23rd United European Gastroenterology Week
Barcelona, Spain
October 24-28, 2015
Venue: Fira de Barcelona Gran Via North Access – Hall 8

Final Programme
P0409 WHICH CRITERIA TO USE TO DIFFERENTIATE BETWEEN SESSESS SERRATED ADENOMA (SSA) FROM MICROSVE- SICULAR HYPERPLASTIC POLYPS – A 5-YEAR RETROSPEC- TIVE HISTOPATHOLOGICAL STUDY
Csaba Sumánzki, Hungary; R. Horváth; T. Micsik; Z. Tulassay; Arpad V. Patai

P0410 WHICH CRITERIA TO USE TO DIAGNOSE TRADITIONAL SERRATED ADENOMA (TSA) AND DIFFERENTIATE FROM CONVENTIONAL ADENOMA – RESULTS FROM A 3-YEAR RETROSPECTIVE HISTOPATHOLOGICAL STUDY
Réka Horváth, Hungary; C. Sumánzki; T. Micsik; L. Vass; I. Horváth; E. Román; B. Nagy; Z. Tulassay; Arpad V. Patai

P0411 1H HR NMR SPECTROSCOPY OF FECAL EXTRACTS ENABLES DETECTION OF ADVANCED COLORECTAL NEOPLASIA
Aurelien Amiot, France; A. Dona; A. Wijeyesekera; C. Tournigand; Y. Lebaleur; I. Sobhani; E. Holmes

P0412 IRON DEFICIENCY ANAEMIA: APPROPRIATE SEQUENCE OF ENDOSCOPIC INVESTIGATIONS
Amer Rehman, United Kingdom; B. Natarajan; Babur Javaid

P0413 “SCORE SYSTEM” FOR CARdiovascular RISK: A TOOL TO SELECT PATIENTS AT HIGH RISK FOR COLORECTAL NEOPLASIA
Carla Jerusalen Gargallo, Spain; P. Carrera; C. Scarpignato; A. Lanas

P0414 IS THE INFORMATION PROVIDED ON HISTOPATHOLOGY REQUEST FORMS FOR COLORECTAL CANCER ADEQUATE?
Chara Ntala, United Kingdom; A. Gumber; G. Kaur

Lower GI malignant disease, management

P0415 PREDICTIVE FACTORS OF PARTICIPATION IN SURVEIL- LANCE PATIENTS WITH HIGH-RISK ADENOMAS
Agnes Fernandez, Spain; D. Zaffalon; A. Garcia; L. Marquez; L. Carot; C. Alvarez; X. Bessa; M. Andreu; F. Macia

P0416 PROSPECTIVE MULTICENTER STUDY OF A FLEXIBLE SELF-EXPANDABLE METALLIC STENTS FOR MALIGNANT COLORECTAL OBSTURATION IN JAPAN: SHORT-TERM SAFETY AND EFFICACY IN 199 PATIENTS
Akiko Narita, Japan; S. Yoshida; H. Isayama; T. Yamada; I. Maetani; Y. Sumida; R. Kyö; T. Kuwai; M. Tornita; R. Moroi; T. Matsuzawa; S. Saito; T. Sasaki; Y. Saida

P0417 TUMOR DIAMETER IS AN EASY AND USEFUL PREDICTOR OF RECURRENCE IN STAGE II COLORECTAL CANCER
Chylo Maeda, Japan; E. Hidaka; Y. Morii; S. Mukai; H. Miyachi; N. Sawada; F. Ishida; S.-E. Kudo

P0418 CUMULATIVE INCIDENCE OF COLORECTAL NEOPLASIA DURING ENDOSCOPIC SURVEILLANCE IN SERRATED POLYPS SYNDROME (SPS) PATIENTS: A MULTICENTER STUDY
Daniel Rodríguez Alcalde, Spain; S. Carballal; L. Moreira; L. Hernández; L. Rodríguez; F. Rodríguez- Moranta; V. Gonzalo; L. Bujanda; L. Bessa; C. Poes; J. Cubiella; L. Castro; M. González; E. Moya; S. Oquíñena; J. Clófen; E. Quintero; P. Esteban; V. Piñol; F. J. Fernández; R. Jover Martinez; L. Cid; E. Saperas; M. López-Cerón; M. Cuarteras; J. Lázaro; M. Leoz; L. Rivero; A. Castells; M. Pellas; F. Balague

P0419 ENDOscopic TREATMENT ALONE OR COMPLEMENTA- RY SURGERY FOR T1 COLORECTAL CANCER – IS THERE STILL ROOM FOR OPTIMIZING CURATIVE RESECTION CRITERIA?
Diogo Branquinho, Portugal; N. Almeida; P. Monsanto; M. A. Cipriano; P. Amaro; F. Portela; L. Prado e Castro; C. Sofia

P0420 EASY AND DIFFICULT COLORECTAL ENDOscopIC SUB- MUCOSAL DISSECTION (ESD): PROSPECTIVE STUDY TO SAFELY SPEED UP WESTERN EXPERIENCE
Federico Iacopini, Italy; Y. Saito; T. Gotoda; W. Elsei; C. Grossi; F. Montagnese; G. Costamagna; L. Pacilli; A. Scozzaro

P0421 THE THERAPEUTIC EFFECT OF IRREVERSIBLE ELECTROPOORATIONABLATION IN MOUSE MODEL OF COLORECTAL CANCER
Hyuk-Soon Choi, Republic of Korea; H. J. Chun; I. K. Yoo; J. M. Lee; S. H. Kim; E. S. Kim; B. Keum; Y. T. Jeon; H. S. Lee; C. D. Kim; J. Y. Kim

P0422 THE EFFECT OF HMg-coA REDUCTASE INHIBITOR ON NF-E2-RELATED FACTOR 2 (NRF2) ACTIVATION IN COLON CANCER CELLS
Hyun-Joo Jang, Republic of Korea; S. W. Park; D. H. Koh; M. H. Choi; S. H. Kae; J. Lee
P1505
NEW TECHNIQUE OF BALLOON-OVERTUBE- AND FLUOROSCOPY-ASSISTED DIRECT PERCUTANEOUS ENDOSCOPIC JEJUNOSTOMY FOR PATIENTS WITH SURGICALLY ALTERED UPPER GI TRACT ANATOMY
Paul Thomas Kröner, USA; I. Jovanovic; M. C. Phillips; K. R. Kyanam Kabir Baig; S. P. Sugandha; K. Mönkemüller

P1506
ASSESSMENT OF MMP-2/-9 EXPRESSION BY FLUORESCENCE ENDOSCOPY FOR EVALUATION OF WOUND HEALING IN A MURINE MODEL OF INTESTINAL ANASTOMOSIS
Philipp-Alexander Neumann, Germany; P. Lenz; V. Twardy; V. Krüger; C. Geyer; F. Wötzef; A. Faust; E. Rijcken

P1507
SURGICAL MANAGEMENT OF RECTOVAGINAL FISTULAS – TEN YEARS’ EXPERIENCE IN TERTIARY REFERRAL CENTER
Piotr Zelga, Poland; E. Sira; M. Wlodarczyk; L. Dziki; J. Sobotkowski; A. Dziki

P1508
DOES EARLY APPENDICECTOMY IS ASSOCIATED WITH BETTER OUTCOMES IN THE TREATMENT OF ACUTE APPENDICITIS?
Povilas Ignatavicius, Lithuania; R. Riauka; Z. Tverskis; Z. Dambrauskas

P1509
TRANSANAL ENDOCOPIC MICRO SURGERY UNDER SPINAL ANESTHESIA: PRELIMINARY RESULTS OF A PILOT STUDY
Simone Arelfo, Italy; A. Arezzo; G. Cortese; A. Bullano; M. E. Allai; E. Galiatti; M. Morino

P1510
A PROSPECTIVE MULTICENTER STUDY OF SELF-EXPANDABLE METALLIC STENT PLACEMENT AS A BRIDGE TO SURGERY FOR MALIGNANT COLORECTAL OBSTRUCTION IN JAPAN: FEASIBILITY IN 112 CASES
Takeaki Matsuzawa, Japan; H. Ishida; T. Yamada; M. Tomita; S. Yoshida; H. Isayama; I. Maetani; R. Kyo; Y. Sumida; T. Kuwai; N. Hirata; Y. Kushiyama; M. Yoshikawa; S. Saito; Y. Saida

P1511
INTESTINAL ELONGATION USING SMALL INTESTINAL TISSUE ENGINEERING IN COMBINATION WITH BIANCHI’S PROCEDURE
Tomio Ueno, Japan; M. Nakao; T. Fujimoto; T. Tamesa; S. Takeda; S. Yoshino; S. Hazama; H. Nagano

Poster Session
09:00 – 17:00
Hall 7
IBD III

Basic/pathogenesis/pathology

P1512
MUCOSAL INNATE IMMUNITY IS DYSREGULATED IN CIGARETTE SMOKERS – IMPLICATIONS FOR CROHN’S DISEASE?
Nicholas Powell, United Kingdom; M. Fricker; M. M. Walker; P. Aro; J. Ronkainen; P. Hellstrom; J. Chui; M. Jones; S. Keely; N. J. Talley; L. A. Reuven; P. Hansbro; A. Andreasson

P1513
CHROMOGRAFIN-A REGULATES ANTI-INFLAMMATORY MARKERS IN THE CONTEXT OF EXPERIMENTAL COLITIS AND HUMAN RECTAL SAMPLES
Nour Eissa, Canada; H. Wang; P. Munyaka; A. Khafipour; C. N. Bernstein; J.-E. Ghia

P1514
THE PERSISTENCE OF CROHN’S ANAL FISTULA COULD BE DUE TO THE INTERACTION BETWEEN THE GUT MICROBIOME AND THE IMMUNE SYSTEM
Nuha A. Yassin, United Kingdom; H. Al-Hassil; S. Adegbola; T. Ansari; S. Knight; P. Sibbons; R. Phillips; A. Hart

P1515
INFliximab RESTORES THE BARRIER TO E. COLI IN ACTIVE CROHN’S COLITIS VIA EFFECTS ON LIPID RAFTS
Olena Yakymenko, Sweden; L. Schoutt; E. Gullberg; S. Almer; M. Strom; A. V. Keita; C. Wallon; B. Campbell; D. M. Mckay; J. D. Soderholm

P1516
RELATIONSHIP BETWEEN HISTOLOGICAL AND ENDOCROCIC ACTIVITY AND ANGIOGENIC AND LYMPHANGIOGENIC FACTORS EXPRESSION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE
Pablo M. Linares, Spain; M. Chaparro; A. Algaba; I. Guerra; F. Bermejo; J. P. Gisbert

P1517
CHARACTERIZATION OF ENTEROCHROMAFFIN CELLS IN POUCHEITIS AFTER PROCTOCOLECTOMY WITH ILEAL POUCH-ANAL ANASTOMOSIS FOR ULCERATIVE COLITIS
Paolo Giuffrida, Italy; A. Vanoli; E. Biletta; G. Sampietro; S. Ardizzone; O. Luinetti; R. Manca; G. Bergamaschi; D. Bagordo; C. Salvatore; C. Alvisi; P. Fociani; E. Solcia; G. R. Corazza; A. Di Sabatino
Results: We identified a total of 627 cases, 418 men (66%) with average age 63.6±5.2 years. After 3 years a colonoscopy surveillance was done in 407 cases (64.9%) and it was completed in 382 cases (93.4%). The prevalence of colonoscopy undergoing in 220 cases was to be performed (scheduled or requested) in 131 (59%) cases, ignorance of the need of control in 26 (11.7%) cases, individual negative in 11 (5%) cases, 27 (12%) cases, and 5 (2.2%) cases, in 3 cases (1.4%) changed place of living and deaths in 10 (4.5%) cases. There were no significant differences in participation because of age, sex, toxic habits, place of birth or some particular participation. The use of statins and insulin was independently associated with a greater involvement (p = 0.035 and p = 0.007). With regard to morbidity, the presence of renal failure and dyslipidemia showed a trend toward participation. The use of statins and regular exercise were not associated with a greater involvement (p = 0.089 and p = 0.09). A phone call was performed in 114 cases, contacted in 86 patients who had not made the follow up colonoscopy (39.1%). This call led to a change of attitude in 45 cases (59.2%), mostly associated with the group that did not made because of ignorance (66%), compared to other reasons (p = 0.001). In the group of non-participation because of individual negative it made a change of attitude in 17% of cases. Conclusion: The most frequent reason for non-participation in colonoscopy surveillance program in individuals with high-risk adenomas is ignorance. A phone call reminder produces a significant impact on their attitude.

Disclosure of Interest: None declared

PM416 PROSPECTIVE MULTICENTER STUDY OF A FLEXIBLE SELF-EXPANDABLE METALLIC STENTS FOR MALIGNANT COLORECTAL OBSTRUCTION IN JAPAN: SHORT-TERM SAFETY AND EFFICACY IN 199 PATIENTS

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Introduction: After endoscopic stenting with self-expandable metallic stent (SEMS) was covered by government medical insurance in Jan. 2012, this procedure is widely adopted in Japan. With an approval of a new flexible SEMS by insurance in July 2013, we conducted a prospective feasibility study of this SEMS.

Aims & Methods: Our objectives were to estimate safety and feasibility of a new SEMS placement for malignant colorectal obstruction in general clinical practice in Japan. We conducted a prospective, observational, single-arm and uncontrolled clinical trial from Oct. 2013 to May 2014. This study was registered with UMIN Clinical Trial Registry (UMIN000013104). Thirty two facilities consisted of 7 academic and 25 community hospitals participated this study. Ahead of this study, we launch a website (http://www.jpsmes.com) and pronounced the standard methods based on previous published data to standardize the maneuver of SEMS placement. Each patient was treated with a Niti-S Eteral Colonice Uncovered Stent, D-type. SEMS were deployed under fluoroscopy and endoscopy. Technical success was defined as placement of the stent across the entire length of the stricture on the first attempt. Clinical success was defined as a resolution of symptoms and radiological relief of the obstruction within 24h. Patients undergoing the stenting as a bridge to surgery (BTS) were followed until surgery, and incurable patients undergoing palliative treatment (PAL) were followed until death or 12 months, whichever came first. The following conditions were considered to be complications: stent occlusion, insufficient expansion of stent, obstruction of the other gastrointestinal site, stent migration, perforation, tenesmus, abdominal pain, pneumonia and bacteremia. Complications were categorized as early (within 7 days) or late (after 7 days). In this analysis, we estimate the early complications.

Results: We registered 205 patients. Six patients were excluded for analysis, because of loose stenosis with passed by colonoscope (2), benign stricture (1), inability to visualize the tumor (1), fistula (1), and deterioration of respiratory status during the procedure (1). We subsequently enrolled 199 patients, of whom 127 (64%) were in BTS (95% confidence interval CI, 0.58-0.70) and PAL (87) indication for a per-protocol analysis (PPA). In PPA, technical and clinical success was 98% (PTS: 99.1%, PAL: 97.5%) and 97% (PTS: 98.2%, PAL: 95.4%). Within 7 days after SEMS placement, the overall complication rate was 4.6% (3.6% BTS, 4.6% PAL), including abdominal pain (1.5%), insufficient expansion (1.5%), stent occlusion (1.0%), obstruction of the other site (0.5%), stent migration (0.5%), death (0.5%) and pneumonia (0.5%). There was no perforation. Conclusion: This study confirmed the feasibility of a flexible SEMS for malignant colorectal obstruction in Japan. With the SEMS, the incidence of complications was relatively low as well as no perforation.

Disclosure of Interest: None declared

PM415 PREDICTIVE FACTORS OF PARTICIPATION IN SURVEILLANCE PATIENTS WITH HIGH-RISK ADENOMA

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Introduction: A good adherence to surveillance programs of people with high-risk adenoma (HRA) is still considered in this difficult population. Identifying predictors of participation could improve the efficiency of this program, through the implementation of improvement measures.

Aims & Methods: To evaluate the possible predictors of participation and non-participation in a program of colonoscopy surveillance of individuals with AAR, and to identify undermoderated needs. We included in this study the incidence of colorectal cancer.

Objective: To evaluate the possible predictors of participation and non-participation in a program of colonoscopy surveillance of individuals with AAR, and to identify undermoderated needs. We included in this study the incidence of colorectal cancer.

Methods: Analysis of 627 cases from the population screening program of CCR from Ciutat Vella Sant Martí, which had been recommended to colonoscopy surveillance. We obtained high-risk adenomas (advanced adenoma and / or multiplicity) in baseline colonoscopy performed at the Hospital del mar during the years 2010-2011. Individuals who did not participate received a phone call reminder.
was interposed longitudinally instead of using staples as in the classic Bianchi's procedure. Small intestinal submucosa (SIS) is a biodegradable, acellular, collagen-rich matrix containing functional vessels.

Aims & Methods: We investigated SIS-induced small intestine and evaluated it in terms of muscle contractility and other tissue characteristics in the SIS-grafted test area when the blood supply was delivered as in the classic Bianchi's procedure. Using nine micro-mini-pigs with non-dilated small intestines, the mesentery was sepa

Conclusion: The study proved feasibility and safety of TEM under spinal anesthesia, with reduced impact of side effects. The possibility to avoid general anesthesia and the new opportunities for TEM against flexible endoscopic techniques such as ESD.

Disclosure of Interest: None declared

P1510 A PROSPECTIVE MULTICENTER STUDY OF SELF-EXPANDABLE METAL STENT PLACEMENT AS A BRIDGE TO SURGERY FOR MALIGNANT COLORECTAL OBSTRUCTION IN JAPAN: FEASIBILITY IN 112 CASES

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Introduction: Endoscopic stenting with a self-expandable metallic stent (SEMS) as a bridge to surgery (BTS) is widely used for acute malignant colorectal obstruction (MCO), but recent European Society of Gastrointestinal Endoscopy guidelines discourage this procedure in curable patients. To clarify SEMS feasibility, we conducted a prospective, observational, single-arm, multicenter clinical trial (UMIN000010304) using standardized SEMS placement methods among participating facilities in Japan.

Aims & Methods: Our objective was to estimate the feasibility of SEMS placement as a BTS for MCO. This study was conducted in October 2013. Before the start-up, stenting methods considered adequate and standard were discussed and shared among 32 participating facilities. Each patient was treated with a Niti-S Enteral Colonic Uncuffed Stent, D-type. Patients with SEMS as BTS were followed up until discharge post-surgery. BTS clinical success was defined as having adequate passage of stool until surgery without stent-related complications and without the need for endoscopic re-intervention or emergency surgery.

Results: A total of 205 consecutive patients were enrolled in the study, 66 were excluded because of loose stenosis, inability to visualize the tumor, respiratory failure, fluid, or bowel structure. The remaining 199 patients comprised the per-protocol cohort. Treatment intent was BTS in 112 patients (56.3%) and palliative in 87 patients (43.7%). 76.8% of the BTS patients had no distant metastases. Stenting was successful in 99.1% patients (111/112). The clinical success rate was 96.5%. There were 14 post-stenting colorectal obstruction cases. The overall all-cause complication rate was 4.5% (5/111). No perforation or stent migration was observed. No emergency surgery was performed for management of any post-stenting colorectal obstruction cases. All patients left the hospital on the same day.

Conclusion: The current study has demonstrated the feasibility of SEMS placement as a BTS for MCO. SEMS placement using shared, standard methods is a safe and effective BTS with acceptable stoma creation and complication rates, allowing elective surgery with a primary anastomosis in most patients.

Disclosure of Interest: None declared

P1511 INTESTINAL ELONGATION USING SMALL INTESTINAL TISSUE ENGINEERING IN COMBINATION WITH BIANCHI’S PROCEDURE

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Introduction: Bianchi's operation, which lengthens intestinal loops while decreasing the luminal diameter of the surgical segment, has been performed in patients with short bowel syndrome with severely dilated bowel loops. We conceived an innovative design concept in which the absorptive area of the small intestine could be increased without dilating the lumen, if a bioscaffold, which might be expected to induce local intestinal regeneration,

Disclosure of Interest: None declared

P1512 MUCOSAL INNATE IMMUNE IS DYSREGULATED IN CIGARETTE SMOKERS - IMPLICATIONS FOR CROHN'S DISEASE

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Introduction: Crohn's disease (CD) is a chronic inflammatory disease characterized by defective handling of intestinal bacteria, particularly by the innate immune compartment. Although the underlying cause is unknown, genetic and environmental factors are involved. One of the most recognized environmental risk factors is cigarette smoking, which impacts disease risk, progression and treatment response. Insight into how cigarette smoking influences innate immunity and gut physiology are now available.

Aims & Methods: We investigated mucosal immune changes and gastrointestinal (GI) symptoms (using validated GI symptom questionnaires) in non-health care seeking smokers and non-smokers identified in three population-based endoscopy studies, comprising 2554 participants, including a population who had undergone ileocolonoscopy and mucosal biopsy. Tissues were stained with Haematoxylin and Eosin (H&E), and specific immunostains (e.g. CD117). In order to determine whether smoking was causally related to mucosal changes and susceptibility to intestinal inflammation we employed a preclinical model of smoke exposure and 2,4,6-Trimethylnitrosamino-sulfonic acid (TMNS) induced colitis.

Results: Significant changes in the frequency of cells implicated in mucosal defence were observed in the gut of individuals who smoke, most notably in the ileal luminal (TI) and caecum. These changes included expansion of Paneth cells in the terminal ileum (P < 0.006), depletion of mast cells in the TI (median count 231 in smokers vs 324 in non-smokers, P < 0.03) and depletion of mast cells in the caecum (median count 116 in smokers vs 170 in non-smokers, P < 0.002). No significant changes were observed in the transverse or left hemicolon. Smoking was also associated with significantly increased GI symptoms. In particular, there was increased diarrhoea in smokers in comparison with non-smokers (OR = 2.041, 95% CI 2.031; P < 0.002). In preclinical studies mast cells were also depleted in the TI and colon of smoke exposed mice, consistent with the likelihood that the mucosal changes observed in human smokers were causally linked to smoking. Crucially, smoke exposed mice with dysregulated mast cell numbers exhibited heightened susceptibility to experimental colitis induced by TNBS.

Conclusion: Cigarette smoking was associated with altered frequencies of mucosal dwelling cells implicated in host innate immunity, and changes were most apparent in the TI and right hemicolon – the most commonly affected sites in CD. This is consistent with MACs being targeted in the gut of smokers exposed mice – which was associated with heightened susceptibility to experimentally induced colitis. Together these data provide new insight into the links between smoking, innate immunity and CD.

Disclosure of Interest: None declared