n=69; p<0.001) and ≥10 mm polyps (21%, n=63; p<0.001). The histological features of the polyps ≤5 mm were predominantly tubular adenomas (TA) (80%, n=86/107), please see Abstract PWE-110 table 1 for rest of histology. Only 38% (n=60) of polyps ≤5 mm were hyperplastic in nature. In polyps ≤5 mm in size, one TA with high grade dysplasia (0.6%) was seen but no carcinoma compared to 11 (5.6%) carcinomas/high grade dysplasia in ≥6 mm size polyps (p<0.001). Three cancers were seen, two in polyps ≥10 mm size and one in the 6–9 mm size. 51% were left sided, 14% were right sided, location not specified in 35%, this difference was not statistically significant.

Conclusion In patients who are positive for FHH the incidence of diminutive polyps is considerable and importantly there is a significant proportion of adenomatous polyps. Based on these findings we believe that diminutive polyps should be resected, histologically evaluated and followed-up appropriately.

Competing interests None declared.

PWE-112 PREVALENCE OF OSTEOPOROSIS IN A LIVERPOOL COELIAC COHORT SUPPORTS ROUTINE USE OF BONE MINERAL DENSITY ASSESSMENT

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Introduction Coeliac disease may be associated with osteoporosis and increased fracture risk. Osteoporosis is a significant public health problem with major consequences for patients and health care systems.1 Debate exists concerning the utility of routine bone mineral density (BMD) assessment in patients with coeliac disease.2 We aimed to identify the prevalence of osteoporosis in patients with coeliac disease as defined by BMD assessment.

Methods Dietitian led data sets are currently maintained for all coeliac patients under active follow-up at University Hospital Aintree. We retrospectively analysed this information to determine (1) the frequency of BMD assessment in coeliac patients and, (2) the results of BMD assessment. Osteoporosis was defined as a T score of ≤−2.5 SDs below mean at either lumbar spine or hip.

Results The data sets for 252 patients were available for analysis. Demographics: 70% female, 30% male, mean age at diagnosis 52 (range 5–79 years). BMD assessment was undertaken in 211 (91%). The indication for this assessment in all cases was a clinicopathological diagnosis of coeliac disease. Of those undergoing BMD assessment, 26% had osteoporosis. On questioning at outpatient assessment 141 (67%) patients reported participation in regular weight bearing exercise. Of these patients 35 (24%) had osteoporosis compared to 10/50 (33%) not documented to undertake weight bearing exercise (p=0.26). Of those undergoing BMD assessment, 128 (61%) had been prescribed calcium supplements. 49/128 (38%) patients documented to be taking calcium supplements had BMD measurements consistent with osteoporosis compared to 4/82 (5%) patients not taking calcium supplements.

Conclusion At this UK centre, where over 90% of patients with coeliac disease underwent BMD assessment, 26% had osteoporosis. This is comparable to the rate demonstrated by Fitzgerald et al.1 (25%) and provides further support for the routine use of BMD assessment in coeliac disease to screen for osteoporosis. A lesser proportion of patients who participated in regular weight bearing exercise had osteoporosis at BMD assessment, but this finding was not statistically significant.

Competing interests None declared.

REFERENCES


2. Lewis NR, Scott BB. Should patients with coeliac disease have their bone mineral density measured? Eur J Gastroenterol Hepatol 2005; 17:1065–70.