analysis, tumour size >2 cm (odds ratio: 49.1, 95% CI: 1.2 to 1990.1, p=0.04) and irregular border (odds ratio: 27.5, 95% CI: 1.0 to 747.0, p=0.05) were independent factors of malignant GISTs.

Conclusions Tumour size >2 cm and irregular border on EUS can be used to predict the malignant gastric GISTs.

**IDDF2018-ABS-0218**
EFFICACY OF FAECAL MICROBIOTA THERAPY IN PATIENTS WITH STEROID DEPENDENT ACTIVE ULCERATIVE COLITIS

Ramit Mahajan*, Vandana Midha, Varun Mehta, Arshdeep Singh, Huanupreet Khat, Yogesh Gupta, Vikram Narang, Ajit Sood, Dayanand Medical College and Hospital, India

10.1136/gutjnl-2018-IDDFabstracts.161

Background Faecal microbiota transplantation (FMT) has been shown to be effective in active ulcerative colitis (UC) by targeting gut dysbiosis. We assessed the role of FMT in steroid-dependent UC patients.

Methods In this trial, patients with steroid-dependent active UC were treated with FMT using random unrelated donors, by the colonoscopic approach, at weeks 0, 2, 6, 10, 14, 18 and 22. Patients with steroid-dependent UC treated who were treated without FMT in past, with azathioprine as a steroid-sparing agent were taken as historical controls. The primary outcome was the achievement of steroid-free clinical remission (Mayo score=30% and ≥3 points compared to baseline) and endoscopic remission (Mayo score 0 or 1). 16 s rRNA gene sequencing was done for analysing changes in microbial composition after FMT.

Results Twenty-eight patients (50% males, aged 37.21±15.25 years) with UC in clinical remission were randomised to groups A and B. At the end of 48 weeks, none of the patients in either group suffered a clinical relapse (p=1). Deep remission was noted in significantly higher number of patients with FMT (n=12, 85.71%) when compared with placebo (n=4, 28.57%) (p=0.002). Histological remission was twice as high in patients treated with FMT (n=8, 57.14% vs placebo (n=4, 28.57%); p=0.13). Rate of endoscopic response was also higher with FMT (n=8, 57.14%) when compared to placebo (n=0, zero%) (p=0.001). No serious adverse events were noted.

Conclusions Maintenance with FMT can enhance achievement of deep remission and histological remission in patients with UC in clinical remission.

**IDDF2018-ABS-0222**
USE OF MAGNETIC RESONANCE IMAGING TO EVALUATE THE EFFECTIVENESS OF TREATMENT FOR PERIANAL FISTULIZING CROHN’S DISEASE

Xiaohan Yan*, Qi Feng, Yunqi Yan, Xibo Xue, Mingming Zhu. 1Division of Gastroenterology and Hepatology, Key Laboratory of Gastroenterology and Hepatology, Ministry of Health; Shanghai Inflammatory Bowel Disease Research Center; Renji Hospital, School of Medicine, Shanghai Jiao Tong University; Shanghai Institute of Digestive Disease, China; 2Department of Radiology, Renji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China

10.1136/gutjnl-2018-IDDFabstracts.163

Background Data on the radiologic evaluation of perianal fistulizing Crohn’s disease (PFCD) naive to anti-tumour necrosis factors (anti-TNF) therapy is limited. The aim of this study was to determine the effectiveness of treatment for perianal fistulizing Crohn’s disease (PFCD) using magnetic resonance imaging (MRI).

Results Of 23 patients with PFCD, MRI was performed before treatment (baseline), and after 12 weeks (6 months) of treatment with anti-TNF therapy. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement. MRI showed that 12 patients (52.2%) achieved complete clinical and biological remission, while 11 patients (47.8%) showed partial improvement.
factor therapy are scarce, especially in Asian populations. We assessed the effectiveness of infliximab (IFX) and azathioprine on PFCD and explored predictors of ‘deep remission’ based on clinical and radiologic assessments.

**Methods** Patients with Crohn’s disease and active anal fistulas attending our centre for IFX therapy were prospectively enrolled. Each patient underwent clinical examination according to the Fistula Drainage Assessment Index, magnetic resonance imaging (MRI) to determine Van Assche score, Ng score, and main fistula length, endoscopy, assessment of Crohn’s disease activity index (CDAI) and perianal Crohn’s disease activity index (PCDAI), and laboratory tests up to 2 weeks prior to the start of and up to 2 weeks after the sixth IFX therapy (Week 32). Patients with PFCD treated with other medicines such as FK 506 or mesalazine and evaluated by two MRIs were retrospectively enrolled.

**Results** Of 38 patients treated with IFX, 52.6% achieved clinical remission, and 42.1% achieved deep remission. The only predictor of deep remission was simple fistula (p=0.004, odds ratio=3.802, 95% confidence interval: 1.541–9.383). Van Assche score (from 14.5±4.26 to 7.36±7.53; figure 1), CDAI (from 170±92 to 71±69), and PCDAI (from 7.45±2.65 to 2.44±3.2) decreased significantly after six IFX treatments.

Our findings suggest that Van Assche score has some limitations.

**Conclusions** IFX is effective for the treatment of PFCD. MRI is the gold standard for evaluating PFCD, but Van Assche score has some limitations.