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RESULTS: 51 cirrhotic patients and 51 controls were included. Their mean age was 57.1 years, 39 were male (76.5%). The ratio of patients to female was 0.9. Patients were classified in Child Pugh A in 13 patients (25.5%), B in 23 patients (45.1%), C in 15 patients (29.4%). Among rats, II/PC, V/PC, VII/PC, XII/PC were significantly higher in cirrhotic patients than in controls (respectively, \( p < 0.001, p = 0.002, p = 0.001 \), \( p = 0.001 \)), and the difference between Child Pugh classes. Likewise, VIII/PC, VII/PS and VII/AT were significantly higher in cirrhotic patients than in controls (\( p < 0.001 \)) and increased significantly from class A to C (\( p < 0.001 \)), reaching a value of 5. On the other hand, II/PS was lower in cirrhotic patients than in controls (mean 1.9 vs. 2.6 for class A) and dropped to a level of 0.445 in class C (\( p < 0.001 \)). However, IF, V/PS, V/TP decreased significantly from class A to C (\( p = 0.006, p = 0.013, p = 0.002, p = 0.024 \)).

CONCLUSION: The ratios of pro- to anti-coagulant factors showed a coagula-
tion tendency in cirrhotic patients with trend to increase in liver fibrosi-

cirrhosis model

P606 ARTIFICIAL NEURAL NETWORKS IN DIAGNOSIS AND PROGNOSIS OF LIVER CIRRHOSIS

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INTRODUCTION: The prognosis cirrhosis is determined by the presence portal hypertension (PHT) that is best evaluated by hepatic venous pressure gradient (HVPG). Recently, non-invasive methods were proposed to evaluate PHT. The aim of this study was to create a new model using artificial neural networks (ANNs) and compare it with other non-invasive tests and HVPG for diagnosis of clinical significant portal hypertension (CSHP) (HVPG > 10 mmHg) and esophageal varices (EV).

AIMS & METHODS: One hundred seven cirrhotic patients were included to create and validate the ANN. 82 patients in the ANNs training group and 25 patients for validation of this model. The ANNs training have been performed using MATLAB (The MathWorks Inc., USA) software. Only the variables correlated with HVPG were included in the ANN (age, albumin, platelets count, bilirubin, prothrombin index and liver stiffness (LS)). Two ANNs were created: one using HVPG and one for forecast of EV. All patients underwent HVPG measurement, serological test (AST/ALT index, APRI, Lok, FIB-4, GUCI, Risk score) and LS measurement. All patients from validation group were follow-up for 2 year or until decompensation.

RESULTS: The ANN was the most predictive CSHP with Se=100.00%, Sp=83.33%, PPV=94.70%, NPV=100% and AUROC=0.97 (\( p < 0.001 \)). These performances were superior to all serum scores but slightly inferior to LS. For EV presence, ANN had Se=100.00%, Sp=75.94%, PPV=94.54%, NPV=100% and AUROC=0.87 (\( p < 0.001 \)). Only for HVPG and LS score. During the follow-up, 13 patients (52%) experienced at least one clinical complication within a mean time of 403 days. The ANNs performance to predict clinical decompensation was modest, AUROC=0.605 (\( p = 0.38 \)). None of the non-invasive tests reached statistical significance in decompensation prediction.

CONCLUSION: ANNs may be useful in diagnosis of CSHP or EV but the prognostic relevance is modest.

Disclosure of Interest: None Declared

Keywords: artificial neural networks, HVPG, liver stiffness measurement, non-

P609 COMPARISON OF RIFAXIMIN AND CONVENTIONAL ORAL THERAPY FOR THE TREATMENT OF HEPATIC ENCEPHALOPATHY: A META-ANALYSIS

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INTRODUCTION: Hepatic encephalopathy is a serious neuropsychiatric condition occurring in patients with liver disease. The efficacy of rifaximin is well documented in the treatment of acute hepatic encephalopathy, but its efficacy for prevention of the disease has not been established. This meta-analysis aims to evaluate the effect and safety of Rifaximin in comparison to conventional oral therapy in the treatment of cirrhotic patients with hepatic encephalopathy.

AIMS & METHODS: We performed a systematic review and random effects meta-

REFERENCES:
1. Kevin Mullen and Ravi Prakash, Rifaximin for the treatment of hepatic encepha-


Disclosure of Interest: None Declared

Keywords: hepatic encephalopathy, oral antibiotics, oral disaccharides, Rifaximin

P610 NONINVASIVE PREDICTORS OF HIGH-RISK VARICES IN CHRONIC LIVER DISEASE PATIENTS

D. V. Balaban1, 1, B. G. Flores2, 1, A. R. Cazan, 1, A. Stanca, 1, A. L. Popescu, 1, 2, I. Iftime, 1, L. M. Cipu, 1, J. Iftime, 1, I. M. Bistra, 1, 1Gastroenterology Clinic, "Dr Carol Davila" Central Military Emergency University Hospital, 2Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

INTRODUCTION: Esophageal varices (EV) are a major complication of portal hypertension in chronic liver disease patients. Follow-up of cirrhotics by
peridiscal upper GI endoscopy can be quite costly and poorly accepted by patients who need to identify persons at risk of bearing large oesophageal varices and high risk transient elastometry (FibroScan) may associate with portal pressure and could be important in the prevention of their bleeding. Liver stiffness (LS) measured by FibroScan examination in 74 patients with chronic liver disease simultaneously examined the relation between the presence of oesophageal varices (Paquette grade 0-IV) and the LS (kPa) as well as the blood hematological and biochemical laboratory parameters (INR, platelet count, ALT, AST, albumin). We analysed the predictive role of LS by FibroScan for selecting patients at high risk of variceal bleeding (Paquette grade 3-4).

RESULTS: LS values correlated to the grade of oesophageal varices (Paquette grade) r = 0.67, p < 0.0001. The LS value was highly predictive of the presence of oesophageal varices (AUROC 0.885, 95% CI: 0.81-0.96) and allowed to predict the presence of varices (Paquette grade I-II) (AUROC 0.85, 95% CI: 0.75-0.94). We found a high sensitivity: (sens) 85%, specificity (spec) 87%, positive predictive value (PPV): 85%, negative predictive value (NPV):87% and validity: 86% at the cutoff 19.2 kPa. LS measurement value < 19.2 kPa was significantly associated with the grade of oesophageal variceal (Paquette grade = II) (sens: 95%, spec: 70%, PPV:54%, NPV: 97%), thus we verified that below 19.2 kPa the high grade of oesophageal varices (Paquette grade = III, IV) is not probable. The laboratory parameters did not predict oesophageal varices.

CONCLUSION: The non-invasive measurement by FibroScan may select patients who are at high risk of bearing large oesophageal varices (Paquette grade = III, IV) and variceal bleeding and need endoscopic screening. LS above 19.2 kPa indicates an oesophageal-gastro-bulboscopy for the judgement of varices.

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Disclosure of Interest: None Declared

Keywords: liver stiffness measurement, oesophageal varices

P613 NON-INVASIVE ASSESSMENT OF LIVER FIBROSIS BY REAL-TIME SUPSONIC SHEAR WAVE ELASTOGRAPHY (SWE)TM IN PATIENTS WITH CHRONIC VIRAL HEPATITIS


INTRODUCTION: Real-time ultrasound elastography (SWE)TM, an established, non-invasive way of assessing liver stiffness is the only method allowing the measurement of liver stiffness (LS) and being relatively cheap. In the last few years, a new SWE technique, called tight contact (TM) elastography (SWE(TM)), was used for quantification and evaluation of liver stiffness on the liver of several patients with cirrhosis. The aim of the study was to compare two methods of SWE, namely tight (SWE(TM)) and conventional (SWE) elastography of liver stiffness and study the correlation between LS and LS measured by transient elastometry (Fibroscan).

METHODS: We enrolled 105 patients with chronic liver disease (61 males, 44 females, mean age 50 ± 12 years) from the Department of Hepatology, University of Split School of Medicine, University Hospital Center Zagreb and the Department of Gastroenterology, University Hospital Dubrava. The following parameters were studied: age, gender, BMI, stages of the disease, Child-Pugh score, LSM measured by SWE and SWE(TM), LSM measured by Fibroscan and the presence of ascites. The patients were divided into four groups: Group 1: normal liver, Group 2: mild fibrosis, Group 3: moderate fibrosis and Group 4: severe fibrosis. The LS values were determined by SWE and SWE(TM) and compared with the Fibroscan device. The correlation between the SWE and SWE(TM) and Fibroscan was determined by the Pearson correlation coefficient. The statistical analysis was performed using IBM SPSS software.

RESULTS: A strong correlation between LS measured by SWE(TM) and SWE was found (r = 0.88, p < 0.001). The correlation between LS measured by SWE(TM) and Fibroscan was also strong (r = 0.79, p < 0.001). The correlation between LS measured by SWE and Fibroscan was also strong (r = 0.74, p < 0.001). The results showed that SWE(TM) is a reliable method for the measurement of LS and can be used as an alternative to Fibroscan.

CONCLUSION: SWE(TM) is a reliable and cost-effective method for the measurement of LS and can be used as an alternative to Fibroscan.

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Disclosure of Interest: None Declared

Keywords: elastography, liver fibrosis

P614 ENDOSONOGRAPHIC FINDINGS PREDICT VARICEAL RECURRENCE AFTER ENDOSCOPIC BAND LIGATION

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INTRODUCTION: Endoscopic band ligation (EBL) has a considerable tendency of variceal recurrence.

METHODS: The aim was to analyse the value of esophageal collateral veins (EVC) evaluated on endosonography (ES) as predictors for variceal recurrence after EBL.

RESULTS: 31 patient with large esophageal varices and EBL indicated was enrolled in the prospective study. ESB was performed before EBL and EVC were classified into 3 types (peri-EVC, para-EVC and perforator) and 2 grades - mild (peri-EVC <2mm; para-ECV <5mm) and severe (peri-EVC ≥2mm and para-EVC >5mm). EBL was repeated every 2 weeks until varices were obliterated and...
Keywords: Helicobacter pylori, Helicobacter pylori, Photodynamic therapy, Endoscope, Chitosan, Methylene blue.

P1640 EFFICACY OF SEQUENTIAL THERAPY AND CYCLADRULE THERAPY AS FIRST-LINE REGIMENS IN HELICOBACTER PYLORI ERADICATION

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INTRODUCTION: H. pylori is an important pathological factor for gastritis, ulcer, gastric carcinoma and gastric MALT lymphoma. Eradication of infection depends on patient compliance and resistance of bacteria to antibiotics. In the regions with high resistance to clarithromycin, first treatment choices are sequential or quadruple therapy.

AIMS&METHODS: AIM: To evaluate the efficacy of sequential and quadruple therapy as first-line regimens for H. pylori eradication in patients with actual documented infection, untreated previously.

PATIENTS AND METHODS: We studied the efficacy and tolerance of two eradication regimens, administered to 101 patients (32 with actual infection and 69 with previous eradication history) with CYP2C19 genotype polymorphism (156 extensive metabolisers). The usage of rabeprazole or pantoprazole were performed for the patients (n:156) with extensive metabolisers. The eradication rate with normal dose of PPI is 64.7% (n:101) for the 156 extensive metabolisers. The usage of rabeprazole or pantoprazole on the eradication rate was not found.

RESULTS: The eradication rate with high dose of PPI was 68% (n:17) of the patients were female. 48% (n:12) of the patients were given rabeprazole. In the eradication rate high in dose of PPI was 70% (n:9), eradication rate was higher for the patients eradicated with high dose of PPI treatment (standard dose 64.7% vs. high dose 80%). In the extensive metaboliser, the impact of different PPI usages on the success of eradication was not been determined (p=0.54).

CONCLUSION: In H. pylori eradication, in terms of antibiotic bioavailability the intragastric pH should be 5 or over for 24 hours. In extensive metabolisers, in case of a failure of the eradication treatment before applying to different treatment protocols, the treatment may become successful with the increase of PPI on condition that the antibiotic and the duration are reserved.

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Disclosure of Interest: None Declared

Keywords: extensive metaboliser, h.pylori, high dose PPI

P1642 HELICOBACTER PYLORI ERRADICATION WITH STANDARD TRIPLE THERAPY - FORGET OR USE?

D. G. Ferreira 1,2, F. Castro-Poças 1, R. Marcos-Pinto 1, S. Barrias 2, G. Pereira 2

INTRODUCTION: The most popular first line Helicobacter pylori eradication scheme is the called triple standard (STT): PPI bid and clarithromycin (500mg bid) associated with amoxicillin (1g bid) 7 to 14 days. The Maastricht IV consensus recommended based mainly in Italian studies, a novel first-line quadruple therapy (sequential or concomitant) in countries with high clarithromycin resistance. This scheme adds complexity and costs to the eradication. In our country, the Poland where a large proportion of patients have a CYP2C19 genotype polymorphism is a significant factor on the treatment success of H. pylori eradication. In terms of genotype polymorphism of CYP2C19, the eradication of H. Pylori has been found unsuccessful in consequence of the insufficient rise of intragastric pH and the low level of anti-biotic bioavailability in extensive metabolisers.

AIMS&METHODS: It is our aim to determine whether the eradication rate increases with the treatment of high-dose PPI in extensive metabolisers in which the eradication ended unsuccessfully with the previous treatment of standard dose PPI. H. Pylori eradication could not be achieved with standard eradication treatment in extensive metabolisers were included in the study. In our previous study regarding to antibiotic bioavailability, an eradication treatment with rabeprazole and pantoprazole were performed for the patients (n:156) with extensive metabolisers during 14 days. Among this group, 25 patients who did not respond to the eradication treatment were administered a high dose of PPI for the eradication treatment. 68% (n:20) of them were female. 48% (n:12) of the patients were given rabeprazole. The eradication rate in high dose of PPI was 70% (n:9), eradication rate was higher for the patients eradicated with high dose of PPI treatment (standard dose 64.7% vs. high dose 80%). In the extensive metaboliser, the impact of different PPI usages on the success of eradication was not been determined (p=0.54).

CONCLUSION: In H. pylori eradication, in terms of antibiotic bioavailability the intragastric pH should be 5 or over for 24 hours. In extensive metabolisers, in case of a failure of the eradication treatment before applying to different treatment protocols, the treatment may become successful with the increase of PPI on condition that the antibiotic and the duration are reserved.

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Disclosure of Interest: None Declared

Keywords: Helicobacter pylori eradication, STANDARD TRIPLE THERAPY

P1643 SEQUENTIAL THERAPY VERSUS STANDARD TRIPLE-DRUG THERAPY FOR HELICOBACTER PYLORI ERADICATION: A PROSPECTIVE RANDOMIZED STUDY.

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RESULTS:

<table>
<thead>
<tr>
<th>Tests considered</th>
<th>Serology positive</th>
<th>Serology negative</th>
<th>HLA positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any test positive</td>
<td>&gt; 20 Units</td>
<td>7.34%</td>
<td>2.84%</td>
</tr>
<tr>
<td>Any individual test positive</td>
<td>&gt; 20 Units</td>
<td>2.98%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Any individual test positive*</td>
<td>&gt; 30 Units</td>
<td>1.39%</td>
<td>0.69%</td>
</tr>
<tr>
<td>Two individual tests positive*</td>
<td>&gt; 20 Units</td>
<td>0.55%</td>
<td>0.49%</td>
</tr>
<tr>
<td>Two individual tests positive</td>
<td>&gt; 30 Unit</td>
<td>0.42%</td>
<td>0.42%</td>
</tr>
<tr>
<td>h-TG-IgA positive</td>
<td>&gt; 20 Units</td>
<td>1.66%</td>
<td>0.60%</td>
</tr>
<tr>
<td>h-TG-IgA positive</td>
<td>&gt; 30 Units</td>
<td>0.76%</td>
<td>0.49%</td>
</tr>
</tbody>
</table>

* h-TG/DGP IgG/IgA screen excluded

Altogether 104 samples gave a positive result to at least one of the tests. The positive rates are given in the Table.

CONCLUSION: The seroprevalence depends substantially upon the test used and the selected cut-off value. Addition of HLA typing to analyze patients with a positive serology changes the prevalence figures substantially. The prevalence of celiac disease in Latvia could be lower than previously thought and lower in Europe in average based on presence HLA DQ2 or DQ8 and serological markers. The real prevalence of celiac disease should not exceed the proportion of HLA positive cases that are double-positive test or at least h-TG-IgA positive (i.e. is below 0.69% or even below 0.42%>0.49%).

Disclosure of Interest: None Declared

Keywords: celiac disease diagnosis, genetic testing, prevalence, Serology

P1659 COELIAC DISEASE: DOES DIETICIAN FOLLOW UP IMPROVE OVERALL OUTCOME

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INTRODUCTION: Coeliac disease is a chronic, permanent potentially life-threatening condition. Regular follow-up is an opportunity to provide patient-centered care that is sensitive to the individual’s circumstances. The annual assessment should involve assessment of, and motivation towards, strict adherence to a gluten-free diet. Assessment of these patients should also involve measurement of their TTG, B12, folate, ferritin, Hb, calcium and vitamin D levels to prevent any complications and provide supplementation if required and role of dietician is very important in this regards.

AIMS&METHODS: Aim of this audit was to compare compliance and nutritional assessment in diagnosed CD patients in dietician followed up patients against the patients who were not followed up by dieticians. We looked at results of 173, biopsy proven CD patients over the last 10 years. We reviewed their TTG, B12, folate, calcium, vitamin D, Hb, and ferritin.

RESULTS: 87 patients were followed up in dietician clinic and 86 were not followed up, 33 male patients (31 followed up, 22 non-follow up), 120 females (56 followed up and 64 non-follow up patients) TTG performed in follow up vs non-follow up group was 89.7% and 57% respectively, z = 23.661 and p < 0.001. B12, folate and calcium 94.3% and 76.7% in follow up vs non-follow up respectively, z = 0.724 And p = 0.2. Vitamin D was detected in 90.8% in followed up and 38.4% in non-followed up patients with a z = 72.826. The patients followed up had their ferritin and Hb checked. 8.87% in the non-follow up group did not have ferritin checked. 8.87% not followed up did not have their Hb monitored.

CONCLUSION: The results clearly demonstrate that assessment of compliance and supplement monitoring is much better in the follow up group of patients. Measurement of vitamin D level was particularly poor in the non-follow up group. The benefits may not be immediately obvious but definitely helps in the long run. CD is a chronic disease with complications eg osteoporosis, refractory anaemia, malnutrition and lymphoma. Previous studies have shown that adherence to gluten-free diet can be poor; ranging from 45-87%. Coeliac disease is not simply a malabsorptive gastrointestinal disorder. It is a multisystem, autoimmune disease that carries a significant health burden and risk of complications. Treatment of coeliac disease is primarily nutritional and the dietician’s role is therefore of paramount importance. These micronutrient deficiencies require monitoring which is best provided by a dietician.

Disclosure of Interest: None Declared

Keywords: coeliac disease CD, haemoglobin Hb

P1660 ROUTINE DUODENAL BIOPSIES IN THOSE WITH POTENTIAL COELIAC DISEASE- IS IT WORTHWHILE?

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INTRODUCTION: Coeliac disease (CD) is a common condition affecting as many as 1% of the UK adult population. It has increasingly been understood that patients may present with subclinical or atypical symptoms, consequently the time to diagnosis may be protracted. With this in mind the threshold for investigation has lowered, with an anti-tissue transglutaminase (TG) test level usually used as the first line of investigation. The British Society of Gastroenterology guidelines suggest that if there is a possibility of CD, taking a duodenal biopsy at the time of endoscopy is a worthwhile practice. The aim of this study is to determine the diagnostic yield of routine histological diagnosis of CD in those with low clinical suspicion.

AIMS&METHODS: We retrospectively reviewed all duodenal biopsies performed in order to investigate a potential diagnosis of CD over a 16 month period, excluding biopsies taken to investigate other conditions or as part of the routine work of known CD. 130 biopsies were identified using our computer-database, which were then analysed with respect to indication, histological features and correlation with anti-TG levels.

RESULTS: The population which underwent gastroscopy with duodenal biopsies was predominantly female (66%), with an average age of 60 years old. Of the biopsies performed 41 were taken to prove a serological diagnosis of CD, of which 59% confirmed this diagnosis. Of the remaining 689 patients the most common indication for taking a duodenal biopsy was anaemia accounting for 52%, followed by weight loss (9%), diarrhoea (9%), abdominal pain (3%), endoscopic features of CD (2%) with the remainder made up of patients with non-specific symptoms. Only 54% of patients had an anti-TG level taken prior to obtaining histology. The diagnostic yield of a tissue diagnosis of CD in clinical suspicion was low, but anaemia being the most likely indication to engender this diagnosis, 38 patients who had histological evidence of CD did not have an anti-TG level prior to endoscopy.

CONCLUSION: Our data shows that when the clinical suspicion of CD is low and anti TG negative, histology is usually normal, with a number needed to test of 17.

REFERENCES: 1. BSG guidance on celiac disease 2010

Disclosure of Interest: None Declared

Keywords: coeliac, duodenal histology

P1661 DUODENAL BULB BIOPSY MORPHOMETRY AND IGA DEPOSITS IN THE DIAGNOSIS OF COELIAC DISEASE

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INTRODUCTION: It has been recently shown that celiac disease (CD) can be diagnosed solely on duodenal bulb biopsies. We wanted to re-evaluate this by morphometric measurements as in the duodenal bulb, villi may be stumpy and distorted next to Brunner’s glands. Also other diseases may result in villous atrophy and further, the quality of bulb biopsies is a concern. We also hypothesize that bulb IGA deposits targeting transglutaminase 2 (TG2) could be a specific indicator of CD.

AIMS&METHODS: 70 consecutive patients, 30 adults and 40 children went to endoscopy because of gastrointestinal symptoms or suspicion of CD. Bulb and duodenal villous height to crypt depth ratio (VH:CD) was evaluated by two experienced endoscopists and observers and was compared with bulb IGA deposits examined by double color immunofluorescence in frozen biopsy samples.

RESULTS: 25 patients (3 adults and 22 children) received CD diagnosis, due to VH:CD < 2 (n=3) and failure to find typical IGA deposits targeting TG2 especially around the Brunner glands. The remaining 45 patients received other diagnoses and were excluded for CD. The final diagnoses were Helicobacter pylori (n=18), Giardia (n=5), IBD (n=7), chronic diarrhea (n=2), dyspepsia (n=5), recurrent abdominal pain (n=5), Entamoeba histolytica (n=1), malnutrition (n=1). Also duodenal IGA deposits were negative in these patients. However, we found in the non-CD bulb specimens histological lesions mimicking CD (VH:Cr <2) in 12/27 adults and 7/8 children. Altogether 37 bulb biopsies were not qualified for accurate morphometric evaluations even after recutting. None of the non-CD patients had bulb mucosal TG2-specific IGA deposits.

CONCLUSION: In our series the bulb specimens were often of poor quality and difficult to interpret in morphometric analyses. Further, other conditions may cause similar injury, when morphometrically analyzed, similar to CD. These results indicate that bulb biopsies alone should be evaluated with caution in the diagnosis of CD. Measurement of TG2-specific IGA deposits might prove to be a strong tool to prove or exclude CD in bulb biopsies.


Keywords: bulb morphology, celiac disease diagnosis

P1662 PUSH ENTEROSCOPY: A NOVEL METHOD TO ASCERTAIN DIFFICULT TO DIAGNOSE COELIAC DISEASE IN PAEDIATRICS

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INTRODUCTION: New ESPGHAN guidelines on the diagnosis of coeliac disease (CD) suggest a move away from upper GI endoscopy (UGE) for symptomatic patients with tissue transglutaminase (tTG) >10 times normal and positive HLA typing (1). CD is a patchy disease and tTG may be more sensitive than