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Analysis of the incidental diagnosis of inflammatory bowel disease made during the Scottish bowel cancer screening program

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Introduction & Aim: The Scottish Bowel Screening Program (SBSP) has been running in Scotland since March 2008 in patients aged between 50 and 74. The aim of this study was to quantify the number of new cases of Inflammatory Bowel Disease (IBD) diagnosed as part of the SBSP in South East Scotland. The progression of these patients was also assessed.

Method: All the patients who had a bowel screening colonoscopy during the first three years of the program in South East Scottish region were identified (screening population 800,000). Histologically confirmed cases of IBD were identified and symptoms at the time of diagnosis, risk factors, pathological findings and initial treatment were collated. The severity of illness at time of diagnosis was retrospectively assessed using Harvey Bradshaw index and Mayo score for Crohn's Disease (CD) and Ulcerative Colitis (UC), respectively. The patients' progress following diagnosis was also assessed.

Result: 51 (1.4%) patients with IBD were diagnosed out of total 3,655 procedures performed between June 2008 and April 2011. Of these, 12 (0.3%) patients had previous diagnosis of IBD and were excluded from study. In patients with a new diagnosis of IBD (n=39), significantly more males 30 (77%), with a mean age of 63 at diagnosis, than females were diagnosed with IBD 9 (23%), ($p < 0.001$), mean age of 67. 12 (30%) patients were diagnosed with CD, 16 (41%) had UC and 11 (28.2%) had IBD unclassified (IBDU). 26 (67%) of the patients were symptomatic at the time of diagnosis with a mean Mayo score of 2.4 for ulcerative colitis group and a mean Harvey Bradshaw score of 1.4 for Crohn's colitis group. 34 (87%) of patients were in remission throughout the follow up period varying between 6 and 30 months. 9 of these (23%) had no treatment, 15 (38.4%) had oral Mesalazine, 4 (10%) had topical Mesalazine, 4 (10%) had oral steroids while 3 (7.6%) patients required both oral steroids and Mesalazine for inducing remission. Five patients were unresponsive to initial therapy (2-CD, 1-UC and 2-IBDU) and required escalation of treatment. Amongst these, 3 patients (2-IBDU, 1-CD) required Azathioprine, 2 had oral steroids and 1 patient with CD required methotrexate after developing inflammatory arthritis.

Conclusion: In this cohort of 3,655 patients attending for bowel cancer screening colonoscopy IBD was diagnosed in 1.1% of patients. There was a preponderance of male patients. When assessed the majority of patients had previous symptoms and following diagnosis their IBD followed a benign course.

Biography

Zahid M A is a Consultant Gastroenterologist at Tawam Hospital, Al Ain. His main interests include the management of Inflammatory Bowel Disease (IBD) with a focus on novel biological therapies and advanced endoscopy. He has completed his graduation in Medical Training from University of Health Sciences, Pakistan. He has completed his Gastroenterology training from the Centre for Liver and Digestive Diseases and Scottish Liver Transplant Unit at Edinburgh Royal Infirmary and Western General Hospital in Edinburgh. He has interest in the field of IBD and has worked as the Clinical Lead for Management of IBD within the NHS Fife, Scotland. He has been Faculty for Endoscopy training at Victoria Hospital, Kirkcaldy. One of his key interests includes capsule endoscopy double balloon endoscopy.

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