**PWE-011**

**DIAGNOSING ABDOMINAL TUBERCULOSIS IN THE ACUTE ABDOMEN**

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**Introduction** Despite recent improvements in medical treatments, the incidence of abdominal tuberculosis (ATB) in the United Kingdom has increased over the past two decades. This case series examined the difficulties encountered in correctly diagnosing this infection.

**Methods** A retrospective study was undertaken, reviewing the records of 36 patients diagnosed with ATB from 2000 to 2012 at a district general hospital in outer East London.

**Results** The commonest presenting feature was abdominal pain in 67% of patients, and the most common sites of infection were the iliacocolic junction and peritoneum, seen in 36.1% and 33.3% respectively. Six patients were initially investigated for Crohn disease and one for ileitis. The highest disease prevalence was seen in patients born in India and Pakistan, which was 27.8% and 19.4% of patients respectively.

Colonoscopy was performed in nine patients, and three of these reported normal findings. The other six reported visible non-specific inflammatory changes. Three patients had abdominal x-rays reported and one patient had an abdominal ultrasound. An abdominal computerised topography (CT) scan was performed in 26 patients and a chest CT was undertaken in 19 patients. Varying degrees of inflammatory changes were seen in all of the patients who had CT scans. Microbiological culture was positive for mycobacterium tuberculosis or acid-fast bacilli in 71% of patients.

**Conclusion** Abdominal tuberculosis can be very difficult to diagnose as symptoms are non-specific and can mimic other types of granulomatous inflammatory bowel diseases. Radiology appears largely unhelpful due to the non-specificity of any positive imaging findings, and there is a lack of diagnostic procedural and microbiological tests with high specificity and sensitivity. In view of the increasing incidence of tuberculosis in the United Kingdom, there should be a high index of suspicion for ATB in individuals from high-incidence countries who present with non-specific abdominal symptoms.

**REFERENCES**


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**Disclosure of Interest** None Declared.

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**PWE-012**

**AUDIT OF NHS TAYSIDE COLONOSCOPY SURVEILLANCE PROGRAMME**

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**Introduction** Symptoms associated with organic bowel disease such as cancer or adenomatous polyps are extremely non-specific. Therefore, for individuals at moderate and high risk of colorectal cancer (CRC), the current practice involves surveillance colonoscopy. The BSG Guidelines for colorectal cancer screening and surveillance are a benchmark for UK clinicians. Approximately 2500 patients are under regular endoscopic surveillance in NHS Tayside; appointments are booked following a review and telephone consult by nurse specialists.

**Methods**

To determine the level of adherence to the BSG guidelines, and the pathology findings from recent colonoscopies.

**Results** 434 patients were reviewed. 319 requests adhered to the guidelines (adherence 73.3%).

**Conclusion** In Tayside the adherence to BSG guidelines was 73.3%. The Nurse Specialist review saved a significant number of appointments. The majority of surveillance colonoscopies were normal; with the highest rate observed in those with a genetic family history. These findings suggest that alternative means of regular surveillance should be evaluated.

**Disclosure of Interest** None Declared.

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**PWE-013**

**BOWEL CANCER SCREENING IN THE CZECH REPUBLIC: CURRENT STATUS, PROBLEMS, CLINICAL VIEW OF THE SINGLE MUNICIPAL SCREENING CENTRE AND THE NEWS IN 2014**

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**Introduction** Incidence of CRC in the Czech Republic (CR) = 7800–8200/m population of 10 M people. Approximately