

Results: The 2 patients achieved healing of the entero-vesical fistula right after the second infusion of infliximab and remained with no symptoms for the 3 years of follow up. After 3 months they could take the antibiotic off, and had no recurrence of the urinary tract infection. Clinical evaluation and blood tests showed remission of the disease and urine tests were normal. Ultrasound showed no more evidence of thickness on the bladder wall, and no signs of possible fistula. They completed 3 years of follow up and remained with no symptoms and all the tests performed were absolutely normal.

Conclusions: The treatment of entero-vesical fistula in Crohn's disease with infliximab showed good results, with sustained healing for 3 years of follow up. Despite few reports in the literature and very restricted experience, the use of infliximab in the treatment of entero-vesical fistula in Crohn's disease seems to be a valid option.

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Predictive Value of Radiographic Findings in Patients with Ileal Thickening on Computerized Tomography Scanning for Establishing the Diagnosis of Crohn's Disease

Joseph Merrill, MD, Christopher Gasink, MD, Faten Aberra, MD, Chinyu Su, MD, Gary R. Lichtenstein, MD,* Gastroenterology, University of Pennsylvania, Philadelphia, PA.

Purpose: Mural thickening of the terminal ileum (TI) is a common radiographic finding in Crohn's disease (CD). Over 95% of patients with CD demonstrate TI thickening on abdominal CT scan. However, few studies have critically analyzed the accuracy of radiographic findings used currently to establish the presence of CD. Our objective was to determine the predictive value of mural thickening of the TI for Crohn's disease in patients not yet diagnosed and to assess for radiographic findings that increase the predictive value.

Methods: A computer database of 15685 abdominal CT scans performed at the University of Pennsylvania (1995-1997) identified 151 patients with ileal thickening. Prospective clinical data for 5 to 8 years post-CT scan was mandated for inclusion. This data was available for 103 of 151 patients to assess for a clinical CD diagnosis. All scans, by selection, showed ileal thickening. Scans were reviewed by three radiologists, blinded to patients' diagnoses, for 24 specific radiographic findings. Analysis was performed to ascertain sensitivity, specificity, positive predictive values (PPV) and negative predictive values (NPV) of various radiographic findings for diagnosis of CD. Two-sided Fisher's exact test was used to determine possible correlation.

Results: Thirty (29%) of patients were diagnosed with CD during follow up. The presence of lymphadenopathy, mesenteric hypervascularity, and fibrofatty proliferation of the mesentery were significantly associated with a subsequent diagnosis of CD. The sensitivity, specificity, PPV, and NPV of these radiographic findings for diagnosing CD are shown in the Table 1. Of note, location and length of the segment was not significant. The combination of ileal thickening, fibrofatty proliferation, lymphadenopathy, and mesenteric hypervascularity was 100% specific to a diagnosis of Crohn's disease, although not sensitive.

Conclusions: Although CT evidence of terminal ileal thickening is found in the majority of patients with CD, it is a poor predictor of CD. Findings on CT scan that improve the PPV or NPV of ileal thickening include mesenteric hypervascularity, lymphadenopathy and fibrofatty proliferation.

Table 1

CT finding	Crohn's	Sensitivity	Specificity	PPV/NPV
Fibrofatty proliferation	$p = 0.001$	30%	77%	75%/77%
Mesenteric hypervascularity	$p = 0.014$	20%	95%	66%/75%
Lymphadenopathy	$p = 0.003$	76%	55%	41%/85%

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Declining Prevalence of New Cases of Ulcerative Colitis

Douglas J. Sprung, MD, Gregory M. Sprung,* GI, The Gastroenterology Group, Maitland, FL.

Purpose: To evaluate the prevalence trend for ulcerative colitis (UC) over the past 6.5 years in a community practice.

Methods: A retrospective study of all patients with a diagnosis of UC seen between 1/2000-6/2006 at our 2 man private clinical GI practice in Orlando, FL was undertaken. Patients were divided into those who received a new diagnosis of UC and those who already had the diagnosis but had changed doctors or geographic location. The prevalence of new cases was assessed by year. Only patients with at least proctosigmoiditis were included. **Results:** 107 new patients with UC were seen in our practice during this time frame. 55 were new diagnoses, 51% female, 49% male. There was an increase in cases from 2000 to 2002, with 9, 12, and 12 patients diagnosed respectively. However, there was a decreasing prevalence from 2003 to 2006, with 8, 7, 5 and 2 (for half of 2006) patients diagnosed for those respective years.

Conclusions: 1. Although these are relatively small numbers of patients, there appears to be a declining prevalence trend for UC over the past 6.5 years in our community in central Florida.

2. Almost 50% of new patients seen with UC in our practice had already been diagnosed elsewhere and were either changing doctors or geographic location. These patterns may make data collection very difficult to assess, if the same patients are included in other geographical data bases from where they moved.

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Inflammatory Bowel Disease: A Comparison of Clinical Characteristics and Treatment Outcomes between Caucasians and Ethnic Minorities in Lower Manhattan

David A. Labowitz, D.O., M.P.H., Robin Forman, D.O., Vidushi Golla, MD, Emily Glazer, MD, Henry C. Bodenheimer, Jr., MD, Albert D. Min, MD,* Division of Digestive Diseases, Beth Israel Medical Center, New York, NY.

Purpose: Inflammatory bowel disease (IBD) in minority patients is not as well recognized as in Caucasian patients. The purpose of this study was to compare disease characteristics and clinical outcomes of IBD between Caucasians and various minority populations.

Methods: A chart review was conducted comparing a group of 28 minority patients (Black 22%, Hispanic 60%, Asian 18%) to a group of 27 Caucasian patients with Crohn's disease (CD) and ulcerative colitis (UC) seen in GI clinics at Beth Israel Medical Center, NY. The two groups were compared on disease type, gender, and duration of illness. Patient demographics, age of symptom onset, lag time to diagnosis, disease characteristics and severity, treatment modalities, family history, insurance type, and co-morbid condition were also compared. Categorical variables were analyzed with Chi-square and Fisher's exact T-test, and a non parametric test, the median test, was used for the continuous variables.

Results: Analysis of the two groups revealed no significant differences in disease type, gender, and disease duration ($p = .4985$, $p = .0763$, $p = 0.679$, respectively). Age at the time of diagnosis was significantly older in minority patients when compared to Caucasian patients ($p = 0.005$). The two groups differed with respect to steroid use ($p = 0.003$). Family history of IBD was more frequent in Caucasian patients ($p = 0.04$). In addition, Caucasian patients were significantly more likely to have private insurance ($p < 0.0001$). The table below presents the results of comparisons on other disease outcomes.

Conclusions: Although lag time to diagnosis between the groups was not significant, minorities were diagnosed at an older age. Disease severity was worse among minorities as defined by disease-related surgeries and more frequent use of steroids. Caucasian patients were more likely to have a history of first degree relatives with IBD, possibly indicating a significant genetic predisposition for disease.