Patients had IBD-type unclassifiable disease. The median age was 47.5 (range 16-91) years. Polyps were detected in 1870 (40.14%), cancer in 279 (5.99%) and 1216 (26.10%) had a normal examination. 83 patients had endoscopic appearance suggestive of IBD, confirmed at histology in 44. Seven patients were excluded as the diagnosis of colitis preceded the screening examination on case note review. Eleven of 37 incidental cases were female. Median age at diagnosis was 64. Twelve patients had Crohn’s disease (CD), 22 ulcerative colitis (UC) and three had IBD-type unclassified (IBDU). 31 patients had follow-up data available with a mean follow-up period of 24.4 months. Fifteen patients (48.4%) were asymptomatic at diagnosis. Mean values for CRP were 11.8, Hb 13.8, Platelets 278.5, and Albumin 42.9. Treatment included steroids (9), 5-ASA (25), immunomodulators (azathioprine 5; methotrexate 1) and anti-TNF and anti-IFN (2; adalimumab 1). None required surgery. Those requiring immunomodulators and/or anti-TNF therapy (male 4; female 1) had asymptomatic extensive UC, symptomatic left sided UC, symptomatic left-sided IBDU, symptomatic Crohn’s colitis and symptomatic strictureing terminal ileal CD at diagnosis.

Conclusion An incidental diagnosis of IBD is not uncommon and with the advent of bowel cancer screening this number is set to increase. These patients may present an important model for study of early disease with novel insights and evolving treatment paradigms.

Competing interests None declared.

PWE-241 VITAMIN D STATUS IN INFLAMMATORY BOWEL DISEASE: ARE CLINICIANS SEEING THE LIGHT?

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Introduction There has been resurgent interest in recent years in the pro-hormone vitamin D beyond its classical role in bone metabolism recognising its plausible effects in immune regulation. The aim of our study was to review practice relating to vitamin D assessment among IBD patients.

Methods We conducted a retrospective review of 300 consecutive patients attending IBD clinics at our hospital. Clinical data including demographics, disease characteristics and therapy were obtained from case note and electronic patient record review. Measurement of serum 25-hydroxyvitamin D (25-OHD) concentration subsequent to IBD diagnosis was noted.

Results Of 300 IBD patients reviewed 141 were female. The median age was 47.5 (range 16-91) and mean disease duration 9.6 years. 137 patients had Crohn’s disease, 152 patients ulcerative colitis and 11 patients had IBD-type unclassified (IBDU). 126 (42.0%) patients were current or ex-smokers. Vitamin D status was assessed in 45 (15.0%) patients. In 41 patients (91.1%) measurement was undertaken within the last 2 years. The mean and median serum 25-OHD level was 19.1 and 17.0 ng/ml respectively (range 5-100). Of the nine patients with vitamin D deficiency (levels <10 ng/ml consistent with deficiency and 17 (57.8%) levels <20 ng/ml). Of the nine patients with vitamin D deficiency (three males; six females), six had Crohn’s disease and three had ulcerative colitis. Of the Crohn’s patients, three had ileo-colonic, two colonic and one ileal disease. Three had non-stricturing and non-penetrating disease, two strictureing and one penetrating disease. Of the ulcerative colitis patients one had extensive disease, one left-sided disease and one had proctitis. All patients had received steroids during the course of their disease and three patients received azathioprine, four anti-TNF (three infliximab; one adalimumab) and four had previous surgery. Patients with vitamin D deficiency had significant disease requiring immunomodulator, anti-TNF therapy and surgery in this cohort.

Conclusion Vitamin D assessment in IBD patients is suboptimal. Hypovitaminosis D is under-recognised and consequently under-treated. The myriad emerging roles of vitamin D in the pathogenesis of IBD emphasise the importance of recognition and optimisation of vitamin D status to above 30 ng/ml in this patient group.

Competing interests None declared.