<1–64 years (median 17). 45% had smoking history. CD distribution and concomitant immunomodulation was heterogenous. 58 (82%) patients had previous surgery. 46 (65%) were ileo-colonic anastomotic strictures while rest had it de novo (nine colon only, six terminal ileum, six jejunum, three duodenum, one oesophagus and one small and colon). The disease activity at anastomosis was i0–14 (30%), i1, i2–25 (55%) and i3, i4–5 (11%) while two had no record. Disease in de novo stricture was mild—5 (20%), moderate—10 (40%) and severe—7 (28%) while three had no record. The stricture length were 0.5–7 cms (median 2). CRP at first EBD was between 2 and 188 (median 5). Procedure: Maximum diameters of first and subsequent EBD were similar, 10–20 mm (median 15). 60 were performed at colonoscopy and 11 were performed at enteroscopy. 177 (range 1–11, median 2) EBD over median 8.5 months (1–84) were carried out total 84 (range 1–5, median 1) strictures. Outcomes: There were no serious complications. Success at index EBD was 31% with another 37% achieving long-term symptomatic relief from further EBDs. 18 (25%) patients needed surgery and five were lost to follow-up. Time to surgery following first EDB was 1–59 months (median 16.5).

Conclusion EBD was safe and seemed fairly effective (68% cases) in achieving long-term symptom improvement and avoided the need for surgery in 75% of cases. Further large prospective trials with control groups (those going straight to surgery) are needed to evaluate effects of CD phenotypes, endoscopic techniques and patient factors to help identify those that would best achieve palliation of symptoms with EDB compared to surgery.

Competing interests None declared.

Radiology free papers

OC-148 INVESTIGATION AND OUTCOME OF PATIENTS WITH CT FINDINGS SUGGESTIVE OF COLITIS

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Introduction Multiple features of an abdominal CT scan may suggest underlying colitis, many of which are non-specific and may be mimicked by other pathologies. Such incidental findings often lead to difficulty in determining whether colonoscopic investigation is warranted. Studies that have looked at this area do not agree as to the best diagnostic approach for such patients and only included patients who had endoscopic investigations following the abnormal scan. This study aims to establish the clinical significance of an abdominal CT finding of colitis, ascertain how such findings are being investigated and determine whether these patients should undergo colonoscopy.

Methods All patients with CT findings of colitis in a district general hospital from March 2007 to March 2008 were included. Notes of all patients were reviewed over the 2 years following the abnormal CT scan, obtaining details of investigations, diagnosis and outcome.

Results 34 patients were included in our study. 62% were female and the median age was 72. 47% of patients with CT findings of colitis had the diagnosis confirmed with further investigation. 21% of patients had infective colitis, 12% ischaemic colitis and 15% inflammatory bowel disease (IBD). 6% of the total number of patients had a new diagnosis of IBD. 24% of colonoscopies undertaken were normal. 50% of patients did not undergo endoscopic examination because 12% had no GI symptoms, 24% were too unwell, 35% of diagnoses were reached by alternative investigation, 12% were unsuitable for endoscopic examination and 6% declined further investigation. Infective colitis was often poorly investigated with 32% of patients with acute diarrhoea not having a stool culture or clostridium difficile screen. Our results showed a similar incidence of colitis as previous studies but low levels of neoplasia and new diagnoses of IBD. This could be due to the inclusion of patients that did not undergo endoscopic investigation in our analysis. In those patients where endoscopic tests were not carried out based on clinical judgement, no cases of missed serious bowel pathology were found in 2 years follow-up.

Conclusion In conclusion a CT scan suggestive of colitis can reflect serious underlying pathology; however endoscopic investigation is not always indicated. Each case needs to be considered individually, based on clinical presentation, ensuring that the appropriate non-invasive tests are considered first.

Abstract OC-148 Table 1 Final diagnosis in patients with a CT finding of colitis

Diagnosis	Patients	Percentage
Inflammatory bowel disease	5	15%
Infective colitis	7	21%
Ischaemic colitis	4	12%
Diverticulitis	6	18%
Rectal cancer	1	3%
Colonic polyp	1	3%
Pancreatic cancer	2	6%
Other/non GI	7	21%
Declined investigation	1	3%

Competing interests None declared.

OC-149 SECRETIN-ENHANCED MAGNETIC RESONANCE CHOLANGIO-PANCREATOGRAPHY (SECRETIN-MRCP): A CASE SERIES AND REVIEW OF CLINICAL UTILITY

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Introduction MRCP is a standard investigation in pancreato-biliary disease. Secretin-MRCP has been shown to have value in the investigation of suspected Sphincter of Oddi dysfunction (SOD). We have used this modality since 2005 and review here the clinical utility of secretin-MRCP in our institution, with reference to indications, findings, and clinical outcomes.

Methods Patients undergoing secretin MRCP had a conventional MRCP, with determination of the best imaging plane for pancreatic and biliary ductal assessment. Secretin was then injected (1 U/Kg) and imaging was repeated every minute for 15 min, with documentation of ductal and exocrine responses. For this review, persistent ductal dilatation at 15 min was considered probable SOD and onset of pain after secretin possible SOD. All patients undergoing secretin-MRCP were identified from a radiology database. A casenote review was done, with documentation of indications and outcome measures as outlined above.

Results Seventy patients underwent secretin-MRCP between 2005 and 2011 (mean age 44, range 17-84, M:F ratio 3:1). Indications were; biliary pain with abnormal LFTs or ultrasound (suspected type 2 SOD, N=9), pain with normal investigations (suspected type 3 SOD, N=42), unexplained pancreatitis (N=13) or assessment of complicated pancreatitis (N=6). Forty-four scans were normal, 12 showed anatomical abnormalities and 14 probable/possible SOD (persistent ductal dilatation six, secretin-induced pain six, both two). Most (13/14) MRCP diagnoses of SOD were in patients where the clinical indication was biliary pain. In patients with SOD, 4/13

underwent ERCP with sphincterotomy and 9/13 were treated conservatively. In patients undergoing sphincterotomy, there were no procedural complications and all had relief of pain (two patients later solicited further ERCP and sphincterotomy).

Conclusion In this series, secretin-MRCP was valuable in a group of patients with suspected SOD. Most scan findings for this indication are normal, but in some patients an abnormal scan is valuable in giving a positive diagnosis. A subgroup of these may benefit from ERCP with sphincterotomy, while others respond adequately to conservative therapy.

Competing interests None declared.

OC-150 A DECADE OF CHANGE IN THE MANAGEMENT OF SEVERE GASTROINTESTINAL HAEMORRHAGE

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Introduction Acute major gastrointestinal bleeding represents a serious and complex clinical challenge requiring a multi-modality approach involving endoscopic, radiological and surgical intervention. The optimal management of this condition has evolved significantly in recent years, and this retrospective study evaluated the changing trends in practice over a 10-year period.

Methods A comprehensive and retrospective analysis of all the patients treated for acute serious gastrointestinal haemorrhage (SGIH), not controllable by endoscopic therapy alone between 2001 and 2011 was performed. This time period overlaps the introduction of a dedicated 24-h interventional radiology service (2009). Baseline demographics, including Rockall and Glasgow Scores, and outcomes from interventional radiological and/or surgical intervention were analysed.

Results Ninety-nine patients in the 10-year period required radiological or surgical intervention for SGIH with a median age of 70 years old (range 22–93). Sixty-seven patients (68%) were treated with surgery alone, with a successful outcome in 63 (94%), and a mortality rate of 6%. Radiological intervention was carried out in 32 patients with a successful outcome for this modality alone in 23 (72%), with one death. Eight patients underwent surgery due to incomplete radiological control, with a successful outcome in 7 (88%), but with one death, giving an overall mortality of 6%. Throughout the 10-year period, there was a sequential decline in the use of primary surgical intervention in favour of a multi-modal radiology-surgery approach.

Conclusion Severe gastro-intestinal haemorrhage in the acute setting, when not amenable to successful endoscopic therapy remains a serious condition with significant mortality (6%). The introduction of interventional radiological techniques however now means that the majority of patients can be successfully managed without operative surgery, but this still plays an important role for complex or refractory patients.

Competing interests None declared.

OC-151 PREVALENCE OF, AND PREDICTORS OF, A POSITIVE SEHCAT SCAN FOR BILE ACID DIARRHOEA IN OUTPATIENTS WITH CHRONIC DIARRHOEA

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Introduction SeHCAT scanning is not commonly performed in patients with chronic diarrhoea, despite British Society of Gastroenterology guidelines advocating its use. Greater awareness of bile acid diarrhoea (BAD) may increase uptake of testing. We aimed to assess the prevalence of BAD in consecutive patients with chronic diarrhoea undergoing SeHCAT scanning, and to identify factors predicting a positive result.

Methods A retrospective review was undertaken over 6 years at Leeds Teaching Hospitals. A standardised scanning protocol was adopted. Medical records were reviewed to obtain information regarding previous cholecystectomy, terminal ileal (TI) Crohn's disease (CD), TI resection or right hemicolectomy for CD, right hemicolectomy for other reasons, radiation exposure, enteric infection and microscopic colitis. BAD was defined as present when SeHCAT retention was <15% (mild <15%, moderate <10%, and severe <5%), and classified according to underlying aetiology (type I secondary to TI resection or right hemicolectomy, type II idiopathic, and type III secondary to all other causes). Presence of bloating and abdominal pain were used to define IBS.

Results 163 (51.4%) of 317 patients had some degree of BAD. A greater proportion of patients with a positive test had undergone cholecystectomy (29.4% vs 13.9%, p=0.001), TI resection for CD (17.8% vs 1.9%, p<0.001) or TI resection or right hemicolectomy for other reasons (8.6% vs 1.9%, p=0.009). Radiotherapy, enteric infection, or microscopic colitis were not associated with BAD. 54 (37%) of 145 individuals with no obvious risk factors had some degree of BAD, with 17 (32.1%) having severe BAD. Fewer individuals with BAD reported bloating (16.0% vs 25.0%, p=0.05), and fewer met criteria for IBS (40.5% vs 52.6%, p=0.03). More patients with severe disease had previous right hemicolectomy or TI resection for CD (32.1%, p<0.001). A greater proportion of those with mild BAD fulfilled criteria for IBS, compared with those with moderate or severe BAD (65.9% vs 46.3% and 24.7%, p<0.001).

Conclusion BAD is common in patients with chronic diarrhoea. Prior surgery is a strong predictor of a positive test, and may negate need for testing. However, among those with no proposed risk factors, yield of testing was almost 40%. The prevalence of BAD in patients with chronic diarrhoea is high, and SeHCAT scanning is a worthwhile diagnostic strategy.

Competing interests None declared.

OC-152 "EXPECTING THE UNEXPECTED": A REVIEW OF EXTRACOLONIC FINDINGS FOUND AT CT COLONOGRAPHY

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Introduction The aim of this paper is to report the high prevalence of important extracolonic findings, including cancer, at CT colonography.

Methods Using the PACS system all CT colonograms performed for symptomatic indications between December 2006 and June 2011 were retrieved as part of our ongoing audit. Extracolonic findings were identified and analysed. They were categorised into extracolonic malignancies, benign and important benign findings which were findings that required further investigation or management.

Results 830 patients underwent CT Colonography during this time period (518 females, 313 males, average age 74). 85 colonic cancers were identified and 103 patients had colonic polyps with or without