Patients with RCD were more likely to have worse histology (Marsh 3a-c) than SBCE. control CD who had a higher percentage of normal histology at the time of SBCE. ($p=0.002$) Those with RCD had a longer abnormal small bowel (SB) mucosa (185 SD ± 167.6 vs 29.5 SD ± 73 min $p=0.0001$) and longer percentage of abnormal SB (53.9 SD ± 38.0 vs 6.9 SD ± 15.2 min $p=0.0001$) when compared to those with control CD.

A repeat SBCE was carried out after a mean of 9.63 SD ± 6.6 months in patients with RCD following treatment. There was no statistical significant difference in histology and serology at the time of the first and second SBCE. Patients received the following treatment: 36.8% steroids, 26.3% immunosuppressants, 36.1% combination of mycophenolate azathioprine and steroids. However, there was an improvement in the length of abnormal SB mucosa (185 vs 116 min; $p=0.035$) and the percentage of abnormal SB (50.8 vs 32.9%; $p=0.027$). 7 patients (36.8%) had diffuse mucosal involvement on the first SBCE but only 4 (21.1%) had diffuse disease on repeat SBCE. ($p=0.007$) There was no statistical correlation between coeliac serology and small bowel passage time, length of mucosal abnormality and percentage of affected SB at first and second SBCE. The same findings were also true for histology.

Conclusions More severe SB involvement on SBCE can be found in patients with RCD. This is the first study that shows an improvement in SB abnormality on SBCE following treatment of RCD patients. Histology is useful in distinguishing RCD from non-RCD but not for assessing improvement in patients with RCD following treatment. SBCE might potentially be regarded as a less invasive, more accurate way of following up these patients.

PWE-096 WHAT IS THE COST OF DELAYED DIAGNOSIS OF BILE ACID MALABSORPTION?

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Introduction Bile acid malabsorption (BAM) is accurately diagnosed using a 75 selenium taurocholic acid (SeHCAT) scan which also defines treatments patients require. BAM causes chronic, often debilitating symptoms including loose stool, faecal incontinence and abdominal pain. Primary BAM affects 1% of Britons yet is frequently misdiagnosed as IBS. A further 1% have BAM secondary to other conditions. The 2012 NICE DG7 review of SeHCAT included a cost-effectiveness evaluation based on assumptions without supporting evidence. Our aim was to evaluate the cost of delayed diagnosis of BAM.

Methods The notes of all patients undergoing SeHCAT scanning in our Trust over a one-year period were reviewed retrospectively. The number of abnormal scans and patient response to treatment were recorded. Costs of additional clinics/tests/procedures performed before the diagnosis of BAM were calculated using NICE costing templates.

Results 1.5% of 3860 new patients seen in our gastroenterology clinics between June 2016-May 2017, 19 men and 37 women, median age 58 (range 19–83) were referred for SeHCAT scanning. Of these, 64% were abnormal: 13 demonstrated severe ($<5\%$ 7 day SeHCAT retention), 13 moderate

(5%–10%), 5 mild (10%–15%) and 5 borderline (15%–20%) BAM. Underlying causes for BAM included cholecystectomy ($n=13$), chronic unexplained symptoms ($n=12$), inflammatory bowel disease ($n=4$), irritable bowel syndrome ($n=4$), right hemicolectomy for bowel cancer ($n=1$), diabetes mellitus ($n=1$) and multiple possible causes ($n=1$). If SeHCAT scanning was ordered at first consultation ($n=11$), patients reported 24 months (median) of symptoms (range 6–360) and the mean diagnostic package of care cost was £910.75. If the SeHCAT scan booked 2nd line or later ($n=25$), patients reported symptoms for 30 months (median, range 0.5–360) and mean diagnostic package of care cost was £1,481.73. However, in these patients 9 additional abnormalities were found: vitamin D deficiency ($n=3$), diverticulosis ($n=2$), folate deficiency ($n=1$), oesophageal dysmotility ($n=1$), renal cell carcinoma requiring nephrectomy ($n=1$) and Helicobacter Pylori gastritis ($n=1$). Following diagnosis, treatment led to reported symptom improvement ($n=24$), no change/deterioration ($n=3$), not reported ($n=9$).

Conclusions In our Trust, SeHCAT scanning is enormously underused. Late diagnosis of BAM is associated with markedly increased costs, unnecessary demands for other services and treatment delay for patients. National data on SeHCAT usage suggest that our findings will apply to most other Trusts. More emphasis to ensure early diagnosis of BAM, a frequent, unpleasant and treatable condition would bring the unusual but highly desirable result of significant health benefits while substantially reducing healthcare costs.

PWE-097 OUTCOMES OF ROUTINE TUBERCULOSIS TESTING WHEN ILEITIS IS DIAGNOSED IN A HIGH INCIDENT TB AREA

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Introduction In comparison to the UK's low average incidence of Tuberculosis (TB) at 9.9 per 1 00 000 population (2), the London Borough of Newham stands out as having the highest UK 3 year average annual incidence at 69.5 per 1 00 000 population (1), which is on par with some endemic countries in Asia and Africa (2). This is due to its predominance of non-UK born residents and socio-economic deprivation. It can often be difficult to differentiate between Crohn's disease (CD) and TB ileitis and missed cases of intestinal TB treated with immunosuppression could potentially have devastating consequences. We proposed a service change in Newham University Hospital routinely testing for TB in any case of ileitis found at colonoscopy, and evaluate its impact on TB detection.

Method Before the study period, all endoscopists performing colonoscopies at Newham University Hospital were instructed to routinely send a TI biopsy sample for Ziel-Nielsen staining for Acid-fast Bacilli (AFB) and in saline for TB culture, if they found macroscopic inflammatory changes suggestive of terminal ileitis (such as ulceration or erythema). Data was collected from patient records for all ileocolonoscopies performed between 3rd October 2016 and 5th May 2017.

Results The TI was visualised in 46.2% of the 649 colonoscopies recorded. 25 cases of macroscopic terminal ileitis were reported (8.3% of total ileocolonoscopies). 40% of the