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SIGNIFICANTLY INCREASED MUCOSAL EOSINOPHILS IN PATIENTS WITH POST-IBD IBS-D SYNDROME MAY HAVE A NEW AVENUE

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Introduction: Inflammatory bowel disease (IBD) patients in remission who present with irritable bowel syndrome (IBS-D) like symptoms pose a diagnostic and therapeutic dilemma that is called post-IBD IBS-D. This syndrome was first reported by Isgar et al. who documented IBS-type symptoms in 33% of their patients with chronic ulcerative colitis (CUC) in remission in 1983. In their meta-analysis of 13 studies incorporating 1,703 patients, Halpin and Ford in 2012 calculated a pooled prevalence. Interestingly, these patients have responded to the GI-hypoallergenic diet and budesonide therapy. Sixty seven percent of these patients with post-IBD IBS-D responded well clinically to this management. Increased mucosal eosinophils in these patients with post-IBD IBS-D may have eosinophilic colopathy that may be related to intestinal permeability disarray. The epithelium in these IBD patients who are in remission may have the production of pro-inflammatory cytokines by the eosinophils, especially IL-23 and IL-33. This interesting area investigation is in progress by our research faculty.

Conclusion: In summary, this is an exciting new finding that significantly increased mucosal eosinophils in our patients with post-IBD IBS-D syndrome may have a new avenue to treatment. Increased mucosal eosinophils in these patients have responded to the GI-hypoallergenic diet and budesonide therapy. Sixty seven percent of these patients with post-IBD IBS-D responded well clinically to this management. Increased mucosal eosinophils in these patients with post-IBD IBS-D may have eosinophilic colopathy that may be related to intestinal permeability disarray. The epithelium in these IBD patients who are in remission may have the production of pro-inflammatory cytokines by the eosinophils, especially IL-23 and IL-33. This interesting area investigation is in progress by our research faculty.

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THE TRENDS OF DIAGNOSTIC COMPETENCY OF CROHN'S DISEASE IN THAI POPULATION FOR THE PAST TWO DECADES

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Background: Crohn’s disease (CD) is an uncommon disease in Thai population, leading to delay in diagnosis due to lacking of familiarity, which may increase disease complications. One of the most problematic issues is to differentiate CD from intestinal tuberculosis (ITB), and many scoring systems have been introduced since 2006. However, competency of diagnosis of CD in the latter period is still unknown in Thailand. Our aim is to compare this competency in the period of 2000–2006, 2007–2012, and 2013–2018.

Methods: Retrospective study collecting all patients, whom diagnosed with CD in two tertiary referral centers in Bangkok, was performed. We focused the competency of diagnosis of each period by using the following variables: duration of presenting symptoms, number of colonoscopy before diagnosis, receiving anti-TB medication before diagnosis, and having first surgery before and at diagnosis. Comparison in each parameter was done by statistical analysis.

Results: A total of 190 CD patients were identified. Characteristics of patients were shown in Table 1. The patients were classified into 3 groups by using time period of diagnosis, which included 27, 62, and 101 patients in the 2000–2006, 2007–2012, and 2013–2018 period groups, respectively. Mean age was 38.6, 46, and 47.7 respectively. Nearly 50% were male, and 80% had inflammatory phenotypes in all groups. The median duration of presenting symptoms was 15.8, 10.1, and 11.7 months in the 2000–2006, 2007–2012, and 2013–2018 period groups, respectively (p=0.67). The percentage of patients receiving anti-TB medication before diagnosis was 19.2%, 9.8%, and 10.2%, in each group respectively (p=0.31). The number of colonoscopy for 1, 2, and >2 times before diagnosis were 56.5%, 30.4%, and 13.1%; 55.7%, 24.6%, and 19.7%; and 41.7%, 38.5%, and 19.8% in each group, respectively (p=0.32). The percentage of patients undergoing first surgery before or at diagnosis were 33.3%, 21.0%, and 28.8%, respectively (p=0.80).

Conclusion: Competency in diagnosis of CD in Thailand has not changed in the past 2 decades. It is necessary to find effective methods helping physicians differentiate CD from other conditions to avoid the diagnosis delay, which may improve treatment outcomes.