**Conclusion** This study confirms that differences in miRNA expression profiles between CD strictured and non-strictured areas can be detected. Upregulation of collagen mRNA shows that miR-34a might play a functional role in modulating fibrosis in CD, however further studies to investigate the impact of increased collagen protein are required. Manipulation of miRNA profiles may be a novel therapeutic strategy against fibrosis in Crohn’s disease.

**Competing interests** None declared.

**PMO-230**

**CLINICAL RISK FACTORS FOR CROHN’S DISEASE POSTOPERATIVE RECURRENT ARE REFLECTED IN ALTERATIONS IN MUCOSALLY ADHERENT MICROBIOTA AT SURGICAL RESECTION**

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**Introduction** Clinical risk factors for Crohn’s disease (CD) recurrence after ileo-caecal resection (ICR) include smoking status, perforating disease and >1 surgical resection. The underlying mechanisms contributing to clinical risk are unknown. We aimed to study the relationship between risk factors and gut microbiota.

**Methods** Samples of macroscopically inflamed and non-inflamed small bowel from patients undergoing surgical resection for CD were analysed. Samples were snap frozen in liquid nitrogen. Cryosections were cut and the frozen sections were hybridised with oligonucleotide probes targeting the microbial 16S rRNA of total small bowel from patients undergoing surgical resection for disease and >1 surgical resection. The underlying mechanisms contributing to clinical risk are unknown. We aimed to study the relationship between risk factors and gut microbiota.

**Results** Fifteen patients underwent ICR (10 female); 9 were high risk (6 smokers, 4 with multiple risk factors). Faecalbacterium prausnitzii, Clostridium coccoides-Eubacterium rectale and bifidobacteria. The hybridised mucosa associated microbiota (MAM) were identified and quantified. Patients with ≥1 risk factor were classified as high risk for disease recurrence.

**Conclusion** Ileal mucosa DC demonstrate a cytokine profile implicating a Th17 response compared with colonic mucosa. Upon bacterial stimulation with LPS ileal mucosa demonstrate increased INF\(_\gamma\) (27.49 ± 12.16 vs 0.39 ± 0.59) compared with colonic mucosa. Upon bacterial stimulation with LPS ileal mucosa demonstrate increased INF\(_\gamma\) (27.49 ± 12.16 vs 0.39 ± 0.59) but not colonic derived DCs (19.55 ± 10.12 vs 12.40 ± 7.63 p = 0.6). L casei incubation, however, led to a larger decrease in ongoing TGF\(_\beta\) (42.55 ± 16.02 vs 4.42 ± 11.46 cells/µl p = 0.023) and INF\(_\gamma\) (14.76 ± 7.196 vs 20.53 ± 10.16 cells/µl, p = 0.05) DC cytokine production in colonic tissue compared with ileal.

**Competing interests** None declared.