Patients treated with FMT compared to 26.3% (10/38) in historical controls treated with azathioprine (p=0.065). Clinical response (31/41, 75.6%) and endoscopic remission (26/41, 63.4%) with FMT were significantly higher than controls (55.3% and 39.5% respectively, p=0.005) (IDDF2018-ABS-0218 Figure 2). Adverse events necessitating discontinuation were noted in 3/38 (7.89%) controls treated with azathioprine, but not with FMT.

Conclusions A multi-session FMT by a colonoscopic route is a promising therapeutic option for steroid-dependent UC patients, as it induces clinical remission and withdrawal of steroids in 46.3% and 75.6% patients respectively.

IDDF2018-ABS-0222

USE OF MAGNETIC RESONANCE IMAGING TO EVALUATE THE EFFECTIVENESS OF TREATMENT FOR PERIANAL FISTULIZING CROHN’S DISEASE

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Background Data on the radiologic evaluation of perianal fistulizing Crohn’s disease (PFCD) naïve to anti-tumour necrosis factor-alpha (anti-TNF) is scarce.

Results Of 31 patients with PFCD, 15 patients had active perianal fistulae and 16 had perianal fistulae that were in fibrotic or cicatricial phase at the time of inclusion. Two patients of these 31 patients (6.5%) had an active perianal fistulae that was not amenable to endoscopic evaluation. The median follow-up after surgery was 24 months (IQR: 9–37). Complete remission was achieved in 19 patients (61.3%). MRI at baseline did not predict the risk of surgical failure.”

Conclusions The data suggest that patients with active fibrotic or cicatricial perianal fistulae may benefit from management with anti-TNF agents.

IDDF2018-ABS-0223

EFFICACY OF FAECAL MICROBIOTA MAINTENANCE WITH FAECAL MICROBIOTA TRANSPLANTATION IN PATIENTS WITH STEROID-DEPENDENT ACTIVE ULCERATIVE COLITIS

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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=0 or 1). 16s 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 placebo (n=14, 70.1%; p=0.3, 95% CI: 1.0 to 747.0, p=0.05) were independent factors of clinical remission. Deep remission was noted in significantly higher number of patients treated with FMT (n=8, 57.14%) when compared to 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.
Background Inflammatory bowel disease (IBD) may impair patients’ health-related quality of life (HRQOL) and impose burdens on caregivers. We aim to survey HRQOL including demographic characteristics of IBD patients and to evaluate the disease-related perception of their caregivers in East China.

Methods Patients above 18 years old with established Crohn’s disease (CD) or ulcerative colitis (UC) from 3 medical centres in East China between December 2016 and July 2017 were enrolled. Patients’ detailed demographic and clinical information were documented. Demographic data of the investigated regions were extracted from China Population and Employment Statistics Yearbook 2016 for comparison. Patients’ HRQOL was assessed by short IBD questionnaire (SIBDQ) and patient-reported 0–10 score (IBD-10). The major caregiver of each patient was surveyed by IBD-10 to estimate patient’s condition from caregiver’s viewpoint.

Results A total of 601 IBD patients were included in this study. The proportion of post-secondary school education (51.4% vs 28.1%, p<0.0001) and the unemployment rate (31.8% vs 2.9%–4.0%, p<0.0001) was significantly higher in IBD cohort than in general population. Patients in active phase had remarkably lower SIBDQ and IBD-10 scores than those in remission, meanwhile, the scores declined along with the illness severity (table 1). Long disease duration, illness activity, unemployment and corticosteroid treatment were risk factors for poor HRQOL while high BMI provided a significant protective effect.

Conclusions IBD patients with poor HRQOL may benefit from better education and employment policies as well as increased support for caregivers.