

	Extraintestinal (n = 11)	Intestinal (n = 9)	p
EZN	6 (55%)	1 (11%)	0.07
PCR	11 (100%)	4 (57%)	0.043
Culture	11 (100%)	7 (78%)	0.19

**Conclusions:** In contrast to previous non European reports culture of colonoscopic biopsy specimens is an highly SENS/SPEC to differentiate GITB from other ileo-cecal inflammations. Different methodological details, in sampling and processing, and the presence of exITB may have some influence on the results. Higher theoretical contamination chance with in house nested PCR may increase false (+) rate.

### P100

#### Vitamin D in patients with Crohn's disease

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**Background:** Traditionally vitamin D has been associated to bone health; however, in patients with Crohn's disease (CD), it has also been hypothesized that the vitamin D axis may play an important role in muscle strength and regulation of immune response. In addition, single-nucleotide polymorphisms in the vitamin D receptor seem to be associated to a higher susceptibility to CD. The aim of our study was to investigate 25-hydroxyvitamin-D3 [25(OH)D3] status and to identify independent predictors of serum 25(OH)D3 in patients with CD.

**Methods:** We conducted a cross-sectional study which included 41 patients with CD. Clinical data (gender, age, disease duration, Harvey-Bradshaw Index, disease location and phenotype) and life style variables (sun exposure, physical activity, multivitamin supplements intake and smoking habits) were collected during interview with the enrolled patients. Data concerning anthropometric measures (weight, height, Body Mass Index, arm and waist circumference), dietary intake (assessed with a Semi-Quantitative Food Frequency Questionnaire) and nutritional status (assessed with Subjective Global Assessment Questionnaire) were also recorded. Serum 25(OH)D was measured in 21 subjects. Data analysis was performed with SPSS 20 (IBM statistics SPSS) and R software.

**Results:** Suboptimal 25(OH)D3 serum levels were observed in 90% (n=19) of subjects, whereas serious deficit was found in 57.1% (n=12) and low levels of 25(OH)D3 in 33.3% (n=7) of CD patients. No significant association was found between mean serum levels of 25(OH)D3 and gender, disease location, phenotype, disease activity, multivitamin supplements intake, physical activity, smoking habits, BMI, vitamin D intake or sun exposure. A significant difference in mean serum 25(OH)D3 was found in patients who had been operated (previous surgery: 17.1±3.6; no surgery: 26.3±7.47, p=0.003). A significant inverse relationship was found between serum 25(OH)D3 and age (-0.545; p=0.011) and disease duration (r=-0.501; p=0.021). In multivariate analysis only the negative relationship between serum 25(OH)D3 and age ( $\beta$ =-0.24; p=0.0194) remained significant; disease duration and previous surgery were no longer statistically significant after adjustment for age, disease activity, vitamin D intake and smoking habits.

**Conclusions:** Deficiency of 25(OH)D was found to be highly prevalent in the enrolled patients with CD. The main independent predictor of serum 25(OH)D identified in our study was age.

### P101

#### Vitamin D deficiency in inflammatory bowel disease patients

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**Background:** Inflammatory Bowel Disease (IBD) is a chronic recurrent inflammatory disease of gastrointestinal tract which has an unknown etiology. Vitamin D deficiency would play a role in disease activity because of its immunomodulatory effect. In this study we investigated frequency of vitamin D deficiency of our IBD patient cohort.

**Methods:** The data collected from registered patients who are followed-up by IBD outpatient clinic between January 1995 and November 2013 in our university hospital. Calcium, phosphorus, albumin, parathormon (PTH) and lowest vitamin D levels scanned from hospital computer database and patient files. Data analyzed with SPSS 20.

**Results:** We reached 371 patients' vitamin D levels. 186 (50.1%) patients were female, 185 (49.9%) patients were male. Median age was 41.93±13.50 years. 149 (40.2%) patients were Crohn disease (CD), 222 (59.8%) were ulcerative colitis (UC). Mean 25-hydroxyvitamin D level was 17.34±10.35 ug/L. Fifteen patients had vitamin D replacement therapy and vitamin D levels before replacement had not been recorded so those 15 patients excluded from the study. Mean calcium level was 9.54±0.63 mg/dl (n=109), mean phosphorus level was 3.54±0.63 mg/dl (n=94), mean PTH level was 53.69±40.10 pg/ml (n=53) and mean albumin level was 4.39±0.56 g/dl (n=78).

In 149 CD patients; 83 (55.7%) were female, 66 (44.3%) was male. Mean age was 40.95±13.41. Mean 25-hydroxyvitamin D level was 17.35±11.14 ug/L. Mean calcium level was 9.63±0.37 mg/dl (n=41), mean phosphorus level was 3.69±0.65 mg/dl (n=33), mean PTH level was 43.72±18.29 pg/ml (n=25) and mean albumin level was 4.48±0.43 g/dl (n=33).

In 222 UC patients; 103 (46.4%) were female, 119 (53.6%) was male. Mean age was 42.59±13.54. Mean 25-hydroxyvitamin D level was 17.34±9.81 ug/L. Mean calcium level was 9.48±0.76 mg/dl (n=60), mean phosphorus level was 3.45±0.61 mg/dl (n=55), mean PTH level was 63.27±51.97 pg/ml (n=26) and mean albumin level was 4.31±0.64 g/dl (n=41).

236 (63.6%) of 371 IBD patients' 25-hydroxyvitamin D level was below 20 ug/L. Ninety-six (64.4%) of 149 CD patients' and 140 (63.1%) of 222 UC patients' 25-hydroxyvitamin D levels were also below 20 ug/L. There wasn't any significant difference between 25-hydroxyvitamin D levels of CD and UC patients.

**Conclusions:** Vitamin D deficiency is a common problem in general population but routine screening isn't recommended. Vitamin deficiency is also a common problem in our IBD patients (63.6%). It's important to diagnose vitamin D deficiency and must give a replacement therapy when it's required.

### P102

#### Validation of a Portuguese version of the Inflammatory Bowel Disease Disability Score

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**Background:** Inflammatory bowel disease (IBD) has a physical, psychological and social impact, sometimes compromising patient's ability to perform day-to-day activities. Recently a new measurement for disability in IBD was developed. The