Abstract PTU-081 Figure 1

45 years (IQR 32–56); median follow-up 34 months (IQR 25–44). The median (IQR) FC was 80 µg/g (20–142) where SBMRI demonstrated no active ileal disease (simple MRI score = 0, n = 38), 198 µg/g (120–444) for mild to moderate (1–6, n = 30) and 398 µg/g (168–771) for severe disease (>6, n = 24) ($p < 0.001$). ROC analysis showed an AUC of 0.81 (0.72–0.90) for FC which was significantly higher than for CRP (0.65 [0.53–0.77], $p = 0.020$) (Figure 1).

Conclusion FC correlates closely with SBMRI findings in ileal Crohn's disease and outperforms other laboratory tests. In future, following validation, we will derive clinical useful MRI and FC cut-offs that predicate on important patient outcomes.

Disclosure of Interest None Declared.

PTU-082 PAEDIATRIC INFLAMMATORY BOWEL DISEASE UNCLASSIFIED IN SCOTLAND: INCIDENCE AND NATURAL HISTORY

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10.1136/gutjnl-2014-307263.156

Introduction Inflammatory Bowel Disease Unclassified (IBDU) accounts for ~10% of paediatric IBD (PIBD). The natural history of IBDU includes potential evolution to Crohn's disease (CD) or ulcerative colitis (UC). Few epidemiologically robust studies of IBDU exist so we aimed to describe the incidence and the natural history of paediatric IBDU in a population-based cohort.

Methods Incidence of IBDU was collected over a 10-year period (01/03–12/12) from the two largest Scottish paediatric gastroenterology networks (serving 74.4% of Scottish population <16 years). Demographics, diagnostic investigation and follow-up data were obtained until study end (31.10.13; unless prior transition or emigration) to ascertain reclassification of IBD subtype, clinical progress and outcome at last follow up. Incidence rates

and trends were calculated using publicly available population data and statistics generated using Poisson regression.

Results 65 patients were IBDU (57% male) at diagnosis with a median age of 11.3yrs (range 2.6–15.9). The age adjusted incidence of IBDU was 0.65/100,000/yr (95% CI 0.42–0.97) in the 5-year epoch 2003–2007 and 1.14/100,000/yr (95% CI 0.81–1.56) for 2008–2012, a non-significant increase ($p = 0.068$).

All patients had colonoscopy (74% ileal intubation), 62 (95%) had an upper GI endoscopy; remaining 3 had small bowel imaging. 61 (94%) had radiological imaging, 44 (68%) had a barium meal and follow through with 15 (23%) having MR enterography. At diagnosis, 53 (82%) had a pancolitis, 4 (6%) had disease distal to the hepatic flexure, 5 (8%) had disease distal to the splenic flexure and 3 (4%) had proctitis. 37 (57%) had mild disease (defined as mild infrequent relapses) while 7 (11%) had severe chronically active disease with 5 (8%) requiring Infliximab. Median follow-up was 3.1 yrs (range 0.4–6.8). 16 (25%) had their diagnosis changed (all after endoscopic re-evaluation) after a median of 1.6yrs (range 0.6–5.7), to CD in 11 and UC in 5; 10 (15%) remained IBDU. 3 (4%) required surgery and had colectomy and end ileostomy, 2 (66%) had diagnosis changed to UC prior to surgery whilst the other remained IBDU and reclassified to CD later.

Conclusion In the first ever UK population-based epidemiological study of IBDU, the incidence of IBDU demonstrated a non-significant trend to rise during the 10 year study period. 25% of patients had their diagnosis changed after endoscopic re-evaluation, more than previously reported by systematic review (Prenzel and Uhlig JCC 2009) after median follow up of 1.6 years. Most cases had inactive/mild disease activity; a minority remained IBDU despite re-assessment.

Disclosure of Interest None Declared.

PTU-083 USE OF POLYMERASE CHAIN REACTION TO DETECT MUCOSAL CYTOMEGALOVIRUS INFECTION IN PATIENTS WITH ACUTE ULCERATIVE COLITIS

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10.1136/gutjnl-2014-307263.157

Introduction Mucosal CMV infection may complicate acute ulcerative colitis (UC), though the significance remains uncertain. The European Crohn's and Colitis Organisation recommend tissue PCR or immunohistochemistry for CMV detection. The aim of this study was to review experience of assessing patients attending a single unit with acute UC for CMV infection.

Methods A policy of biopsy for CMV infection was adopted for people with acute severe UC admitted to hospital (n = 37) or deteriorating symptoms as an out-patient (n = 8) from 2011–2013. Clinical severity was measured by Mayo score and endoscopic activity by Baron score. Biopsies were assessed for CMV viral DNA by realtime PCR. Serum IgG and IgM antibodies to CMV were measured by chemiluminescence.

Results Biopsies were obtained from 45 patients with UC. 13/45 (28.9%) were positive for CMV DNA (median titre 34900; range 776–1540000 copies/ml). 9/13 (69.2%) CMV PCR positive (+) patients were steroid refractory compared to 14/32 (43.8%) CMV PCR negative (-) $p = 0.12$. Median Day 3 Mayo scores were 8 for the CMV+ group and 6 for the CMV- group ($p = 0.59$). Of IPs biopsied up to Day 1 of IV steroids (range -4–1), 6/22 were CMV