to repeat screening every 6 months due to possible higher TBC risk in this group of patients.

Results: In 5 patients treated with infliximab active TBC was diagnosed (about 0.05/100 pts/years that is not higher than in the majority of countries). In all patients it was pulmonary tuberculosis. In 4 cases there was relapses of latent TBC that was not identified at the screening, 1 patient had primary TBC infection. Infliximab was discontinued after TBC diagnosis. Specific anti tuberculosis therapy was performed.

Conclusions: In countries and regions with a high TBC incidence the risk of TBC infection should be expected with use of biological agents in IBD patients. However in our IBD patients the frequency of TBC did not exceed TBC rate in other countries. We believe that complete TBC screening before treatment with biologics and repeat it every 6 months could reduce the risk of TBC in IBD patients treated with anti TNF agents.

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Faecal calprotectin: correlation with the Harvey–Bradshaw Index in patients with Crohn's disease

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Background: Faecal calprotectin (FC) has shown to correlate well with symptom scores in ulcerative colitis (UC) but not in Crohn's disease (CD) [1], however so far only small sample sizes have been studied. The aim of this study is to investigate whether FC levels correlate with Harvey–Bradshaw Index (HBI) scores in a large FC-HBI sample size and thus clarify the usefulness of FC in monitoring of symptom intensity in CD patients.

Methods: A total of 838 FC samples from 43 CD patients (58% female), with a median of 19 samples (range 1–44) per patient, and corresponding HBI scores were recorded during 2009–2011 in the out-patient clinic at Herlev University Hospital of Copenhagen. Following each patient visit, faeces for FC measurement were collected and sent by the patients to the research laboratory and analysed by a quantitative scanning test (CALPRO Inc.) while HBI scores were registered using a patient self-administered HBI questionnaire. Correlation analysis was done by non-parametric Spearman statistics.

Table 1.

		Spearman's rho correlation coefficient	p (2-tailed)	n Corresponding FC samples – HBI scores	No. of patients
All samples		0.067	0.051	838	43
Gender	Females	0.114	0.011	497	24
	Males	0.006	0.905	341	19
Disease location	Ll	0.049	0.475	212	11
	L2+L3	0.060	0.134	626	32
Disease behavior	B1	0.230	<0.0001	391	18
	B2+B3	−0.055	0.252	434	22
B1					
	Females only	0.383	<0.0001	185	9
	Males only	0.049	0.482	206	9
	+L1	0.294	0.002	111	5
	+(L2+L3)	0.194	0.001	280	13
	+L1, females only	0.618	<0.0001	64	3
	+(L2+L3), females only	0.195	0.032	121	6

Results: Median FC was 237 mg/kg (range 30–7050) and HBI score was 3 (range 0–15). 26% of the patients had ileal disease (L1), 74% suffered from colonic or ileocolonic disease (L2+L3), 48% had non-penetrating, non-stricturing disease behavior (B1) while 52% had stricturing and/or penetrating disease (B2+B3). For FC-HBI correlation analyses results please see Table 1.

Conclusions: There was no significant overall correlation between FC values and HBI scores in CD patients. Sub analyses suggest that FC in CD correlates with HBI scores in female patients with B1 disease behavior only, with a stronger correlation when the disease is confined to the ileum. However, considering the small number of patients in this group, this finding can at this time only be described as a peculiarity.

Reference(s)

[1] D'Haens G, Ferrante M, Vermeire S, et al., (2012), Fecal calprotectin is a surrogate marker for endoscopic lesions in inflammatory bowel disease. Inflamm Bowel Dis., 18: 2218–2224.

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Factors associated to the presence of spondyloarthritis in patients with inflammatory bowel disease. AQUILES study

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Background: Patients with inflammatory bowel disease (IBD) show frequent extra-intestinal manifestations and other immune diseases.

Methods: We describe the prevalence of spondyloarthritis (SpA) and the associated variables in a large sample of patients with IBD. Patients aged ⩾18 years-old with known or newly diagnosed IBD were recluted. Clinical data were collected through direct interview and from patient's clinical record. Multivariate models including age, sex, durations of disease, presence of other extraintestinal manifestations, psoriasis, age at diagnosis, location of disease and classification, were developed to assess the independent factors related to the presence of SpA at baseline.

Results: 478 patients were recruited (mean age: 40.9 years-old [14.2]; 52.7% females; mean disease duration 3 years [IQR: 0–9]; 278 [58.2%] CD, 193 [40.4%] UC and 7 [1.5%] indeterminate colitis). In CD patients, the prevalence of SpA was 12.9%. In the multivariate model variables with the highest adjusted effect on the prevalence of SpA were duration of disease ⩾8 years (OR: 2.2 [95% CI: 0.7–6.9]) or 4–7 years (OR: 2.5 [0.8–8.1]), psoriasis (OR: 2.0 [0.4–10.2]) and extra-intestinal manifestations (OR: 2.1 [0.9–4.9]), but only extra-intestinal manifestations (OR: 2.2 [1.0–4.6]) remained as independent. The prevalence of SpA in UC patients was 5.7%. In the multivariable model the highest adjusted effect was for duration of disease (OR 1.06 [1.00–1.13] per year of duration), psoriasis (OR 29.3 [1.6–544.1]), and extension (E2 − left colitis: OR 5.6 [1.2–26.9] compared to E1 − ulcerative proctitis), and they remained as independent in the model. The results are limited by the low prevalence of some variables, like psoriasis, leading to wide confidence intervals.

Conclusions: In patients with CD recruited for the AQUILES study in Spain, the presence of SpA was associated to other extra-intestinal manifestations while in patients with UC it was associated to duration of disease, psoriasis and extension of disease.

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Epidemiology of microscopic colitis − a 10-year nationwide Danish cohort study

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Background: Microscopic colitis includes: collagenous colitis (CC) and lymphocytic colitis (LC). European and North American