesions namely adenomas or villous adenomas >1 cm in size and to assess whether endoscopy in all patients with focal FDG colonic uptake on PET CT is justified by the detection rate.

**Methods** A retrospective review of patients who had <sup>18</sup>FDG PET CT at the Pennine Acute Hospitals NHS Trust, Manchester as part of their staging for various cancers between February 2007 and October 2011 was conducted by a review of the reports of the examinations.

**Results** 1553 patients between the ages of 17 and 93 years (median age 55 years) had <sup>18</sup>FDG PET CT performed during this period. Increased focal FDG uptake in the colon was detected in 179 of 1553 patients studied (11.5%). Endoscopic evaluation was performed in 71 (39.7%) of these patients, flexible sigmoidoscopy in 25 (35.2%) and colonoscopy in 46 (64.8%). Non-malignant pathology was found in 45 of 179 patients (25.1%); 17 (9.5%) were tubulovillous adenomas; 6 (3.4%) had villous adenomas; 9 (5.0%) were tubular adenomas; 4 (2.2%) hyperplastic polyps; 11 (6.1%) were normal colonic tissue and 1 (0.6%) was active inflammatory bowel disease. From the patients with increased <sup>18</sup>FDG uptake in the colon, 19 (10.6%) were subsequently found to have adenocarcinoma on histology. This represents 26.8% of the 71 patients who received endoscopic evaluation.

**Conclusion** The presence of focal colonic <sup>18</sup>FDG uptake on PET CT scan justifies endoscopic evaluation in all patients where treatment would be clinically appropriate.

**Competing interests** None declared.

**PWE-066 MAGNETIC RESONANCE ENTEROGRAPHY FOR THE ASSESSMENT OF CROHN'S DISEASE: CHANGING IMAGING PARADIGMS?**

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**Introduction** Recent advances in the immunopathogenesis and therapy of inflammatory bowel disease (IBD) coupled with bolder definitions of disease control have led to increasing reliance on imaging. Increased awareness of the potential downstream effects of ionising radiation has placed more emphasis on radiation-free imaging. We aimed to assess the role of magnetic resonance enterography (MRE) in assessing Crohn's disease.

**Methods** We conducted a retrospective review of 141 consecutive MRE studies performed between June 2009 and November 2010. Clinical data were obtained from electronic patient record review. Inflammatory markers, radiological investigations and ileocolonoscopy when performed within 90 days of MR enterography were recorded. MRE reports were recorded using accepted activity criteria- small bowel dilatation, stenosis, wall thickening, enhance-

ment, mucosal irregularity, mesenteric inflammation, hyper-vascularity, lymph node enlargement, abscesses, fistulation and extraintestinal features.

**Results** Of 67 patients with IBD, 60 had Crohn's disease and 59 examinations were complete. Thirty- nine of 67 patients were female, mean age 34 (range 16–68) and median disease duration of 5 years (range 0–39). Abnormalities were noted in 47 MRE scans; 34 had active non-stricturing, 12 active stricturing and one fibrostenotic disease. Within the active groups, there were four fistulae and three abscesses in four patients. Ileo-colonoscopy was performed in 14 of these patients with 12/14 showing active colitis and raised CRP in 11/16 within 90 days of MRE. Treatment was increased in 47% of the active non-stricturing group, 3/16 to azathioprine, 8/16 to infliximab, 4/16 to surgery with no change to treatment in the remaining 53%, of whom 4/8 had normal ileo-colonoscopy and 13/16 normal CRP. In 83% of active stricturing patient treatment was increased, one to azathioprine, six to biologics, three to surgery. Four of 12 patients in this group had an elevated CRP and 4/7 had active colitis at ileo-colonoscopy. Of 12 normal MRE, treatment was not increased in 92%. Of these, CRP was normal in 10/11 and ileo-colonoscopy normal in 4/7. Treatment was increased in one to biologics, with an elevated CRP and moderately severe colitis at colonoscopy. The fibrostenotic subject had normal CRP and mild colitis at colonoscopy, and proceeded to surgery. All the abscess/fistula subjects had raised inflammatory markers. Two were referred for surgery, one started biologics and one treated with antibiotics.

**Conclusion** The small bowel remains difficult to assess endoscopically. MRE adds to the assessment of patients with Crohn's disease, in addition to endoscopy and biological markers identifying patients with active disease where treatment escalation may result in meaningful benefit.

**Competing interests** None declared.

**PWE-067 MRI TO DISTINGUISH HIDRADENITIS SUPPURATIVA FROM PERIANAL CROHN'S DISEASE**

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**Introduction** Hidradenitis suppurativa is a chronic inflammatory disease of apocrine gland-bearing skin. It has a predilection for the ano-genital skin and is characterised clinically by inflammatory abscesses and sinus tract formation. Clinically, the condition can mimic cutaneous Crohn's disease, and furthermore it may co-exist with Crohn's disease.<sup>1</sup> MRI is often used to assess perianal Crohn's disease and has been comprehensively described in the literature, however to date, there has only been one case report to describe the MRI features of perianal hidradenitis suppurativa.<sup>2</sup>

**Methods** The electronic patient records, and radiology and inflammatory bowel disease databases were searched for patients with hidradenitis suppurativa who had undergone short-tau inversion recovery (STIR) MR imaging to define disease severity, assess for fistulating disease and exclude Crohn's disease, between 2005 and 2012.

**Results** A total of 188 patients with hidradenitis suppurativa were identified (129 female, six with concomitant IBD), of whom 18 (15 male, three with concomitant IBD) had undergone perianal MRI. On baseline MRI, multiple tracts were typically seen in the natal cleft (15/18), the perianal (11/18), the perineal (10/18) and gluteal (8/18) regions. Abscesses were most commonly gluteal (3/18). The

overall pattern of disease was distinct to that seen in Crohn's disease, with multiple sinus tracts that were superficial in nature in the majority of patients with hidradenitis suppurativa, compared to perianal Crohn's disease where tracts are usually centred on the anal sphincter complex.

**Conclusion** The use of STIR MRI can help define extent of perianal disease in hidradenitis suppurativa, and typically shows a different involvement compared to Crohn's disease, allowing distinction between the two, and thus appropriate management.

**Competing interests** None declared.

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### PWE-068 ANGIOGRAPHIC EMBOLISATION FOR NON-VARICEAL UPPER GASTROINTESTINAL HAEMORRHAGE AFTER FAILED ENDOSCOPIC THERAPY—A 5-YEAR DISTRICT GENERAL HOSPITAL EXPERIENCE

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**Introduction** The recent nationwide upper gastrointestinal bleeding audit found that interventional radiology for bleeders are minimally utilised. In our hospital, we have had this service during normal working hours since 2007. This study reviews our experience.

**Methods** We retrospectively reviewed the case notes of all patients who had mesenteric angiogram in our hospital for treatment of gastrointestinal bleeding since 2007. All data were analysed using SPSS V.17 statistical software.

**Results** We identified 32 patients. Three case notes were not available hence, 29 patients were included in this study (19 Male, 10 Female). Mean age group 75 years (Range 40–89). Mean Rockall score was 7 and mean Blatchford score was 12. 15 patients (52%) went straight for radiological embolisation after one attempt at therapeutic endoscopy. Eight patients (22%) were ITU admissions. Final Diagnosis was duodenal ulcer in 22 (76%), gastric ulcer in 6 (21%) and Duodenal Cancer in 1 (3%). Extravasation of contrast at angiogram was seen in only 7% of cases. Gastrooduodenal artery was embolised in 25 (87%), left gastric artery in 3 (10%) and Rt gastroepiploic artery in 1 (3%). No immediate complications were noted as a result of the procedure. Rebleeding was noted in 8 pts (27%). 24 patients (83%) survived more than 30 days. Four (14%) died within 7 days of the procedure and 1 (3%) died after 7 days. 40% (2 out of 5) died of a cause unrelated to rebleed.

**Conclusion** Our study demonstrates success at embolisation and mortality rates similar to the published results of the UK nationwide GI bleeding audit. We believe access to interventional radiology is an important therapeutic strategy that should be available in all hospitals admitting GI bleeders.

**Competing interests** None declared.

### PWE-069 VASCULAR COMPLICATIONS OF PANCREATITIS MANAGED WITH TRANSCATHETER EMBOLISATION—A DISTRICT GENERAL HOSPITAL EXPERIENCE

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**Introduction** Life threatening haemorrhage from vascular complications of pancreatitis are rare but, need to be effectively managed even in a district general hospital (DGH) setting. We report our experience of gastrointestinal bleeding due to local complications of pancreatitis which were effectively managed by radiological intervention.

**Methods** All mesenteric angiograms done in our hospital over a period of 7 years were reviewed retrospectively along with their case notes. All such procedures in our hospital were performed by a single interventional radiologist.

**Results** Out of 31 patients identified in this period 28 patients had bleeding secondary to peptic ulcers. Three patients had bleeding due to vascular complications of pancreatitis. **Patient I:** A 58-year-old lady had developed pancreatic pseudocyst secondary to azathioprine induced pancreatitis. He presented with hematochezia but, gastroscopy was normal. Urgent mesenteric angiogram revealed beaded pancreaticoduodenal artery in spasm adjacent to the pseudocyst. This was embolised with control of upper GI haemorrhage. **Patient II:** A 59-year-old man with alcohol induced pancreatitis and pseudocyst presented with UGI bleeding. OGD revealed blood in the stomach and duodenum but, no source of bleeding was identified. Mesenteric angiogram revealed pseudoaneurysm of the gastroduodenal artery adjacent to the pseudocyst which was embolised with control of haemostasis. **Patient III:** A 64-year-old man with a known pseudocyst presented with UGI bleeding. CT angiogram revealed bleeding into the pseudocyst secondary to a pseudoaneurysm of the gastroduodenal artery. This was treated with mesenteric embolisation.

**Conclusion** Haemorrhage due to vascular complications of pancreatitis usually present as a life threatening emergency and associated haemodynamic compromise. Surgery is often difficult due to the lack of trained pancreatico-biliary surgeons in most DGHs. Radiological embolisation is an effective treatment which should be readily available in hospitals admitting such patients. Foundation trusts ought to invest in such resources to prevent unwarranted mortality.

**Competing interests** None declared.

## Colorectal

### PWE-070 OUTCOMES FOLLOWING LOCAL EXCISION OF BENIGN RECTAL LESIONS—NETWORK MDT RESULTS

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**Introduction** A regional Small and Early Rectal Cancer (SERC) MDT was established in 2008. In line with NICE guidance, all patients with stage 1 rectal cancer are referred, as well as benign lesions with a high clinical suspicion of malignancy. Historical evidence from St Mark's has shown that most rectal cancers following Local excision (LE) develop in patients with incomplete adenoma excision. We aimed to establish outcomes of LE for benign lesions in our region, focusing on adequate treatment according to histology, adequacy and type of excision.

**Methods** Observational study of the SERC MDT database.

**Results** The SERC MDT processed 137 referrals (62 f: 75 m. Median age 77 (range 36–90)). There were 79 cases with benign histology at referral. Of 74 local excision (LE) procedures, 50 were performed for ultimately benign lesions. There was one attempted LE prior to