

## P511

**Does the location of an IBD centre impact the rates of early postoperative endoscopic recurrence after ileocecal resection in Crohn's disease? Results from the MULTIPER database**

P.G. Kotze<sup>1\*</sup>, T. Yamamoto<sup>2</sup>, S. Danese<sup>3</sup>, Y. Suzuki<sup>4</sup>, I. Albuquerque<sup>5</sup>, I. Barcelos<sup>1</sup>, L. Kotze<sup>6</sup>, M. Olandoski<sup>7</sup>, F. Teixeira<sup>8</sup>, R. Silva<sup>1</sup>, M. Sacchi<sup>9</sup>, A. Yamada<sup>4</sup>, R. Saad-Hossne<sup>10</sup>, A. Spinelli<sup>9,11</sup>. <sup>1</sup>Cajuru University Hospital – Catholic University of Parana, Colorectal Surgery Unit, Curitiba, Brazil, <sup>2</sup>Yokkaichi Social Insurance Hospital, IBD Unit, Yokkaichi, Japan, <sup>3</sup>Humanitas Research Hospital, IBD Unit – Gastroenterology, Milano, Italy, <sup>4</sup>Toho University – Sakura Medical Center, Internal Medicine, Chiba, Japan, <sup>5</sup>Heliopolis Hospital, IBD unit, São Paulo, Brazil, <sup>6</sup>Cajuru University Hospital – Catholic University of Parana, Gastroenterology, Curitiba, Brazil, <sup>7</sup>Catholic University of Paraná, Statistics, Curitiba, Brazil, <sup>8</sup>Gastroaude, Colorectal Surgery, Marilia, Brazil, <sup>9</sup>Humanitas Research Hospital, Medical Biotechnologies and Translational Medicine, Milano, Italy, <sup>10</sup>São Paulo State University, Digestive Surgery Department, Botucatu, Brazil, <sup>11</sup>Humanitas Research Hospital, IBD Surgery Unit, Milano, Italy

**Background:** Early postoperative endoscopic recurrence (EPER) occurs in a significant percentage of Crohn's disease (CD) patients one year after ileocecal resection. Several aspects influence the EPER rates, mainly medical therapy after surgery and patient characteristics. There is lack of comparative data between different regions of the world in terms of EPER in CD patients. The aim of this study was to compare the rates of EPER between patients treated in 3 different countries.

**Methods:** The MULTIPER (Multicenter International Postoperative Endoscopic Recurrence) database was a retrospective analysis of EPER rates in CD patients after ileocecal resection, from 7 referral centres from 3 different countries. All consecutive patients submitted to ileocecal resections that had colonoscopies performed up to 12 months after surgery were included. Recurrence was defined as Rutgeerts' score equal or greater than i2. The patients were allocated in 3 groups, regarding the country of the referral centre: Brazil, Japan or Italy. The EPER rates were compared between the 3 groups. Statistical analysis was performed by Fischer and chi-square tests (qualitative variables), and by Student's t test and Mann-Whitney test (quantitative variables). ANOVA and Kruskal-Wallis methods were used in the comparison between the 3 groups. Multivariate analysis with adjusted logistic regression for recurrence was performed, with relevant clinical variables, with  $p < 0.05$  considered significant.

**Results:** 231 consecutive patients were initially analyzed (63 excluded for missing data and for having the first colonoscopy after surgery longer than 12 months) and 168 were included in the database (72 treated in Brazil, 53 in Japan and 43 in Italy). The groups were homogeneous except for CD duration ( $p = 0.002$ ), previous resections ( $p < 0.001$ ) and perianal CD ( $p = 0.004$ ). EPER occurred in 31.94% in Brazil (B), 37.74% in Japan (J) and 13.95% in Italy (I). In direct comparison: B vs. I:  $p = 0.036$  (OR: 2.89; 95%CI: 1.06–7.89); J vs. I:  $p = 0.012$  (OR: 3.74; 95%CI: 1.33–10.51) and J vs. B:  $p = 0.501$  (OR: 1.29; 95%CI: 0.61–2.73). On multivariate analysis, using patients treated in Italy as reference, both patients treated in Brazil and Japan had higher risk for recurrence (OR = 2.37 and OR = 2.31, respectively).

**Conclusions:** In the MULTIPER database, patients treated in Italy had significantly lower rates of EPER when compared to the ones treated in Brazil and Japan. This can be explained by lower CD duration in the Italian group, among other baseline characteristics. Multicentric international prospective data collection on EPER rates could highlight eventual roles of other

features as genetic influence, diet and other environmental factors, in postoperative prevention of recurrence.

## P512

**Disseminated granuloma annulare associated with Crohn's disease: a rare extraintestinal manifestation**

M.J. Carrillo<sup>1\*</sup>, B. Maldonado<sup>1</sup>, R. Beltrán<sup>1</sup>, C. Duarte<sup>1</sup>, L. Castro<sup>1</sup>, M. Silla<sup>2</sup>, Á. Caunedo<sup>1</sup>, J.M. Herrerías<sup>1</sup>. <sup>1</sup>Hospital Universitario Virgen Macarena, Aparato Digestivo, Sevilla, Spain, <sup>2</sup>Hospital Virgen Macarena, Dermatología, Sevilla, Spain

**Background:** Approximately one-third of patients with Inflammatory Bowel Diseases (IBD) have extraintestinal manifestations. The most common disorders include dermatology, ophthalmology, arthropathies and hepatobiliary diseases. Cutaneous manifestations have been observed in 15% of the patients with Crohn's disease. Erythema nodosum and pyoderma gangrenosum are the most frequent manifestations.

**Methods:** We report the case of a 42-year-old woman with disseminated granuloma annulare (GA) diagnosed in 2001 involving her hands, legs and interscapular region who had failed dapsone, PUVA therapy, cyclosporine and systemic glucocorticoids.



In 2007 she was diagnosed with ileocolonic Crohn's disease (A2L3B2) and she started treatment with oral corticosteroids without response so two months later she was treated with azathioprine.

Despite treatment, the patient continued with abdominal pain, diarrhea and deterioration of GA, so we decided to start with anti-TNF therapy: adalimumab. An initial dose of 160 mg was administered subcutaneously followed by 80 mg two weeks later and a maintenance dose of 40 mg every two weeks.

**Results:** After a month of treatment, the patient was improved in her GA and in her Crohn's disease, so we decided to continue with maintenance treatment with adalimumab.