BACKGROUND: Crohn’s disease (CD) patients present characteristic abnormalities in the meso-adipose tissue (MAT) near the affected intestinal area. The MAT is thickened and wraps around the bowel circumference (1). Recent evidence indicates that this tissue plays a role in storing memory immune cells and potentially supporting antigen-driven immune responses (2). Therefore, the goal of the present study was to identify the microRNAs (miRNAs) (miR-650 target genes of this enriched pathway: the biological validation by RT-qPCR confirmed significant increased miR-650 expression in the MAT of CD compared to the CTR (P=0.03), besides decreased levels of GPFT2 (P=0.026) and ALDH1A1 (P=0.006) target genes. Moreover, Cox regression analysis showed that the miR-650 levels in the MAT of CD patients strongly correlated with the post-operative disease recurrence in the first 36 months postoperative (Hazard Ratio: 6.85; Confidence Interval 95%: P=0.006).

CONCLUSION: For the first time, the modulation of miR-650 and its target genes (ALDH4A1 and GPFT2) were validated in the MAT of CD patients. Inde, the miR-650 levels correlated to a higher risk of post-operative disease recurrence. Although a larger multicenter prospective study is needed, these findings may constitute a potential tool to guide the clinical management after surgical resection.


REFERENCES

P063

Prophylaxis of Hepatitis B Reactivation and Inflammatory Bowel Disease: A case report
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BACKGROUND: The risk of opportunistic infections is increasing with the progressive use of immunosuppressants and biological therapy in IBD treatment. In this scenario, screening for Hepatitis B (HBV) is important in order to prevent viral reactivation.

METHODS: CASE REPORT. A 48 year old female with longstanding ulcerative colitis (diagnosed in 2001) was evaluated at our hospital presenting with 3 bowel movements a day with mucus and blood, diffuse abdominal pain, tenesmus, and urgent evacuation. Laboratory tests showed leukocytosis without left shift, normal platelets and liver tests. Flexible sigmoidoscopy showed a severe disease activity (Mayo score 3) in the rectum and sigmoid. The patient was admitted to our hospital and received IV corticosteroids without response and 6-mercaptopurine with a reduced anti-HBcAg positive. In a 9 months follow-up, HBV DNA was detected (223 U/mL –low). Other labs were consistent with chronic hepatitis B (Anti-HbcAg positive, High HbcAg negative, Anti-HbsAg positive). Abdominal ultrasonography and bronchoscopy were normal. Considering the epidemiological profile and the use of high-dose corticosteroids, infliximab, and azathioprine, Entecavir 0.5 mg/day was initiated.

RESULTS: HBV produces stable cccDNA mini-chromosome in infected hepatocytes, that can be present even after the loss of the HBV antigen and serocconversion to anti-HBc. cccDNA serves as a matrix for assembling the viral core, that can be present even in patients with a remote history of hepatitis B. This fact explains the impossibility of HBV infection eradication. Viral reactivation in chronic inactive patients is defined as a 2-log increase in HBV-DNA. The use of prophylaxis must be based on the patient’s epidemiological profile and the risk of drugs used and their potential for viral reactivation. Higher doses than 20 mg/m2 of prednisone for 4 weeks or more are considered of moderate risk but the use of immunosuppressants or biological therapy increase this risk (high risk). Antihepatitis medications are not associated with viral reactivation, unlike what occurs with the use of interleukin. Antiinflammatory prophylaxis should be done with nucleotide analogues (NA) with high potency (Entecavir, Tenofovir Disoproxil Fumarate or Tenofovir Alafenamide). Lamivudine and other NAs are not recommended because of the risk of selection of resistant strains, but can be used if it is the only option. Prophylaxis should be maintained for 6-12 months after the suspension of the immunosuppressive agent. Pre-emptive therapy with an antiviral can be performed in moderately risk patients with easy access to viral load dosage, transaminases and serology.

CONCLUSION: Screening for HBV infection should be a routine in IBD patients mainly at diagnosis, as HBV reactivation can occur in the context of immunosuppressive therapy. As this risk depends on host factors, virological factors, and type and degree of immunosuppressive therapy, prophylactic strategies must be individualized.

P064

Clinical Aspects of Pediatric Inflammatory Bowel Disease – A Multicentric Study From Brazil
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CASE: We present an 8 year old boy with history of perianal abdominal pain, intermittent diarrhea, and a 4 month, 9 lb weight loss. An EGD and colonoscopy with ileum intubation appeared normal with histology which revealed chronic gastritis and acute ileitis. Labs were notable for anemia of 9.7 g/dL, thrombocytosis of 531 x10^9/L, and mild elevation of ESR 23 mm and CRP 34.2 mg/L. One month later he had persistent perianal abdominal pain, worsening weight loss, and labs significant for persistent anemia (8.8 g/dL), significant elevation of inflammatory markers (CRP 126 mg/ L, ESR 92 mm, and elevated fecal calprotectin 1,129). CT of abdomen and pelvis showed marked distal ileal inflammation with extensive fistulization with 3 discrete fistulae (2 to small bowel and 1 to the sigmoid). However, the degree of nodular wall thickening, somewhat ascribable dilatation of the inflamed ileal loop, and sparing of the terminal ileum was radiologically described as atypical. He started metronidazole and infliximab induction for management of presumed Crohn’s disease. He described initial improvement with mild weight gain, decreased perianal abdominal pain, and improvement of inflammatory markers (ESR 43 mm and CRP 28 mg/L) within 2 weeks of initial infliximab dose. Two months later, recurrent symptoms required hospital admission with addition of steroids. Repeat imaging showed interval increase in wall thickening of the terminal ileum with increased surrounding inflammation. He underwent resection of his terminal ileum and cecum with ostomy formation and was discharged days later following improved enteral intake. Unfortunately, histology of the resected bowel revealed mature B cell lymphoma. He is currently readmitted for lymphoma directed therapy.

DISCUSSION: Enteric fistula in setting of weight loss, diarreha, abdominal pain, elevated inflammatory markers, and anemia are classic findings of penetrating Crohn’s disease. However, this case illustrates the possibility of Crohn’s disease mimickers including lymphoma, which although rare can present with radiologic findings seen in Crohn’s disease including fistula formation stenosis, ulceration, and aneurysmal dilatation. It behoves us to consider alternative diagnoses if the presentation is atypical for IBD or symptoms fail to respond as expected.

REFERENCES

RESULTS: A 48 year old female with longstanding ulcerative colitis (diagnosed in 2001) was evaluated at our hospital presenting with 3 bowel movements a day with mucus and blood, diffuse abdominal pain, tenesmus, and urgent evacuation. Laboratory tests showed leukocytosis without left shift, normal platelets and liver tests. Flexible sigmoidoscopy showed a severe disease activity (Mayo score 3) in the rectum and sigmoid. The patient was admitted to our hospital and received IV corticosteroids without response and 6-mercaptopurine with a reduced anti-HBcAg positive. In a 9 months follow-up, HBV DNA was detected (223 U/mL –low). Other labs were consistent with chronic hepatitis B (Anti-HbcAg positive, High HbcAg negative, Anti-HbsAg positive). Abdominal ultrasonography and bronchoscopy were normal. Considering the epidemiological profile and the use of high-dose corticosteroids, infliximab, and azathioprine, Entecavir 0.5 mg/day was initiated.

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