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INCIDENCE AND NATURAL HISTORY OF INFLAMMATORY BOWEL DISEASE DIAGNOSED IN COLORECTAL CANCER SCREENING.

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INTRODUCTION



The real burden of IBD could be not completely defined, both in terms of epidemiology and natural history. We describe the data of a subpopulation of patients with IBD, unaware of it and asymptomatic, incidentally diagnosed in a colorectal cancer (CRC) screening program.



AIMS AND METHODS

We have evaluated a cohort of people aged 50-76 undergoing screening colonoscopy after a positive faecal immunological (FIT) test, from November 2011 to March 2018.

Since then, 4490 patients out of 4714 FIT positive have been evaluated with colonoscopy, while 224 (4.75%) refused further examinations.



AIMS AND METHODS

Patients with known CRC or IBD are excluded.

Data are prospectively collected, regarding to CRC, advanced adenoma, polyps and IBD incidence.

Patients identified as IBD were then followed in our tertiary center.



RESULTS

	Number of patients	Percentage (%)
Adenoma (one or more)	1532	34.12
Colorectal cancer	186	4.14
IBD	21	0.46



RESULTS

Twenty-one patients (0.46%) had a diagnosis of IBD (7 F, 14 M, mean age 64.6 years, range: 53-76), namely two Crohn's disease (CD) and 19 Ulcerative colitis (UC). All UC patients are satisfactorily treated with mesalazine. One patient with CD is treated with azathioprine and one patient is without therapy. Up to now, no patient had extraintestinal manifestations, nor need for surgery.



CONCLUSION

There is a percentage of people with IBD that are not known as affected. There is space for improvement in diagnosis and treatment. Further studies are needed to better understand the real incidence of this condition, and the subsequent evolution of the disease in this group of patients.