BACKGROUND: A great proportion of Inflammatory Bowel Disease (IBD) patients exhibit persistent gastrointestinal symptoms such as diarrhea and abdominal pain that are not always related to mucosal inflammation. In this setting, irritable bowel syndrome (IBS) is the most frequent superimposed condition and Rome IV criteria have limited diagnostic accuracy. Recently, anti-CdbB and anti-vinculin, which are derived from the underlying pathophysiology of post-infectious IBS, were proposed to rule-in IBS and discriminate IBS from IBD. The applicability of this strategy may be hampered by the cross-reactivity of vinculin and cytokinoid Giardia antigens and by data scarcity in cases of concomitant IBD-IBS as well. The aim of this study was to assess the role of an antibody-based strategy in patients with both conditions in a high prevalence region of Giardia lamblia infection.

METHODS: Patients were divided into 4 groups: (i) active IBD patients with chronic diarrhea (more than 3 bowel movements/day) (n = 44); (ii) IBD-IBS patients (defined by quiescent mucosal inflammation SES-CD ≥ 2 or Mayo score <1 and chronic diarrhea) (n = 25); (iii) IBS predominant diarrhea patients (n = 45); (iv) asymptomatic individuals who underwent colorectal screening coloscopy (n = 46). Exclusion criteria were other intestinal diseases, previous abdominal surgery or neoplasia, corticosteroids less than 6 months prior to inclusion, HIV infection. All blood samples were collected at the time of colonoscopy and serum levels of anti-CdbB/anti-vinculin antibodies were determined by enzyme-linked immunosorbent assay.

RESULTS: Of 180 subjects the mean age of active IBD patients was 39.5 years, whereas 46.5 years in the overlapping IBD-IBS group, and 39.5 in the IBS group. 53.8% (37/69) of total IBD patients had Crohn’s disease. The mean value of the optical density for anti-CdbB was 0.71 ± 0.48 in active IBD patients, 0.71 ± 0.43 in IBD-IBS patients, 0.70 ± 0.44 in IBS-D and 0.85 ± 0.72 in controls, but no statistical difference was observed between the groups (p = 0.49). IBD-IBS had a trend to have higher levels of anti-vinculin 1.68 ± 1.04 when compared to active IBD 1.50 ± 0.81, IBD-D 1.50 ± 0.94 and controls 1.63 ± 0.9, without significant differences (p = 0.76). Considering the cut-off point of 1.56 for anti-CdbB and 1.60 for anti-vinculin reported in literature, the frequency of seropositive cases was: active IBD 39.8% (28/71), IBD-IBS 45.9% (22/48), IBS-D 42.2% (15/36), and controls 37.5% (36/96). Of these, 19 (42.2%) had a positive test for anti-CdbB. Sensitivity and specificity of total anti-CdbB antibodies for the identification of patients with Crohn’s disease was 40.5% and 85.1%, respectively, with a positive predictive value of 42.5% (CI 18.6 - 66.2) and a negative predictive value of 82.0% (CI 72.4 - 90.1). The area under the ROC curve was 0.70 (CI 0.58 - 0.82) for anti-CdbB and 0.71 (CI 0.59 - 0.83) for anti-vinculin. The diagnostic performance of a combination of both antibodies was not superior to that of each individually. The combined strategy was effective in identifying 8 patients (13%) with IBD and IBS and 7 controls, with a sensitivity of 87.5% (CI 69.3 - 99.0) and a specificity of 72.2% (CI 53.5 - 88.0).

CONCLUSION(S): It is not feasible to determine the presence of either anti-CdbB or anti-vinculin among active or quiescent IBD, IBS-D and healthy controls. The presence of both antibodies titer was observed in IBD-IBS. Thus, IBS diagnosis in IBD patients remains cumbersome in clinical practice.

P009
Characterization of Health Services That Provide Nursing Care for Inflammatory Bowel Disease Patients in Brazil
Jeanine Barros1, Madhoa Ramdeen2, Baima Julio3, Alencar Rubia4, Sassaki Ligia5, Aytan Sipahi6
1São Paulo State University (Unesp), Medical School, Botucatu, São Paulo, Brazil; 2IBD Unit, St Mark’s Hospital, London, UK; 3Faculty of Medicine of Botucatu, Botucatu, São Paulo, Brazil; 4Digestive Surgery Department, Unesp Botucatu, Botucatu, São Paulo, Brazil; 5Faculty of Medicine of Botucatu, Botucatu, São Paulo, Brazil;6Digestive Surgery Department, Unesp Botucatu, Botucatu, São Paulo, Brazil; 7UNESP/FMB, Botucatu, São Paulo, Brazil

BACKGROUND: Nursing care in inflammatory bowel disease (IBD) is essential to the success of the treatment. IBD patients need continuous and specialized care and the characterization of health services is necessary to identify the deficiencies for further resolution in the future. The aim of the study is to identify the characteristics of health services that provide nursing care for IBD patients in Brazil.

METHODS: A descriptive study was performed. Participants were nurses who treat IBD patients. The identification of nurse’s role performed through a survey of the National Council for Scientific and Technological Development in Brazil, access to the Brazilian IBD Study Group records and referral by colleagues. A specific online survey questionnaire consisting of 37 questions was developed and 74 nurses were identified. Health services are located in the following Brazilian regions: Southeast (66.22%), Northeast (13.51%), South (9.46%), North (6.76%) and Midwest (4.05%). The most frequent services were public hospital (45.9%), IBD outpatient clinic (25.68%), private clinic (21.62%) and infusion center (10.61%). The infusion centers were identified emergency trolley (45.9%), bathroom for the patient (43.24%), refrigerator for storing medications (43.24%), comfortable chair for infusion (43.24%) and post nursing (40.54%). Health services are integrated with endoscopic dilation service (40.54%), magnetic resonance imaging (52.70%), pathology department (54.07%), urgency and emergency room (58.11%), endoscopy (70.27%), computerized tomography (59.46%), surgical implant (67.57%) and clinical implant unit (72.97%). The services have telephone consultation (28.39%) and communication by email (20.27%). The team is composed of nurses (71.62%), coloproctologist (64.86%), gastroenterologist (58.11%), dietitian (56.76%), psychologist (41.89%) and stomatherapist (40.54%).

CONCLUSION(S): Most health services are located in the southeast region; the type of service provided is public with access to specific tests. Infusion centers have the minimum required resources recommended. Some health services feature telemedicine service. The multidisciplinary team is present in most services. These findings suggest the need for prompt expansion and improvement to the delivery of services and care for all IBD patients across the nation.

P010
Case Study of a Patient With Crohn’s Disease and Surgical Wound Dehiscence
Barros Jeanine1, Ramdeen Madhoor2, Herrebiers Giedre3, Cardoso Adilson4, Silva Everton4
1São Paulo State University (Unesp), Medical School, Botucatu, Botucatu, São Paulo, Brazil; 2IBD Unit, St Mark’s Hospital, London, UK, London, UK; 3Botucatu Medical School, São Paulo State University/Unesp, Botucatu, São Paulo, Brazil; 4São Paulo State University (Unesp), Medical School, Botucatu, Botucatu, São Paulo, Brazil; 5Faculty of Medicine of Botucatu, Botucatu, São Paulo, Brazil

BACKGROUND: Successful use of combination biologic therapy in medically refractory pediatric Crohn’s Disease and Sacroiliitis
Julia Braz1, Alka Gayal2
1Children’s Mercy Hospitals and Clinics, Kansas City, Missouri; 2Children’s Mercy Kansas City, Kansas City, MO.

CASE: Background: Specialized nursing care makes the difference in the management of patients with inflammatory bowel disease (IBD). The aim of this study is to report an experience of an IBD nurse in Brazil, caring for a patient with Crohn’s Disease (CD), with emphasis on nurse empowerment as a member of the multidisciplinary team. Methods: Case study with a description of the nurse’s behavior regarding an outpatient CD patient from State/ School/Private. Data were collected through outpatient follow-up and home visits from December 2017 to April 2018. Consultations were performed by an IBD nurse, a general nurse and a stomatherapist. To obtain the data, we used the clinical anamnem, physical examination and visualization of the records in the patient’s medical record. Results: Male patient, 20 years-old, presenting stemmng and fulminating ileocolonic CD since 2009. Refractory to Adalimumab, using Infliximab 10mg/kg every 8 weeks and Asacol at 1500mg/day. In December 2017, he underwent Hartmann’s re- torsionectomy for intestinal sub-occlusion, requiring proximal ileostomy. The surgery was successful and the patient remained at postoperative rest in the hospital for five days. Two days after hospital discharge, the patient sought emergency room due to several abdominal pain, especially in the surgical incision, edema and sepsis. Treatment was necessary, which required removal of the stitches, resulting in surgical wound dehiscence. The patient’s first evaluation after surgery at the IBD nursing outpatient clinic occurred four days after hospital discharge. The patient reported having a good recovery, did not perform any kind of physical activity, kept the diet as directed by the nutritionist, maintained good hygiene of the incision and his mother was changing the stoma bag as directed by the nurse. The open surgical wound had full length tissue, edematous, greenish discharge, characteristic odor, presence of stool, measuring 15 cm in height and 5 cm in width. After discussion with the multidisciplinary team, we opted for second intention healing. For cleaning the wound we used the 10-minute gauze-soaked Polysorber Solution, the primary dressing was performed with the use of Lacer Ochre impregnated with fatty substances, hydrocolloids and silver particles and then the secondary dressing with gauze and microporous tape. Primary dressing was done once a week by nurses and secondary dressing daily by the patient after mother training. Complete wound healing took 4 months and after that, the patient resumed daily activities more safely. Conclusion: In conclusion, we note that the nurse’s role in the context of the disease, the course of postoperative complications enabled the more agile and effective progress of wound treatment, favoring better quality of life for the patient and allowing reflection on the subject exposed.