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 RECURRENCE 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. Cryosections were cut and the frozen sections were hybridised with probes targeting viral genome, histone, H2A.Z, and CD20. Samples were snap frozen in liquid nitrogen. Faecalibacterium prausnitzii and other gut bacteria, Escherichia coli, Bacteroides, Prevotella, Faecalibacterium 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.

Results Fifteen patients underwent ICR (10 female); 9 were high risk for disease recurrence. The risk of post-operative CD recurrence may be explained by the MAM. The risk was highest in patients with multiple risk factors. Faecalibacterium prausnitzii numbers in inflamed operative samples were lower in smokers compared with non-smokers (p=0.036). High-risk patients had lower numbers of bifidobacteria in both inflamed (p=0.006) and non-inflamed (p=0.01) operative samples compared with low risk patients.

Conclusion The risk of post-operative CD recurrence may be predicted at a pre-operative stage due to dysbiosis. The role of MAM as a tool to stratify risk requires further study. Drugs that modulate MAM may, in future, play a role in reducing post-operative recurrence.

Competing interests None declared.

PMO-232 ABNORMAL LIVER FUNCTION TEST IN PATIENTS WITH ULCERATIVE COLITIS: A RETROSPECTIVE STUDY
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Introduction The association between primary sclerosing cholangitis (PSC) and ulcerative colitis (UC) is well recognised. The prevalence of PSC in patients with UC has been reported widely and ranges from 2.4% to 7.5%. The mean annual incidence rates were between 0.9 and 1.3 cases per 100 000 person years. Patients with UC may frequently be found to have abnormal liver biochemistry (LFTs) for numerous reasons although PSC is uncommon. Given the known increased risk of colorectal cancer in patients with both UC and PSC as well as cholangiocarcinoma, early recognition of PSC is crucial.

Methods Aims: To identify known patients with UC from our clinic population who also had persistently elevated LFTs and to determine the extent to which the cause of the abnormal LFTs had been investigated.

Methods A representative sample of patients with UC was identified from those who had contacted the nurse led IBD telephone help line at Gloucestershire Hospitals NHS Foundation Trust during September and October 2010. UC diagnosis was based on histology proven on biopsies including colectomy. Abnormal LFTs were defined as a persistent elevation above the local laboratory upper