

## 28. Extraintestinal manifestations in patients with inflammatory bowel disease - 5-year experience

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**Introduction:** The aim of our study was to evaluate the prevalence of extraintestinal manifestations in inflammatory bowel disease (IBD) patients as in Crohn's disease (CD) group as ulcerative colitis (UC) also, treated with 5-ASA, 5-ASA + steroids and biological therapy. We have shown our 5 years observation results from our IBD patients' database.

**Methods:** 194 patients were included in the study (114 female, 80 male, mean age 37.5; range 29-45 years). They were divided into two groups: IBD - UC patients (n = 120) and IBD - CD patients (n = 74). Total colonoscopy with intubation in terminal ileum was performed to all patients and diagnosis was confirmed clinically, serologically and morphologically. Any other chronic diagnosis was absent in all cases of patients.

**Results:** Extraintestinal manifestations IBD (n = 194) = UC (n = 120) + CD (n = 74): Nephrolithiasis 23 (11.7%), Pioderma gangrenoso 8 (4.3%), Peripheral arthropathy 39 (20.2%), Aphthous stomatitis 31 (16%), Episcleritis, uveitis, iritis 6 (3.2%), Nodal erythema 31 (16%), Primary sclerosing cholangitis 12 (6.4%), Autoimmune hepatitis 8 (4.3%), Bronchiectasis 2 (1.1%).

It should consider that in 27 cases of IBD patients we have mentioned the overlap of various extraintestinal manifestations.

**Discussion/Conclusion:** According to our study - the peripheral arthropathy, nodal erythema and aphthous stomatitis as extraintestinal manifestations occurred in a significantly higher proportion of inflammatory bowel disease patients. Multivariable analyzes revealed, that female sex and steroid usage were significantly associated with the presence of extraintestinal manifestations.

## 29. Can procalcitonin be used as an early detection tool of Clostridioides difficile infection in inflammatory bowel disease?

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**Introduction:** Patients with inflammatory bowel disease (IBD) are at high risk of developing Clostridioides difficile infection (CDI) with greater morbidity and mortality than the general population. CDI is a bacteria that can increase the risk of treatment lack of response, surgery and hospitalization of IBD patients. A differential diagnosis can be difficult due to the similarity of symptoms in IBD and CDI therefore any test that can promptly diagnose CDI in IBD would be of great utility.

**Methods:** This retrospective study included 48 patients with IBD hospitalized between 1st January 2022-31st December 2022 who were divided in 3 groups: 18 patients with CDI (group 1), 14 with viral or fungal infections (group 2) and 16 IBD patients without acute infections (group 3). We studied the values of procalcitonin (PCT), C-reactive protein (CRP) and white blood cell (WBC) at presentation for these patients.

**Results:** PCT diagnostic levels were significantly higher in group 1 than in group 2 and 3 (p < 0.001 and p < 0.05). Regarding the CRP levels group 1 had significantly higher levels than group 2 and 3. The study showed that the AUCs (area under the curve) of PCT vs: CRP in group 1 and group 3 was 0.805 vs. 0.602 (p < 0.05) using DeLong's test. Regarding WBC count the sensitivity and the specificity showed it had an inferior diagnostic value.

**Discussion/Conclusion:** This study indicates the fact that PCT has a higher diagnostic value over CRP and WBC count for a promptly diagnose of CDI in IBD.