considered in a young child presenting with hematochezia. Chronic constipation should warrant investigation for IBD as the incidence of this disease is rising. A prospective multi-center study is recommended to identify the true burden of pediatric colonic diseases, especially in IBD.

**Fecal Calprotectin is Specific in Predicting Organic Bowel Diseases**

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**Background** Although colonoscopy remains the gold standard for determining bowel diseases, it’s an invasive test, which is not suitable for the initial screening for organic bowel diseases. We aimed to investigate the value of fecal calprotectin (FC) for the differentiation of organic bowel diseases and functional bowel disorders.

**Methods** In this prospective study, patients were included if they underwent colonoscopy for any symptom of the lower digestive tract or colorectal cancer (CRC) screening. Stool samples for FC measurement were collected within 3 days before the colonoscopy. Predictive parameters of FC in discriminating organic bowel diseases (CRC, advanced adenoma and bowel inflammation) were evaluated.

**Results** Of 192 patients included, 51% were men, median age was 57 (interquartile range, 42-63) years old. 103 patients had organic bowel diseases (CRC, n=37; advanced adenoma, n=32; bowel inflammation, n=34). FC had an area under the curve of 0.750 (95% confidence interval 0.683-0.810, p <0.001) for determining organic bowel diseases. FC level >100ug/g predicted organic bowel diseases with a sensitivity, specificity, positive predictive value and negative predictive value of 62.14%, 80.90%, 79.01% and 64.86%, respectively.

**Conclusions** FC has high specificity in predicting organic bowel diseases. Colonoscopy should be performed in patients with a high level of FC.