Background and aim: Data on the natural history of inflammatory bowel disease (IBD) in population-based setting in Asia are scarce. It is not clear if IBD disease course differs between Asian and Western cohorts. Methods: In a population-based incident cohort from eight countries in Asia, we identified 259 IBD patients diagnosed between 2011 and 2013, including 158 Rome-III colitis (UC) and 101 Crohn’s disease (CD) with a median follow-up of 13 months (range, 12-31 months). The risk of disease extent and behaviour change according to the Montreal classification, and probability of medical or surgical therapy were prospectively assessed. Results: Median age at diagnosis was 29 years (Interquartile range, IQR, 20-44) for CD, and 41 years (IQR, 30-54) for UC. At diagnosis, in CD, ileocolonic disease was more frequent (62% vs 38%, p<0.001) and in UC the most frequent phenotype (61%) was proctitis, followed by left-sided (25%) and extensive (14%) disease. During follow-up, one year, cumulative probability of behavior change from inflammatory to strictureing or penetrating disease was 18%, and cumulative rate of colectomy was 8%. In CD cumulative probabilities of receiving 5-aminosalicylic acid (5-ASA), corticosteroids, immune-suppressants and anti-tumor necrosis factor therapy were 63%, 43%, 66% and 10%, respectively, at one year. In UC, disease extent at diagnosis was evenly distributed including 31% with proctitis, 37% with left sided disease and 32% with extensive colitis. Disease extension occurred during follow-up in 19% of patients. Cumulative rate of colectomy at one year was 1%. In UC, cumulative probabilities of receiving 5-ASA, corticosteroids and immune-suppressants were 91%, 28% and 13%, respectively at one year. There were two mortalities at maximal follow-up from lung carcinoma and severe sepsis. Conclusion: In this population-based follow-up study, clinical presentation and early disease course in Asian IBD patients appear comparable to that of Western patients. Progression to complicated behavior and accelerated use of immune-suppressants is common in CD. Early surgical rate for UC in Asia remains low. Understanding the natural history of IBD in our population can help optimize therapeutic interventions. Reference: SC Ng, et al. Incidence and Phenotype of Inflammatory Bowel Disease (IBD) in Asian children. Based on the Asia-Pacific Crohn’s and Colitis Epidemiology Study. Gastroenterology 2013, 145(1):158-165.

1015 Visceral Abdominal Obesity As A Risk Factor For Irritable Bowel Syndrome: A Case-Control Study
Hyojin Woo Kang, Chang Geun Lee, Jae Hak Kim, Yun Jeong Lim, Jun Kyu Lee, Moon Soo Koh, Jin Ho Lee
Objectives: Visceral obesity is known to be associated with increased risk of various gastrointestinal diseases including gastroesophageal reflux disease, colorectal neoplasm, and diverticulosis. But the relationship between visceral abdominal obesity and irritable bowel syndrome (IBS) is not clearly studied. The aim of this study was to investigate the association between visceral adipose tissue adipo insulin and the risk of IBS. Material and Methods: This case-control study was conducted in 336 patients who underwent abdominal computed tomography scan for routine health checkup form January 2012 to August 2013 at a health maintenance company. Questionnaire based on Rome III criteria was employed to diagnose in enrolled subjects. Adipose tissue as a risk factor for IBS was evaluated by use of abdominal CT scan. The association between IBS and abdominal obesity measured by VAT, subcutaneous adipose tissue (SAT), VAT/SAT and waist circumference was calculated by logistic regression analysis. Results: The prevalence of IBS was 10.9% (67336). In univariate analysis, VAT, VAT/SAT, waist circumference, and female sex were associated with IBS. However, body mass index and SAT is not associated with IBS. In multivariate analysis, VAT, VAT/SAT and waist circumference were also associated with IBS. Risk of IBS was significantly higher among subjects in high (2121cm2 vs low <98cm2cm2) tertile of OR: 5.59, 95% CI: 1.29-35.37, P=0.023. Risk of IBS was significantly higher in subjects with high (208) tertile than in that with low (0.5) tertile of VAT/SAT ratio (OR: 8.69, 95% CI. 1.86-10.11, P=0.001). In terms of IBS-D, the same results were observed. Conclusions: visceral abdominal obesity is associated with increased risk factor of IBS. Key Words: Visceral adipose tissue, Visceral obesity, Irritable bowel syndrome.