

(Conclusion) Most men with IBD expect a healthy child. The incidence of complication for SASP and immunoregulatory therapy was not high although 6MP/AZA was not popular for IBD patients.

**M1160**

**Immediate and Long-Term Response to Corticosteroid Therapy in Pediatric Crohn's Disease Patients**

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**Background and Objectives:** Corticosteroids (CS) are widely used effectively to induce remission in moderate to severe Crohn's disease (CD). However, many patients do not respond (resistant) or require long-term treatment (dependent). CS responsiveness is an important concern in children as it is associated with increased surgical intervention and with susceptibility to side-effects. However, there is limited information on the natural history of CS responsiveness and clinical markers that could enable identification of children likely to respond to CS. We assessed the short and long term outcomes of the first course of CS therapy in children diagnosed with CD and investigated potential predictors of CS responsiveness. **Methods:** The study cohort comprised of children diagnosed with CD using standard criteria at a paediatric gastroenterology clinic in Montreal, Canada. All patients who received CS within 1 year of diagnosis were included. Clinical phenotypes were classified using the Montreal Classification. The medical files were reviewed retrospectively and socio-demographic and clinical information was abstracted. Recently reported CS response criteria were implemented to assess short and long term outcomes. The immediate response was assessed on 30th day of CS therapy. CS dependency was defined as a clinical relapse occurred during tapering or shortly after CS discontinuation. Chi square and Fisher's exact tests and logistic regression were used to examine the relationship between CS response and variables such as age at diagnosis, gender and clinical phenotypes. **Results:** A total of 195 patients who were administered CS within 1 year since diagnosis, were identified. The majority of patients were males (113, 57.9%), had ileocolonic CD (L3±L4, 105, 53.8%) and mean age at diagnosis 12.3 (3.6). Of the 195 patients, 13 (6.66%) did not respond to CS, 109 (55.9%) and 73 (37.44%) achieved complete and partial response respectively. Among initial responders 72 (39.56%) became dependent later. Logistic regression analyses revealed that girls were more likely not to respond to CS therapy (OR=3.36; 95% CI, 0.99 to 1.31; p=0.051). In comparison with patients who had prolonged response, CS dependent patients were more likely to be diagnosed with CD at a younger age (OR =0.85; 95% CI, 0.77 to 0.94, p=0.002). CS response was not associated with CD clinical phenotypes. **Conclusion:** Our findings highlight that whereas few children with CD are non-responsive to CS, a high proportion become CS dependent. Girls and children diagnosed at an earlier age appear to be more susceptible and alternatives to CS need to be considered in these patients.

**M1161**

**Extraintestinal Manifestations in Inflammatory Bowel Disease. Are They Associated with More Severe Disease?**

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**Background:** Inflammatory bowel disease (IBD) is frequently associated with extraintestinal manifestations (EIM). Influence of EIM in the severity of IBD has been poorly studied. We hypothesized that presence of EIM may be associated to a more severity in IBD patients. **Aim:** We aimed at evaluating whether IBD patients with EIM have a more aggressive illness. **Methods:** We conducted an observational study of all IBD patients (n=1225) followed in four tertiary centers over a 1-year period in a very homogeneous region. Patients were examined for the main reactive and non-reactive extraintestinal manifestations of IBD. Reactive conditions were defined as those related to acute gut inflammation, among them dermatologic lesions (erythema nodosum and pyoderma gangrenosum), major eye complications (episcleritis and uveitis), oral manifestations, and peripheral arthritis. Associated non-reactive conditions were defined as those unrelated to gut inflammation, like ankylosing spondylitis, sacroiliitis and sclerosing cholangitis. Dermatologic, rheumatologic and ophthalmologic manifestations were confirmed by the corresponding specialist. EIM that appear as a consequence of long-standing IBD, such as anaemia, hypoalbuminaemia and reactive amyloidosis were excluded, as were drug-related manifestations such as pancreatitis and neutropenia. We assessed severity of the disease with a severity index that included surgical resection, steroid-dependency, steroid-resistance, treatment with immunosuppressive drugs or biological therapies. Statistical analyzes were performed using logistic regression and Mann-Whitney tests as appropriate, results of p<0,05 were considered as statically significant. **Results:** 1225 consecutive IBD patients, 684 (56%) Crohn's disease (CD) and 541 (44%) ulcerative colitis (UC), 629 (51%) male and 596 (49%) female, mean age 43 years, were included. 282 (23%) IBD patients developed EIM, they were more frequent among CD (27.8%) than UC patients (17%). We observed that patients with EIM developed a more severe IBD (p<0.01). Analyzing separately CD and UC we observed that presence of EIM was associated a more severe illness in CD (p<0.001) and also in UC (p<0.01). **Conclusion:** Presence of extraintestinal manifestations is associated with more severe IBD, both in CD and in UC.

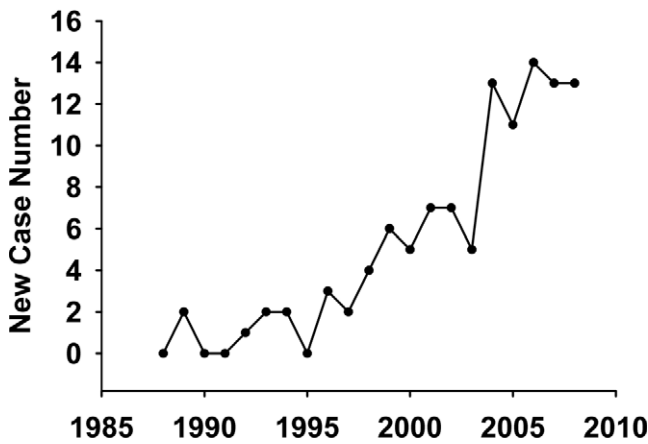
**M1162**

**Crohn's Disease in Taiwan During a 20-Year Period**

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**Background:** The inflammatory bowel diseases (IBDs) Crohn's disease (CD) and ulcerative colitis (UC) are common causes of chronic gastrointestinal disease in the Western Countries. Previously, CD is an uncommon disease in Asia-Pacific area. However, there is a trend of increase incidence of CD in Japan, Korea, Singapore, and China. **Aims:** To determine the incidence and clinical characteristics of CD in Taiwan Patients/**Methods:** By reviewing the

database in the National Taiwan University Hospital (NTUH), which is a referred center in Taiwan, identified CD patients according to the clinical, endoscopic, and images findings. All the clinical characteristics were recorded and analyzed. **Results:** A total of 110 CD patients' data were included for analyzed from 1988 to 2008. There were 71 male and 39 female patients (M:F=1.8:1). The age of diagnosis was 30.5 ± 17.8 (mean ± SD) year old. The mean follow up period was 4.5 years. Stricture/stenosis occurred in 33.6% CD patients. 21.8% CD patients had fistula. 40.9% CD patients had received operation. There is a markedly increase of new diagnosis CD patient number, especially after 2004 (Figure 1). Comparing the case number in the NTUH and the database from the National Health Insurance of Taiwan, we found that our CD case number was representative for the condition in Taiwan. We estimated that the incidence of CD now in Taiwan would be around 2/100,000, which is comparable to the report from Korea. Previously, we have shown the NOD2 and TLR4 are not associated with our CD patients. Further genetic analysis is undergoing to explore the genetic background in our CD patients. **Conclusion:** The incidence of CD in Taiwan increases markedly since 2004, and the estimated CD incidence in Taiwan now is around 2/100,000.



**M1163**

**High Incidence of Crohn's Disease in Western Hungary Between 2002-2006**

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**Background:** Emerging incidence rates of inflammatory bowel diseases were reported in the last decade from previously low incidence areas including some Eastern European countries. A sharp increase in incidence was reported also by our group in Veszprem province, Western Hungary between 1977 and 2001. The aim of this study was to give an update report on the contemporary incidence rates of Crohn's disease from the same area captured prospectively between the 1st of January 2002 and the 31st of December 2006. **Results:** The population of the province has decreased from 374,000 to 364,500 during the period. One-hundred and sixty-three new cases of Crohn's disease (CD, males/females: 85/78, age at diagnosis: 32.5 SD 15.1 years). Mean incidence rate was 8.87 (increasing from 6.95 to 11.25) cases per 100,000 inhabitants. The peak onset age in CD patients was between 20 and 30 years with an incidence rate of 21.4 per 100,000 inhabitants. A family history of IBD was present in 11.1%. The location at diagnosis was ileal in 20.2%, colonic in 35.6% and ileocolonic in 44.2% of the patients. 4 patients had additional upper GI involvement. Behavior at diagnosis was stenosing in 25.1%, penetrating 8.6%. Perianal disease was present in 11.1%. Patients with colonic disease (37.1 SD 18.5 years) were elder at diagnosis compared to patients with ileal (28.4 SD 9.2 years, p=0.004) or ileocolonic disease (30.4 SD 13.5 years, p=0.03). **Conclusion:** The incidence of Crohn's disease in Veszprem province was high, equal to that in high incidence areas in Western European countries. Rapid increase in incidence rates supports a probable role for environmental factors.

