Gender Differences in Stoma-Related Quality of Life in Puerto Ricans With IBD

**Methods:** Adult Puerto Ricans who had an ostomy as part of surgery for IBD were recruited during routine clinic visits. After informed consent, they completed the Stoma Quality of Life (QoL) questionnaire. This survey developed by Prieto et al had been translated and validated in Spanish. It has 20 questions and is self-completed. Scores range from 1 to 4 per question; higher scores reflect better QoL. Demographic data, duration, type and timing (urgent versus elective) of ostomy were charted. Data was analyzed using frequency distribution for categorical variables and summary measures for continuous variables. T-test and one-way ANOVA, followed by a Tukey post hoc test were used to determine group differences. STATA v.12.0 was used. The study was approved by the MSC IRB.

**Results:** Of 102 consented subjects, 95 completed the questionnaire: 58.5% were male. Mean age was 41.3 ± 13.2 years. 50% of subjects had a disease duration > 10 years. 5% of patients had an ostomy for UC, 62.4% for CD, 17.7% for indeterminate colitis. Median duration of an ostomy was 39.36 ± 60.88 months (0.5-312). Mean total score was 54.46 ± 15.12. There was no association between the type of IBD group differences. STATA v.12.0 was used. The study was approved by the MSC IRB.

**Conclusion(s):** The data demonstrates that nearly two-thirds of IBD in-patients underwent procedures with colostomy being the most common procedure being performed, followed by EGD as second most common. The decreasing trend of colostomy and increasing trend of PSS would emphasize the preference of less invasive procedures over the years or advancement of medical therapy with biologic agents leading to better control of symptoms. Increasing trends of EGD indicates that upper GI involve-ment might be increasingly prevalent in IBD patients. This study helps us understand the current trends of endoscopic procedures in nationwide level hence help us find ways to reduce morbidity and cost.

**METHODS:** Using Hydrogen and Methane-Based Breath Tests With Lactulose

**Background:** Small Intestinal Bacterial Overgrowth (SIBO) is present in different gastrointestinal diseases, especially in the presence of predisposing conditions. The variety of clinical manifestations that comes with SIBO can be similar to irritable bowel syndrome or even an UC relapse. Its frequency appears to be higher in patients with IBD compared to non-inflamed controls, which has been partially attributed to inflammation. There are no previous studies regarding SIBO in Mexican patients with UC, which may differ because of the diet habits, genetic and ethnic background. Thus, hypothesizing no dif-
fERENCE between the frequency of SIBO in UC in remission and non-inflamed controls, the goal of this study was to evaluate the frequency of SIBO by means of breath tests in patients with active and remis-

sion UC compared to non-inflamed controls.

**Methods:** Cross-sectional study in patients with histopathological diagnosis of UC in clinical, bio-

chemical and endoscopic remission (May 2017) who met criteria for carrying out a hydrogen and meth-

ane breath test and were not under antibiotic treatment, 30 cases of UC and 26 non-inflamed controls. Hydrogen increase of 20 parts per million or a methane increase of 10 parts per million or more (or a double peak in the graph of exhalation of hydrogen and methane) were considered SIBO. Demographic and clinical variables were collected. Statistical analysis was performed with SPSS software version 24.

**Results:** A total of 30 patients with remission UC was studied; mean age 42.5 years with a median of 5 years of UC evolution (range 3 - 95), 23 (62.2%) women, 14 (37.8%) men. UC extension by Montreal was EI in 3 (10%) cases and EU in 27 (90%). The mean fecal calprotectin was 106 μg/g (range: 47.25 to 255.25 μg/g). The frequency of SIBO in remission UC was 50% (15 of 30 patients), with a mean orificional transmittance of 120 microparticles per million which is classified as normal. Starting from a base of 76.6%, the frequency of methanogenesis was finally universal (100%), nevertheless, none of them reached by this criteria SIBO. There was a significant correlation between gastrointestinal symptoms and gas increase in patients with SIBO (P<0.006). There was no statistically significant difference regarding pharmacological treatment between UC patients with and without SIBO.

**Conclusion(s):** The frequency of SIBO was of 50% in patients with UC in remission, methanogenesis was observed in all patients, which interestingly differs from what has been reported in other countries. Oral transect of this sample was normal. It is important to consider SIBO as a cause of gastrointestinal symptoms in patients with UC in clinical remission.

**P-060**

**Correlation of Fecal Calprotectin With Acute Phase Reactants (ESR, CRP) in Mexican Patients With Ulcerative Colitis**

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**Background:** Ulcerative Colitis (UC) gastrointestinal symptoms have an adequate correlation with endoscopic and biochemical parameters in patients with severe activity. However, the evaluation in patients with clinical remission is insufficient. Fecal calprotectin (FC) is effective in these scenarios, which is a fast and non-invasive test with high sensitivity and specificity. C-reactive protein (CRP) and

**P-058**

**National Trends of Endoscopies Performed in Inflammatory Bowel DiseasePatients From 2008 to 2012**

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**Background:** Inflammatory bowel diseases (IBD) are frequent causes of repeated hospital admis-

sions and endoscopic procedures. Endoscopy plays an essential role in diagnosing IBD patients, differenti-

ating Crohn's disease from Ulcerative Colitis, monitoring disease activities, and providing treatment. In this study, we analyzed the most common invasive procedures done in IBD in-patients nationwide and showed the trend of endoscopic procedures done in those patient during period of 2008 to 2012.

**Method:** We analyzed the invasive procedures performed in 102,822 IBD in-patients using validated International Classification of Diseases, 9th Revision and Clinical Modification (ICD-9-CM codes) using Nationwide inpatient sample (NIS) from 2008-2012. Percentage of upper GI endoscopy (EGD) with biopsy, colonoscopy and proctosigmoidoscopy (PSS) with closed rectal biopsy were calculated and compared for statistical significance.

**Results:** Out of 102,822 IBD patients admitted as in-patient nationwide from 2008-2012, 62487 (61.1%) patients undergo invasive procedures among which 32541 in-patients (37.4%) were done endosco-

pies, 42228 (43.5%) were done upper GI endoscopy (EGD), and 39109 (38.6% in 2008 to 37.4% in 2012), frequency of colonoscopies decreases from 27.6% in 2008 to 26.1% in 2012 (P<0.01). However, frequency of EGD with biopsy increases from 7.3% in 2008 to 8.5% in 2012 in EGD (P<0.001) and PSS with closed rectal biopsy increases from 1.8% in 2008 to 2.76% in PSS (P<0.05).

**Conclusion(s):** The data demonstrates that nearly two-thirds of IBD in-patients underwent proce-

dures with colostomy being the most common procedure being performed, followed by EGD as second most common. The decreasing trend of colostomy and increasing trend of PSS would emphasize the preference of less invasive procedures over the years or advancement of medical therapy with biologic agents leading to better control of symptoms. Increasing trends of EGD indicates that upper GI involve-ment might be increasingly prevalent in IBD patients. This study helps us understand the current trends of endoscopic procedures in nationwide level hence help us find ways to reduce morbidity and cost.