maintenance of remission in CD by performing a systematic review and meta-analysis.

Methods Electronic databases were searched for prospective controlled studies evaluating partial enteral nutrition for maintenance of remission in CD. The primary outcome was clinical relapse as defined by the primary studies.

Results Three randomized controlled trials and five non-randomized controlled trials were included. The rate of clinical relapse, within a follow-up of 0.5–2 years, was significantly lower in CD patients receiving partial enteral nutrition (420 to 1800 kcal/d) than in those not receiving nutrition therapy (RR 0.58, 95% CI, 0.45–0.75, $P < 0.01$; NNT = 5, $P < 0.01$; $n = 429$). Among CD patients, those receiving partial enteral nutrition exhibited a higher frequency of maintaining clinical remission (defined as CDAI < 150) at 1 year (63%, 89/141) than did those not receiving nutrition therapy (42%, 52/125; RR 1.47, 95% CI, 1.17–1.85, $P < 0.01$). Adverse events caused by partial enteral nutrition were rare (7%, 9/131) and mild.

Conclusions Partial enteral nutrition appears to be more effective than the absence of enteral nutrition therapy for maintenance of remission in CD and has a good safety profile.

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ULTRASOUND ELASTOGRAPHY FOR THE DETECTION OF FIBROTIC BOWEL STRICTURES IN PATIENTS WITH CROHN'S DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Ultrasound (US) elastography has been proposed as a tool for the non-invasive diagnosis of bowel fibrotic stricture in patients with Crohn's disease (CD). However, the diagnostic value of US elastography is still unclear. The aim of the study is to assess the diagnostic value of abdominal US elastography in detecting fibrotic bowel strictures in patients with CD.

Methods MEDLINE via the PubMed, Ovid Embase, Scopus and Cochrane Library databases, and abstracts of international conference proceedings were searched up to 31st March 2018. Studies were included if they assessed the performance of abdominal US elastography in detecting fibrotic bowel

strictures in patients with CD using histology or the need for surgery after medical treatment as a reference standard. The quality of the studies was assessed using QUADAS-2 (Quality Assessment of Diagnostic Accuracy Studies).

Results Six studies including a total of 217 patients with CD and 231 bowel segments were selected. Three studies used strain ratio and three studies used strain value as parameters of bowel stiffness. Both the pooled mean strain ratio and the pooled mean strain value were higher in bowel segments with fibrotic strictures than in those without fibrotic strictures with a pooled standardized mean difference of 0.85 (95% confidence level [CI]: 0 to 1.71; $p = 0.05$) (figure 1A) and 1.0 (95% CI: -0.11 to 2.10; $p = 0.08$) (figure 1B), respectively. There was a high heterogeneity between studies and all studies were at "high risk" or "unclear risk" of bias.

Conclusions This study provides evidence, albeit not robust, that US elastography could be able to detect fibrotic bowel strictures in patients with CD and could play a relevant role in the management of CD patients. Well-designed high-quality studies to assess the sensitivity and specificity of US elastography in the diagnosis of fibrotic bowel strictures in patients with CD should be implemented.

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A PREDICTIVE MODEL IDENTIFIES PATIENTS LESS LIKELY TO HAVE ADENOMAS AFTER A COLON CANCER

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Background Patients with prior colorectal cancer (CRC) are at slightly increased risk of metachronous colorectal neoplasms, therefore endoscopic surveillance is indicated. Current recommendations of repeating examinations at 1, 3 and 5 years after surgery, are not tailored according to risk stratification. Our aim was to find predictive factors of colorectal neoplasms to build a predictive model, to spare colonoscopies for low-risk patients.

Abstract IDDF2019-ABS-0109 Figure 1