Methods TGN/MMP measurements for the period October 2010–October 2011 were obtained from the biochemistry lab at Queen Elizabeth Hospital Woolwich and Queen Mary's Hospital Sidcup and notes were reviewed. Data were collected regarding indications, drug therapy, TPMT levels prior to therapy (if available), concurrent blood results and action taken with the results.

Results 110 TGN/MMP measurements were taken on 86 patients (43 Male) with average age 40 years (17–73). 46 had Crohn's disease, 38 had ulcerative colitis and two had indeterminate colitis. TPMT was measured in 53 patients (62%) with average level 31 pm/hr/mgH (15–46). 10 patients were deficient (16–25 pm/hr/mgH). Nine patients had above average activity (>40 pm/hr/mgH). 72 tests carried out with patients on AZA, 29 tests on 6-MP and eight tests on AZA/Allopurinol. Six patients had dose reduction due to high TGN/MMP levels, five dose increase, seven escalated to biologic therapy, two medication changes to thioguanine or methotrexate and three switched to AZA/Allopurinol. One patient on 6-MP had abnormal LFTs despite normal MMP (4663) and TPMT (37) levels which settled once 6-MP was stopped. Another patient had TGN/MMP levels of 0 but denied non-compliance and was subsequently given biologic therapy. In this cohort, 24 (28%) patients had medication adjustments as a result of TGN/MMP measurements and 3 (3.5%) had compliance addressed with serial TGN results showing positive results.

Conclusion Our experience with TGN/MMP measurements indicates that they are a useful tool in optimising thiopurine therapy and can be used to determine dose adjustment or if new therapies are needed in poor responders. Non-compliance can also be determined and tackled. Additionally, they can be used to address hepatotoxicity due to high MMP levels as this can be circumvented by adding allopurinol to thiopurines at 25%–50% of usual dose.⁹

Competing interests None declared.

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PTU-105

PREOPERATIVE CICLOSPORIN THERAPY AND APPROPRIATE STEROID USE DOES NOT INCREASE RISK OF INFECTIVE COMPLICATIONS FOLLOWING COLECTOMY FOR ULCERATIVE COLITIS

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Introduction Corticosteroids increase the risk of serious and opportunistic infections, independently and in combination with immunosuppressives. Steroids increase risk of post operative sepsis OR 1.68 in Crohn's disease.¹ Addition of immunosuppressants in Crohn's increases the risk of opportunistic infection.² In acute severe ulcerative colitis (ASUC) addition of ciclosporin is standard management for patients not responding rapidly to IV steroids alone. Some patients do not respond and require urgent surgery.³ The risk of preoperative ciclosporin therapy to postoperative complications is not known.

Methods We conducted a retrospective review of patients undergoing colectomy for UC in 2009–2010 in a large centre. 40 colectomies were identified: 26 for ASUC the remainder for cancer or steroid dependency. Differences in post operative complication rates for all 40 individuals were compared between those who received ciclosporin (cases) and those who did not (controls). Analysis was by logistic regression techniques within STATA correcting for steroid use pre and post operatively. Age, gender ASA grade and diabetes were included as potential confounders.

Results In our panel there was no increase in post operative wound infections, (OR 0.4, p=0.34) intra-abdominal sepsis (OR 1.32, p=0.74), non-GI serious infections (OR 1.9, p=0.39) or all sepsis (OR 0.47, p=0.29) in ciclosporin treated patients compared with controls. There was also no increase in complication rates in patients given high dose steroids before (OR 0.14, p=0.1) or after admission (OR 1.2, p=0.75). Neither steroid use nor ciclosporin use predicted thromboembolic or bleeding complications or need for HDU.

Conclusion Used appropriately in accordance with current guidelines⁴ neither steroids nor ciclosporin increase the risk of post operative infective complications in patients failing medical therapy for ASUC.

Abstract PTU-105 Table 1

Demographic	Ciclosporin treated patients (n = 13)	Non-ciclosporin treated patients (n = 27)
% Female	38.4	37.0
Age at surgery (median)	64 years	67 years
Extensive colitis (n, %)	10 (76.9%)	24 (88.9%)
Patients on high dose steroids pre-admission (n, %)	5 (38.5%)	4 (14.8%)
Reason for colectomy ASUC	13 (100%)	13 (48.1%)
All septic complications (n, %)	8 (61.5%)	15 (55.5%)
Wound infections (n, %)	1 (7.7%)	5 (18.5%)
Intra-abdominal sepsis (n, %)	3 (23.1%)	5 (18.5%)
Other infections (n, %)	4 (30.8%)	5 (18.5%)

Competing interests None declared.

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PTU-106

A PROSPECTIVE SINGLE CENTRE EVALUATION OF THE INTRA-INDIVIDUAL VARIABILITY OF FAECAL CALPROTECTIN IN QUIESCENT CROHN'S DISEASE PATIENTS

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Introduction Faecal calprotectin (FC) has become an established non-invasive, sensitive marker of intestinal inflammation in Crohn's disease (CD). A single measurement of FC is used in clinical practice to aid decision making in the management of CD patients. Data on the day to day variation of FC levels in CD patients is sparse. If there