

INCIDENCE AND PHENOTYPE AT DIAGNOSIS IN VERY EARLY COMPARED TO LATER-ONSET PEDIATRIC INFLAMMATORY BOWEL DISEASE: A POPULATION-BASED STUDY (1988-2011)

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Introduction : More and more studies are published on very early-onset (<6 years) inflammatory bowel disease (VEO-IBD), but their phenotype is still poorly known. Age at diagnosis of inflammatory bowel disease in children has taken an important role. Our goals were to answer two questions: (1) Is the incidence of VEO-IBD increasing? (2) Is there a different phenotype depending on age at diagnosis?

Aim : We aimed to compare the incidence and phenotype at diagnosis of VEO-IBD and IBD in older children (6-17 years) from a French population-based study over a 24-year period.

Methods : Data were obtained from a cohort of 1412 children (<17 years) with IBD enrolled in a prospective French population-based Registry from 1988 to 2011. Incidence, initial classification, clinical presentation and phenotype at diagnosis were compared according to age at diagnosis (<6 years and 6-16 years).

Results: In total, 1412 children (8% of all IBD) have been recorded including 42 (3%) with VEO-IBD. The incidence remained stable among VEO-IBD children ($0.4/10^5$ from 1988-1990 to 2009-2011) while it increased from 4.43 per 100.000 in 1988 - 1990 to 9.54 per 100.000 in 2009-2011 (+115%, $p < 10^{-3}$). The incidence of overall IBD in children increased from $3.0/10^5$ in 1988-1990 to $6.3/10^5$ in 2009-2011 (+110 %; $p < 10^{-3}$). The initial classification as ulcerative colitis (UC) or IBD unclassified (IBDU) was more common among the VEO-IBD group (40% vs 26%; $p=0.05$). The diagnosis of IBD is most often done in hospital in < 6 years (69% vs 42%). Rectal bleeding and mucous stools are more common in children under 6 years; weight loss and abdominal pain are less frequent than in 6-16 years group. Among the children with CD, isolated colonic disease is more common in <6 years group (39% vs 14%).

Conclusion: In this large population-based study, the incidence of VEO-IBD was low and remained stable from 1988 to 2011. Children diagnosed with VEO-IBD were more often diagnosed in hospital than those diagnosed after the age of 6. CD is most present in two age groups, but UC or IBD-U was more common among the VEO-IBD group. VEO-CD children presented more rectal symptoms, presumably in relation to a high prevalence of isolated colonic CD.