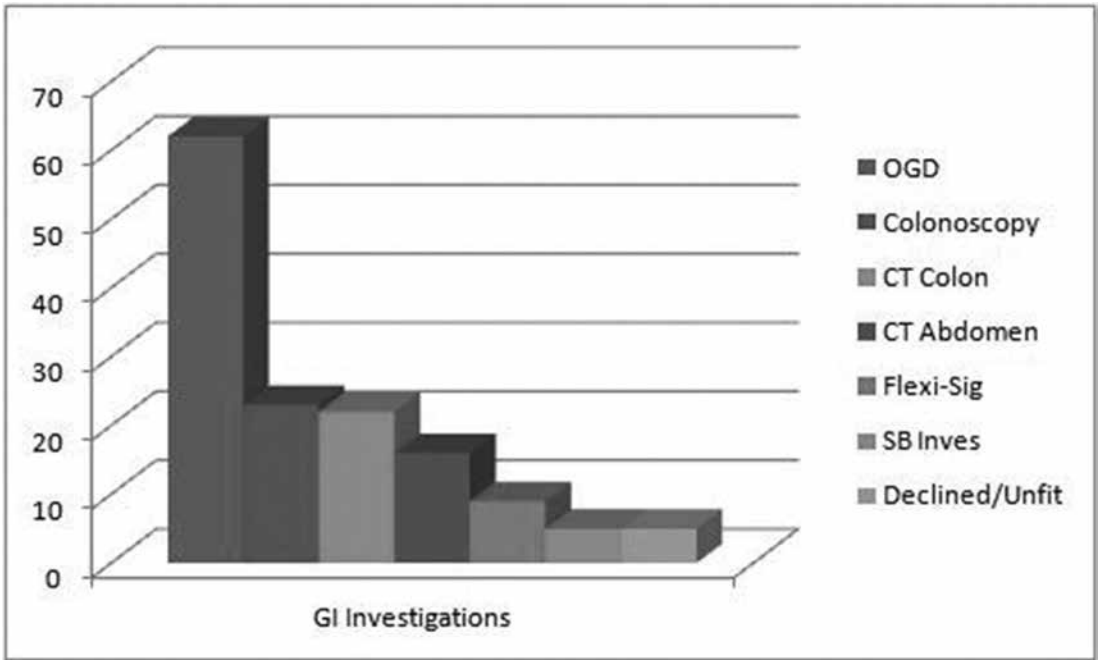

Abstract PWE-050 Figure

primary care were normocytic with no evidence of iron deficiency and did not require GI investigations. All iron deficient patients underwent coeliac screening (100%) but only 62% had evidence of urine screening for blood loss. 82% of the patients finished their investigations within 12 weeks from their first clinic appointment.62 patients (88%) underwent upper GI endoscopy and the rest were either unfit or declined endoscopies. Lower gastrointestinal tract was investigated in 75% of patients endoscopically or by CT colon (25%) and 22% underwent CT abdomen. An upper GI cause for anaemia was found in 30 patients (42%) and 20% had lower GI cause with gastric and colonic cancer diagnosed in one patient each. 5 patients (22%) with resistant anaemia are awaiting small bowel investigations whilst the rest (21%) are being monitored on iron therapy. Interestingly one patient each with lung, renal and bone malignancy were diagnosed and one with carcinoid after undergoing investigations in this clinic.

Conclusion

1. Development of a referral pro-forma to anaemia clinic with clear criteria to establish iron deficiency has been recommended to ensure appropriate referrals and to enable effective use of resources. The importance of regular urine screening and its inclusion in the referral pro-forma to assess renal causes for anaemia is being highlighted.
2. Though the detection rate of gastrointestinal malignancy in anaemia clinic during the audit period was low, this rate can be periodically variable. The audit found that majority of patients with iron deficiency anaemia underwent upper and lower GI investigations in compliance with NICE guidelines within a satisfactory time scale and investigations not only led to early detection of GI cancers but also other malignancies.

Disclosure of Interest None Declared.

REFERENCE

NICE Guidelines UK for Iron deficiency anaemia.

PWE-051 WHAT IS THE TRUE INCIDENCE OF LYMPHOCYTIC AND COLLAGENOUS COLITIS?

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Introduction Increased incidence of both lymphocytic (LC) and collagenous (CC) colitis, often described under the umbrella term of microscopic colitis (MC), is being seen globally. The aetiology, pathogenesis and incidence of MC is yet to be well established. However, not all patients with diarrhoea undergo biopsies to cheque for MC. We aimed to investigate our patient population attending for colonoscopy with symptoms of diarrhoea to assess the proportion of patients undergoing random colon/rectal biopsies to look for MC as well as the incidence of LC/CC in our population.

Methods Retrospective analysis of the endoscopy database was performed to identify patients presenting from January - December 2011 for colonoscopy with diarrhoea. Patients with a complete colonoscopy with macroscopically normal mucosa or findings unrelated to symptoms were included. MC patients were identified by histology.

Results A total of 939 colonoscopies were performed during this period for either diarrhoea or undocumented symptoms. Of these, 186 were for patients with definite diarrhoea and were both complete as well as macroscopically normal. Of these, 123 (66%) had random biopsies taken. 2 patients i.e 1% of all diarrhoea patients undergoing colonoscopy (1.6% of all diarrhoea patients undergoing colonoscopy *and* random biopsies) were diagnosed with CC while 5 patients i.e 2.7% of all diarrhoea patients undergoing colonoscopy (4.1% of all diarrhoea patients undergoing colonoscopy *and* random biopsies) were diagnosed with LC. Thus, 3.8% of all diarrhoea patients undergoing colonoscopy were diagnosed with MC (5.7% of all diarrhoea patients undergoing colonoscopy *and* random biopsies).

Conclusion Though there appears to be an increase in incidence of MC documented in literature, we did not find this in our endoscopy unit. This may be due to variability in endoscopists resulting in inadequate random biopsies being undertaken during colonoscopy performed to investigate diarrhoea. We are currently undertaking an audit to ensure improved management of these patients as well as improve our accuracy in the assessment of the true incidence of MC.

Disclosure of Interest None Declared.

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