

**EP-065 - CAN WE RELY ON BIOCHEMICAL PROFILE FOR SELECTION OF SUSPECTED CROHN'S DISEASE PATIENTS FOR CAPSULE ENTEROSCOPY?**

R Magalhães<sup>1</sup>; B Rosa<sup>1</sup>; M Marques<sup>2</sup>; P Boal Carvalho<sup>1</sup>; H Cardoso<sup>2</sup>; F Machado<sup>3</sup>; G Macedo<sup>2</sup>; J Cotter<sup>4,5,6</sup>

1 - Gastroenterology Department, Hospital Senhora da Oliveira – Guimarães; 2 - Gastroenterology Department, Hospital de São João - Porto; 3 - Western Oporto Public Health Unit; 4 - Gastroenterology Department, Hospital Senhora da Oliveira – Guimarães;; 5 - Life and Health Sciences Research Institute (ICVS), School of Medicine, University of Minho, Braga, Portugal;; 6 - ICVS/3B's, PT Government Associate Laboratory, Guimarães/Braga, Portugal

**Introdução e Objetivos**

In patients with suspected Crohn's disease (CD) nondiagnostic ileocolonoscopies should be followed by small bowel capsule endoscopy (SBCE). We aimed to develop a predictive model for CD diagnosis based on biochemical profile, targeting an optimization of patients' selection for SBCE.

**Material**

Retrospective multicentric study including suspected CD patients with nondiagnostic ileocolonoscopy, submitted to SBCE. A blood panel was obtained, including hemoglobin, leukocytes, platelet cell count, iron, ferritin, c-reactive protein (CRP), erythrocyte sedimentation rate (ESR), albumin and total serum protein levels. Patients were followed at least 6 months; the primary outcome was confirmation of CD diagnosis, based on full diagnostic workup as assessed by the assisting physician. Univariate and multivariate analysis were performed, and logistic regressions developed for the prediction of CD diagnosis.

**Sumário dos Resultados**

Included 220 patients, 62,3% women, with mean age 41 (range 16-86) years. Anemia was found in 15%, leukocytosis in 7,7%, thrombocytosis in 10,5%, hypoalbuminemia in 36,8%, elevated ESR and CRP in 20,5% and 46,4%, respectively. CD diagnosis was established in 98 patients (44,5%). Univariate analysis recognized the variables leukocytosis (54,9%,  $p=0,05$ ), low serum iron (62,5%,  $p=0,003$ ), elevated CRP (60,6%,  $p=0,006$ ) and thrombocytosis (58,8%,  $p=0,018$ ) as statistically significant towards the final outcome. Multivariate logistic regression model presented a suitable discriminative power ( $AUC=0,669$ ,  $p<0,001$ ) for the diagnosis of CD.

**Conclusões**

In patients with suspected CD, leukocytosis, low serum iron, elevated CRP and thrombocytosis had a statistically significant association with CD diagnosis. However, a significant proportion of patients without such biochemical profile were diagnosed as CD at follow-up. Thus, currently, SBCE should be offered to all patients with suspected CD and negative ileocolonoscopy. Further improvement of pre-SBCE predictive models for CD diagnosis is required to optimize patients' selection for SBCE.