P-079

**Male Gender Is Associated With a Higher Risk for Chronic Antibiotic-refractory Pouchitis and Ileal Pouch Anastomotic Sinus**

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BACKGROUND: The impact of gender on the development of chronic ileal pouch disorders following ileal pouch-anal anastomosis (IPAA) has not been evaluated. The aim of this study was to assess the association between gender and pouch outcomes.

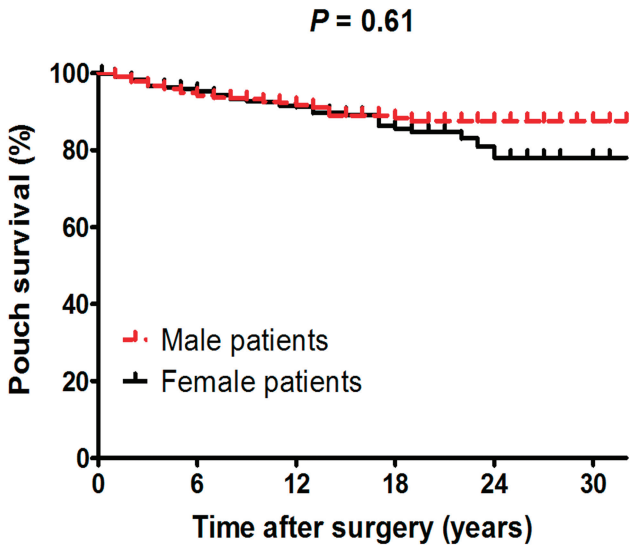
METHODS: Consecutive IPAA patients presenting to our subspecialty Pouch Center from 2002 to 2014 were studied. Comparisons of long-term pouch outcomes between male and female patients were performed using both univariate and multivariate analyses.

RESULTS: Of all patients enrolled (n = 1.564), 881 (56.3%) were males. Male patients were older at the time of IBD diagnosis and pouch construction than that in their female counterparts. The frequencies of neoplasia as the indication for colectomy and significant comorbidity were higher in males, while fewer male patients had IBD-related extra-intestinal manifestations or concurrent autoimmune disorders. There was no significant difference between the genders in other clinicopathological characteristics. More male patients (n = 144, 16.3%) developed chronic antibiotic-refractory pouchitis (CARP) than females (n = 73, 10.7%) ($P = 0.001$). Seventy-four males (8.4%) had ileal pouch anastomotic sinus versus 22 female patients (3.2%) ($P < 0.001$). Multivariate logistic regression analyses confirmed the association between male gender and CARP (odds ratio [OR], 95% confidence interval [CI]: 1.64 [1.21–2.24], $P = 0.002$), and male gender and ileal pouch anastomotic sinus (OR [95%CI]: 2.85 [1.48–5.47], $P = 0.002$). After a median follow-up of 9.0 (interquartile range: 4.0–14.0) years, pouch failed in a total of 126 patients (8.1%). No significant difference was identified between male and female patients in pouch failure (log-rank test, $P = 0.61$).

CONCLUSIONS: Among the IPAA patients referred to our subspecialty Pouch Center, male patents were found to have an increased risk for the CARP and ileal pouch sinus. The pathogenic mechanisms of the association warrants further study.

**Table.** Multivariate Analysis of Risk Factors Associated with Chronic Antibiotic-refractory Pouchitis or ileal pouch sinus.

| Characteristics | Odds Ratio | 95% Confidence Interval | P value |
|---|---|---|---|
| **Risk Factors For CARP** | | | |
| Primary sclerosing cholangitis (PSC) (yes vs. no) | 3.06 | 1.90-4.92 | <0.001 |
| Non PSC IBD-related extra-intestinal manifestations (yes vs. no) | 1.42 | 1.05-1.91 | 0.022 |
| Significant comorbidity (yes vs. no) | 1.39 | 0.91-2.14 | 0.13 |
| Autoimmune disorders (yes vs. no) | 1.36 | 0.92-2.00 | 0.12 |
| Pouch configuration, (J vs. Others) | 3.17 | 1.27-7.89 | 0.013 |
| Gender (male vs. female) | 1.64 | 1.21-2.24 | 0.002 |
| **Risk Factors For Ileal Pouch Sinus** | | | |
| Preoperative use of anti-TNF biologics (yes vs. no) | 1.58 | 0.84-3.00 | 0.16 |
| Family history of IBD (yes vs. no) | 0.80 | 0.37-1.73 | 0.57 |
| Type of anastomosis (stapled vs. handsewn) | 0.43 | 0.24-0.79 | 0.006 |
| Gender (male vs. female) | 2.85 | 1.48-5.47 | 0.002 |




P-080

**Crohn's Disease of the Esophagus: Clinical Features and Outcomes in the Biologic Era**

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BACKGROUND: Esophageal Crohn's disease (CD) is rare and challenging to diagnose and treat. We aimed to report the clinical, endoscopic, and histologic features, and treatment outcomes of patients with esophageal CD.

METHODS: Patients with CD of the esophagus evaluated at the Mayo Clinic in Rochester, MN between January, 1998 and December, 2012 were identified.

RESULTS: Twenty-four cases of esophageal CD were identified. The median age at diagnosis of esophageal CD was 22 years (range, 12–60). Fifteen patients (63%) were female. Three patients (12%) had isolated esophageal CD, while the remainder of patients had extra-esophageal CD at diagnosis. Most patients had esophageal symptoms which included dysphagia (54%), odynophagia (33%), chest pain (13%), epigastric pain (33%), and acid reflux (25%). Eight patients (33%) had oral ulcers at the time of esophageal CD symptom onset. The most common site of involvement was the mid-esophagus (46%). The majority of patients (75%) had inflammatory disease behavior involving the esophagus [superficial ulcerations (58%), erythema and/or erosions (50%), deep ulcerations (13%), and pseudopolyps (4%)]. Four patients (17%) had stricturing of the esophagus. Two patients (8%) had fistulizing disease. The most common histologic finding was chronic inflammation (83%). Granulomas were only present in 5 patients. Inflammatory esophageal CD responded best to prednisone, topical budesonide, or biologic treatment. Stricturing esophageal CD was successfully treated with biologic therapy in combination with immunomodulators, dapsone, and serial dilations with/without steroid injections. Aggressive medical therapy with biologic therapy, tacrolimus, and endoscopic therapy were used for fistulizing esophageal CD, however, was not universally effective.

CONCLUSIONS: Although esophageal CD is rare, patients with CD who presents with esophageal symptoms should be evaluated for possible esophageal involvement. Aggressive treatment with biologic therapy with or without concomitant immunomodulator therapy is often warranted to successfully treat this challenging disease.

P-081

**Significant Risk and Associated Factors of Active Tuberculosis Infection in Korean Patients With Inflammatory Bowel Disease Using Anti-TNF Agents**

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BACKGROUND: Anti-TNF agents considerably increase the risk of tuberculosis (TB) infection. Although the use of anti-TNFs in Korean patients with inflammatory bowel disease (IBD) has recently increased, there have been no reports on the risk of active