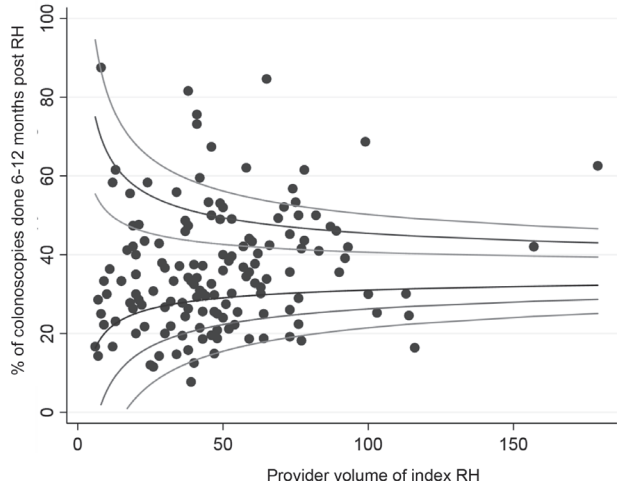

Abstract P119 Figure 1 Funnel plot of 6-12month colonoscopy following RH for Crohn's

p=0.023) as did less deprived quintiles and those who had index RH on an elective admission (0.69 (0.62–0.77), p<0.001). A comorbidity score of >5 was associated with 40% increased further surgery risk (1.41 (1.05–1.89), p=0.023).

51% subjects had a colonoscopy within 2 years of index RH. Recommended 6–12 month colonoscopy assessment increased from 14% in 2007 to 29% in 2016. Overall, unadjusted 6–12 month colonoscopy was 22% however this varied 4-fold between providers. Adjusting for further surgery, illness that might prevent or delay colonoscopy or subject death, 42% of subjects did not undergo a 6–12 month colonoscopy. This fell to 26% if colonoscopy was included.

Figure 1 shows a funnel plot of 6–12 month colonoscopy following right hemicolectomy (RH) for Crohn's disease by provider. Dots represent providers and lines indicate 1, 2 and 3 standard deviations from the mean.

Conclusions Despite novel therapeutics and better understanding of the natural history of CD there remains a high risk of recurrent surgery. Colonoscopy assessment after RH has been increasing over time but there remain large unexplained variations in colonoscopy practice between providers.

P120 RISK OF INFLAMMATORY BOWEL DISEASE IN SUBJECTS WITH DERMATOLOGICAL DISORDERS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE

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Introduction Skin diseases including erythema nodosum (EN), pyoderma gangrenosum (PG), Sweet's syndrome (SS) and aphthous stomatitis (AS) can occur with inflammatory bowel disease (IBD). We examined the risk of later developing IBD in these skin disorders and the time to IBD diagnosis.

Methods A large UK primary care database was examined between 1995–2018. Cases of EN (excluding sulfasalazine history), PG and all skin disorders associated with IBD combined were matched to controls on age, sex and GP registration. Pre-existing IBD cases were excluded. Subjects were followed until a diagnosis of ulcerative colitis (UC) or Crohn's disease (CD) and incident rate ratio (IRR) modelled, adjusting for age, sex, body mass index, comorbidity, deprivation level and smoking status. The time to a later diagnosis of IBD in cases and controls was compared using the Mann-Whitney U test.

Results 5,349 EN cases (median age 36 (IQR 23–51), 78% female) were matched to 21,100 controls. Median time to UC diagnosis was reduced in EN compared to control subjects (224 and 1,856 days respectively p<0.001). The rate of UC was not significantly increased in EN subjects compared to controls (IRR 1.67 (95%CI 0.87–3.24) p=0.13). Median time to CD diagnosis in EN cases was 114 days compared to 1,136 in controls p<0.001. The rate of CD in EN was 12-fold that of controls (12.76 (7.62–21.38) p<0.001). EN subjects had a 1.2% excess risk of IBD compared to controls.

863 PG cases (age 57 (39–73), 40% male) were matched to 3,404 controls. Few IBD diagnoses were made during the study period (16 in PG cases and 6 in controls). Time to IBD diagnosis in PG cases was reduced compared to controls p=0.047. The rate of IBD was 13-fold that of controls (13.21 (5.07–34.41) p<0.001). PG subjects had a 1.8% excess risk of IBD.

When skin disorders combined (EN, PG, SS and AS) were examined, 7,340 cases (median age 36 (23–50), female 74%) were matched to 21,764 controls. 133 cases of IBD were observed in the skin disorder group compared to 53 in controls. The rate of UC was more than 3-fold higher in the skin disorder group (3.63 (2.17–6.08) p<0.001). The rate of CD was 11-fold higher in the skin disorder group (11.21 (7.30–17.20) p<0.001). Skin disorder subjects had a 1.6% excess risk of IBD. When those with anaemia, weight loss, lower gastrointestinal bleeding, diarrhoea or loperamide use within 6-months of diagnosis were examined an 8.3% excess risk was seen.

Conclusions Skin disorders associated with IBD are not unique to IBD and clinicians who diagnose these conditions may not consider IBD leading to a delayed diagnosis. The relative risk of IBD is high in such skin disorders and symptoms suggestive of IBD should be sought, and screening investigations and gastroenterology referral considered.

P121 RISK OF INFLAMMATORY BOWEL DISEASE IN SUBJECTS PRESENTING WITH EYE-DISORDERS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE

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Introduction A number of eye diseases including uveitis and episcleritis/scleritis may occur in association with inflammatory bowel disease (IBD). We have examined the risk of later developing IBD in such eye conditions and the time to diagnosis.

Methods The Health Improvement Network, a large UK primary care database was examined. Cases of eye disorders associated with IBD were matched to controls on age, sex and GP registration. Subjects were followed until a diagnosis of ulcerative colitis (UC) or Crohn's disease (CD), and the incident rate ratio (IRR) was modelled, adjusting for age, sex, body mass index, comorbidity, deprivation level and smoking status. Pre-existing IBD was excluded. The time to a later