

Abstract PWE-101 Table 1 Context of small bowel imaging in ulcerative colitis (n = 47)

Context	n (%)
At the time of disease diagnosis (1st episode; equivocal histology)	7 (15%)
Prior to therapy escalation	17 (36%)
Gastrointestinal symptoms atypical for UC	9 (19%)
Abdominal pain (post-colectomy)	7 (15%)
Persistent anaemia	7 (15%)

disease definitions coupled with novel and evolving imaging paradigms have led to more sophisticated small bowel imaging in recent years. Despite this, studies on the relevance and yield of small bowel pathology in UC patients are limited.

Methods We conducted a retrospective review of consecutive UC patients seen at our institution between May–October 2013. Clinical data for demographics, disease characteristics, small bowel investigation, endoscopy, treatment and clinical outcomes were obtained from electronic patient records.

Results We analysed 321 patients with biopsy confirmed UC [61% male, mean age 53 yrs, range 18–91 yrs]. Mean age of diagnosis was 43 yrs and mean disease duration was 10 yrs. Montreal classification was E1 (14%), E2 (49%) and E3 (37%) respectively.

Forty-seven patients had small bowel investigations: MR enterography in 81%, CT enterography in 15% and barium follow-through in 4%. Disease severity at the time of small bowel imaging was mild to moderate in 68% and 32% had severe disease. Thirty-two percent of patients were on thiopurines, 19% on bimodal immunosuppression (infliximab + thiopurine) and 49% were on aminosalicylates. Seven patients had undergone colectomy.

Small bowel imaging was reported normal in 46/47 and one patient had distal and terminal ileal disease. Indications for small bowel imaging are shown in Table 1. Subsequent to small bowel imaging, 40% (19/47) had no change in therapy, 43% were escalated to immunosuppressive therapy and 11% underwent surgery for UC. In 3 patients, the diagnosis was changed from UC to Crohn's disease (2 with perianal Crohn's; 1 with small bowel Crohn's based on MRE) all subsequently treated with Anti-TNF therapy.

Conclusion The yield of small bowel pathology in our cohort was low, supporting current European Crohn's and Colitis Organisation (ECCO) recommendations.¹ Small bowel imaging in UC meanwhile should be considered in the well-selected patient and driven by the clinical question or diagnostic uncertainty.

REFERENCE

- Dignass A, Eliakim R, Magro F *et al.* Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 1: definitions and diagnosis. *J Crohns Colitis*. 2012 Dec;6(10):965–90

Disclosure of Interest None Declared.

PWE-102 INFECTIVE DIARRHOEA COMPLICATING IBD VS NON-IBD PATIENTS

¹S Mumtaz*, ¹S Kelly, ²UA Ahmad, ¹S Everett. ¹Gastroenterology, Leeds Teaching Hospitals, Leeds, UK; ²Acute Medicine, Doncaster Royal Infirmary, Doncaster, UK

10.1136/gutjnl-2014-307263.362

Introduction Clinical features associated with infective diarrhoea and flare up of Inflammatory Bowel Disease (IBD) are very similar

and presents a challenge to gastroenterologists to distinguish the two especially at the initial presentation.

Methods This was a retrospective cohort study for patients admitted to the gastroenterology department of a single tertiary care teaching hospital with a culture positive episode of bacterial infective diarrhoea, excluding *Clostridium difficile*. Data was collected from clinical notes of patients presenting over an 8 year period (2004–2012). We made comparisons between the cohorts of patients with and without IBD.

Results 103 patients were included in the study; 13 had pre-existing IBD (7 UC, 6 Crohn's), mean age [52 (17 – 82) IBD, 41 (18 – 103) non-IBD]. Organisms cultured; IBD [campylobacter 84% (11), salmonella 16% (2)], non-IBD [campylobacter 81% (73), salmonella 12% (11), ecoli 4% (4), shigella 2% (2)]. Median duration of symptoms was similar in both groups [4 days (IQR 2) IBD, 4 (IQR 6) non-IBD]. Patient gave history of (IBD vs non IBD); abdominal pain [77 vs. 90% OR 0.37 (95% CI: 0.08–1.6)], per rectal bleeding [46 vs. 52% OR 0.78 (95% CI: 0.24–2.5)], vomiting [38% vs. 43% OR 0.81 (95% CI: 0.24–2.71)]. Blood tests showed (IBD vs non IBD); platelet count [median 282 (IQR 130) vs. 237 (IQR 90)], CRP [56 (IQR 81) vs. 82 (IQR 102)], haemoglobin concentration [median 12.1 (IQR 2.4) vs. 14.3 (IQR 2.6)] and white cell count [median 8 (IQR 4) vs. 7 (IQR 3)]. A much higher proportion of patients in IBD group received steroids [77 vs 16% OR 16.6 (95% CI: 4.0–61)]. Patients in both group had comparable duration of hospital stay [median 5 (IQR 4) vs. 4 (IQR 3)].

Conclusion Infective diarrhoea presents similarly in patients who have a background of IBD to those that don't but is more likely to be treated with steroids. A short history with abdominal pain and vomiting suggest an infective cause should be considered even if there is a established diagnosis of IBD.

Disclosure of Interest None Declared.

PWE-103 TERMINAL ILEITIS AT ENDOSCOPY IN CLINICAL PRACTICE: IS IT ALWAYS DUE TO CROHN'S DISEASE?

¹S Zafar*, ¹A Trevatt, ²A Joshi, ¹K Besherdas. ¹Gastroenterology, Chase Farm Hospital, Enfield, Middlesex, London, UK; ²Histopathology, Chase Farm Hospital, Enfield, Middlesex, London, UK

10.1136/gutjnl-2014-307263.363

Introduction Terminal ileitis (TI) when identified at endoscopy is generally assumed to be secondary to Crohn's disease (CD). However, TI may be due to other causes including infection, malignancy, radiation, vasculitis and autoimmune disease. In the presence of histological findings such as granulomas, cryptitis, crypt abscesses, fissuring and ulceration, a diagnosis of CD can be inferred. In the absence of such histological correlation, a diagnosis of CD may be reinforced by finding inflammation on colonoscopy or small bowel studies in other parts of the gut, suggestive of skip lesions. We hypothesise that patients diagnosed with TI on endoscopy do not all have CD, but may be inaccurately labelled as such.

Methods Single-centre retrospective analysis of 56 patients diagnosed with TI on endoscopy at a district general hospital in London between 2007–2013. Data obtained from endoscopic reporting tool and patient records were correlated with histology and imaging. The number of patients with the finding of ileitis on endoscopy subsequently diagnosed with CD was studied and the basis of this diagnosis was evaluated.

Results 68% of patients (38/56) with TI on endoscopy had histological confirmation of ileitis: 11 of whom had characteristic