

urgently hospitalized (138 Crohn's disease pts 46,15%, 154 ulcerative colitis pts 51,5%, 7 (2.8%) with unclassified colitis). In urgently hospitalized patients diagnostic workup was started from the beginning of the admission according to the actual national and European Crohn's Colitis Organisation (ECCO) guidelines. Among urgently hospitalized patients, 235 (78,59%) was diagnosed with IBD flare, 19 (6,35%) had any of the infections, acute thrombotic event had 2 pts (0.66%), intraabdominal abscess had 4 pts (1,33%), ileus 13 pts(4.34%), and 24 of them had some of the nonIBD reasons (8,02%).

Conclusion: The most important reason for urgent hospitalization among IBD pts is IBD flare. The diagnostic workup regarding exclusion of the infections and other complications of IBD disease and treatment should be promptly started after admission. Also, IBD pts can have urgent nonIBD reasons for admission which should not be omitted because of the importance of focused and prompt treatment.

S-74. SMALL INTESTINAL BACTERIAL OVERGROWTH IN A PATIENT WITH BLIND-LOOP SYNDROME

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Case report: SIBO is a condition in which the small bowel is colonized by excessive aerobic and anaerobic microbes that are normally present in the colon. A 78 years old patient with previous Bilroth II resection due to bleeding peptic ulcer was hospitalized because of diarrhea, fatigue, weight lost and bilateral edemas. Lab tests showed mild normocytic anemia and hypoalbuminemia and the microbiologic stool tests were negative. The gastroscopy showed the gastro-duodenal anastomosis with two fistulous openings and necrotic surface. The histopathology report from the biopsies taken from the region showed only presence of unspecific inflammation. Initially the patient was treated with probiotics, nutritive support, fresh frozen plasma and human albumin but with no remarkable improvement. The treatment with Rifaximin 1200mg/day led to a significant improvement, but because of the anatomic abnormality the patient was referred to surgery after all. Most cases of bacterial overgrowth are successfully treated with antibiotics. However, when the conservative treatment fails and when SIBO is associated with some anatomic abnormality, the surgical treatment may be necessary.