Weight SDS was 0.14 (–0.20 to 0.48). Seventeen patients (39.5%) were greater than 1 SD above the median. Seven patients (15.9%) were between –1 and –2 SD. Height SDS at diagnosis was 0.5315 (0.19 to 0.87). Thirty percent were overweight (BMI >1 SD above the median) at diagnosis.

Positive family history (3rd degree relative or closer) of IBD was seen in 26.5%.

Abstract G355 Table 1 Comparison of data from Ashton (2015) with Sawczenko (2003)[1]

(Percentage with symptom at presentation)

	Sawczenko (UK)	Ashton (Wessex, Southern England)
No. patients	172	49
Rectal Bleeding	84%	**91.8%**
Diarrhoea	74%	**91.8%**
Abdominal Pain	62%	**87.8%**
Triad of Rectal bleeding, Diarrhoea and Abdominal pain	Unknown	**75.5%**
Joint disease	6.4%	**8.2%**
Height SDS	**–0.32** (Mean)	0.532 (Median)
Weight SDS	**–0.12** (Mean)	0.14 (Median)

Conclusion Growth delay and raised inflammatory markers are seen in a minority of cases of UC at presentation. The majority of patients present with the classical triad of blood in stools, diarrhoea and abdominal pain however this is not invariable and absence does not preclude a diagnosis of UC.

REFERENCE

1 Sawczenko A. Presenting features of inflammatory bowel disease in Great Britain and Ireland. *Arch Dis Child*. 2003;**88**(11):995–1000

G356 JUVENILE IDIOPATHIC ARTHRITIS AND OTHER AUTOIMMUNE DISEASES IN A NATIONWIDE PAEDIATRIC INFLAMMATORY BOWEL DISEASE COHORT

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Aims Autoimmune diseases (AIDs) affect up to 10% of individuals living in Europe, so are a significant cause of chronic morbidity. High rates of immune-mediated comorbidity and familial clustering suggest that genetic predisposition underlies AI disease susceptibility, yet few clinical studies have defined the prevalence rates of co-morbid AIDs in specific paediatric populations. This study aims to document the occurrence of Juvenile Idiopathic Arthritis (JIA) and other AIDs in a Scotland-wide cohort of paediatric inflammatory bowel disease (PIBD; diagnosed <17 years of age) patients.

Methods The Paediatric-onset IBD Cohort and Treatment Study (PICTS) is a nationwide Scottish study of incident and prevalent PIBD patients, collecting a wide range of data, including rigorous phenotyping, with continuous long-term follow-up. The PICTS database was interrogated to identify patients enrolled up to 30/06/12 (follow-up to 30/06/14) with a diagnosis of at least one associated AID by last follow-up. Cases believed to be related to use of anti-TNFα treatment were excluded.

Results Of 809 patients in the PICTS cohort, 43 had one or more associated AID, an overall co-morbid immune disease rate of 5.3%; 49% (21/43) male. There were 44 AIDs in 43 patients; one patient had dual AIDs (psoriasis [PSOR] and spondyloarthropathy [SPA]) co-existing with IBD. Otherwise, there were 7 cases of JIA, 3 cases of SPA and 9 cases of PSOR. Additionally there were 4 cases of coeliac disease, 2 of thyroiditis and 2 cases of type 1 diabetes. No cases of Systemic Lupus Erythematosus (SLE) were identified. There were 15 cases of autoimmune liver disease (Primary Sclerosing Cholangitis [PSC], Auto-Immune Hepatitis [AIH] and Autoimmune Sclerosing Cholangitis [ASC]) in this cohort, accounting for 35% of all PIBD-associated AID.

Conclusion Over 5% of PIBD patients in this large cohort study have associated AIDs. Autoimmune liver disease is the commonest AID in this cohort of PIBD patients, followed by PSOR accounting for 23%; JIA accounted for 16% of PIBD-associated AID.

G357 CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS (CRMO): THE VALUE OF WHOLE BODY MRI DEMONSTRATED BY A SERIES OF 13 ADULT AND 34 PAEDIATRIC PATIENTS

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Aim To assess the role of whole-body MRI (WB MRI) in the diagnosis and management of patients with Chronic Recurrent Multifocal Osteomyelitis (CRMO). CRMO is a benign and non-infective autoinflammatory bone disorder characterised by multiple and recurrent inflammatory bone lesions. No universal diagnostic criteria exist.

Methods Retrospective review of CRMO cases diagnosed at this hospital between 2008 to 2014. Cases were identified from patient records, and clinical information was collated from radiology and histopathology records and individual case notes.

Results Forty seven CRMO patients were identified who had had WB MRI, of these 34 were paediatric patients up to the age of 18 years. The number of WB MRI scans per case ranged from 1 to 5 [mean 1.5]. WB MRI identified multifocal lesions in 30 patients. The clavicle, tibia and femur were most frequently involved. All cases were managed with non-steroidal anti-inflammatory medication or bisphosphonates. No children required steroid or anti-TNF treatment or surgical resection.

Conclusions In the absence of specific diagnostic criteria, WB MRI in combination with clinical assessment can aid in the diagnosis of CRMO. WB MRI has almost entirely replaced bone biopsy in the diagnosis of CRMO at our institution.

G358 A SYSTEMATIC REVIEW TO IDENTIFY THE DEFINITIONS OF RECOVERY FOR PAEDIATRIC PATIENTS WITH CHRONIC FATIGUE SYNDROME (CFS) OR MYALGIC ENCEPHALOMYELITIS (ME) USED IN STUDIES SINCE 1994

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Aims To describe how recovery from paediatric CFS/ME is defined, how many children recover and how long it takes.