

14 VCE studies had findings compatible with Crohn's disease (NPV 75%). All patients with positive findings of Crohn's disease on SB USS had evidence of SB Crohn's on VCE (PPV 100%). Sub-analysis for Crohn's severity was carried out; of 11 VCE patients with moderate to severe Crohn's disease, 5 patients had a positive SB USS (sensitivity 45%), however of 8 patients with mild Crohn's on VCE, no patients had a positive SB USS.

**Conclusion** SB USS has excellent positive predictive value (100%) and specificity (100%) for detection of SB Crohn's disease. All detected cases were moderate or severe identifying cases at higher risk of capsule retention. Sensitivity of SB USS is 26% rising to 45% in VCE proven moderate or severe disease. It follows that a positive expert SB USS in the context of suspected small bowel Crohn's is a definitive radiological result, on which therapy can be commenced. However, a negative SB USS should be followed by VCE or magnetic resonance enterography (MRE) if clinical suspicion remains.

**Disclosure of Interest** None Declared.

### PTH-181 BILE ACID MALABSORPTION: PREVALENCE COMPARABLE TO COELIAC DISEASE IN PATIENTS WITH CHRONIC DIARRHOEA

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<sup>1</sup>M Kurien, <sup>1</sup>J McConnell, <sup>1</sup>J S Leeds, <sup>1</sup>D S Sanders. <sup>1</sup>Department of Gastroenterology, Royal Hallamshire Hospital, Sheffield, UK

**Introduction** Chronic watery diarrhoea is a common referral, with a host of possible aetiologies. To help establish a diagnosis a number of international guidelines have been created, defining diagnostic pathways. Bile acid malabsorption (BAM) is a potential cause, with high prevalence previously demonstrated by our group in patients with Diarrhoea predominant Irritable Bowel Syndrome (D-IBS).<sup>1</sup> This study determines the prevalence of BAM and other organic conditions in patients referred with chronic diarrhoea (Group A), with findings compared to our previously published D-IBS cohort (Group B).

**Methods** A total of 92 consecutive patients referred to a tertiary referral centre with chronic diarrhoea, defined as more than 3 loose or liquid bowel movements a day for at least 4 weeks were evaluated (Group A). Demographic data, subsequent investigations and diagnostic yields of these tests were collected. All patients underwent haematological, biochemical and immunological testing prior to subsequent investigations. Statistical analysis was performed using SPSS with Fisher's exact test used to compare categorical data.

**Results** Medical records were identified in 89 of the 92 patients referred (mean age 50 years, range 18–86 years). Of these patients, 23 (26%) had an organic cause for their diarrhoea identified (Table 1), with 6 having dual pathology. Inflammatory bowel disease was the most prevalent condition identified, with the prevalence of BAM being comparable to that seen for coeliac disease ( $p = 0.72$ ). When evaluating diagnostic yields for BAM in Groups A and B, prevalence was significantly higher in the D-IBS Cohort (42% vs 6%,  $p < 0.001$ ).

**Abstract PTH-181 Table 1** Final Diagnoses in those referred with chronic diarrhoea

Diagnosis (total n = 89)	Patients (%)
Diarrhoea-predominant Irritable Bowel Syndrome	43 (48)
Functional diarrhoea	28 (31)
Inflammatory Bowel Disease	8 (9)
Bile Acid Malabsorption	5 (6)
Lactose intolerance	4 (4)
Coeliac	3 (3)
Lymphocytic Colitis	2 (2)
Pancreatic Insufficiency	1 (1)
Small Bowel Bacterial Overgrowth	1 (1)

**Conclusion** In this study organic causes for chronic diarrhoea were identified in 26%. Given that BAM had similar prevalence to coeliac disease in patients with chronic diarrhoea, we would advocate BAM investigations early within the diagnostic pathway.

**Disclosure of Interest** None Declared.

### REFERENCE

Kurien M *et al.* Bile acid malabsorption: an under-investigated differential diagnosis in patients presenting with diarrhoea predominant irritable bowel syndrome type symptoms. *Scand J Gastroenterol.* 2011 Jul; 46(7–8):818–22

### PTH-182 WHAT IS THE DIAGNOSTIC YIELD OF DUODENAL BIOPSY AT UPPER GI ENDOSCOPY?

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<sup>1</sup>F Debonera, <sup>1</sup>P Nair, <sup>1</sup>M Thufeeq. <sup>1</sup>Endoscopy/Gastroenterology, Peterborough and Stamford Hospitals NHS Foundation Trust, Peterborough, UK

**Introduction** By and the large, the most common indication for obtaining biopsy of the 2nd part of the duodenum is in the diagnosis of coeliac disease. We wanted to identify the diagnostic yield of duodenal biopsies at upper GI endoscopy.

**Methods** We obtained clinical details of 500 patients who had duodenal biopsies taken at upper GI endoscopy (UGIE). This was provided by our local histo-pathology department. These included patients who had UGIE from October 2011 till September 2012.

We excluded indications related to coeliac follow up and suspected malignancy ( $n = 31$ ). We collected data that included age of the patient, indication of the biopsy, findings at endoscopy and histology. We also looked at our results server to see if TTGs were sent for these biopsies.

**Results** Duodenal biopsies were taken to rule out coeliac disease in the context of a variety of symptoms: mainly iron-deficiency or other unspecified anaemia, but also chronic or intermittent diarrhoea, unexplained GI symptoms including nausea and vomiting, fatigue, abdominal pain and distension and weight loss.

Of the 469 biopsies, 89% ( $n = 416$ ) were reported as normal at histology and 11% ( $n = 53$ ) were reported as being abnormal.

84% ( $n = 45$ ) of the abnormal biopsies were non specific in nature. Only 11.3% ( $n = 6$ ) of the abnormal biopsies were diagnosed as coeliac. A further 2 patients were diagnosed as coeliac disease after further clinical evaluation.

Of the 469 samples, 34% ( $n = 161$ ) of patients had TTG serology was sent prior to biopsy. Only 50% ( $n = 3$ ) of those diagnosed with coeliac disease in this study had TTG done prior to biopsy.

1.7% ( $n = 8$ ) of patients who had duodenal biopsies had a conclusive diagnosis of coeliac disease.

Only 0.4% ( $n = 2$ ) of patients who were TTG negative were diagnosed with coeliac disease based on histology and clinical correlation. There were no falsely positive TTG.

**Conclusion** The diagnostic yield of duodenal biopsies is low. It may be more cost-effective if we limit biopsies after being guided by tissue transglutaminase (TTG).

**Disclosure of Interest** None Declared.

### PTH-183 THE DIAGNOSTIC UTILITY OF ENDOSCOPIC DUODENAL BIOPSIES FOR GASTROINTESTINAL INVESTIGATION

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<sup>1</sup>N Patel, <sup>1</sup>V J Blackwell, <sup>1</sup>P Patel, <sup>2</sup>M M Walker, <sup>1</sup>H R Williams. <sup>1</sup>Gastroenterology & Hepatology, Imperial College London, London, UK; <sup>2</sup>Medicine & Public Health, University of Newcastle, Callaghan, Australia

**Introduction** Duodenal biopsies are usually taken at upper gastrointestinal endoscopy to exclude coeliac disease (CD). To date, few studies have investigated overall duodenal pathologies in this group. Serological testing for anti-tissue transglutaminase