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**A Service evaluation of reporting standards of Computer Tomography defined Sacroiliitis in Inflammatory Bowel DiseasE**

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**Introduction/Aim.**

A combined rheumatology-radiology service evaluation was conducted to identify the prevalence and reporting standards of Computer Tomography defined Sacroiliitis (CTSI) in patients with Inflammatory Bowel Disease (IBD) imaged for non-musculoskeletal reasons.

**Materials and Methods.**

A retrospective identification of CT abdomen/pelvis in patients with verified IBD (Crohn’s disease (CD) or Ulcerative Colitis (UC)) from the radiology imaging system (RIS) between Jan 2010 and Dec 2017 was conducted. The results were narrowed to 18-55 year olds: the population that is considered with the greatest diagnostic yield for axial spondyloarthritis (axSpA). The most recent CT scan was used as the index scan for patients who have undergone multiple scans. Incidental CTSI, highly suggestive of axSpA, were identified through a review of CT scans undertaken by three radiology trainees (trained and under supervision of a senior musculoskeletal radiologist).

**Results.**

Unique scans of 301 IBD patients (mean age 36; female 50.8%) were included. Using the highest sensitive criterion of a validated CT screening tool, the prevalence of CTSI was 19.9% (60/301). The percentage of CTSI was 20.6% in CD patients (51/248) and 17.0% in UC patients (9/53) respectively. Sacroiliitis had originally been reported in fifteen CTSI but no recommendation was made for onward rheumatological evaluation. Of the remaining forty-five CTSI; twenty-six were unrecognised despite a bone review having apparently been undertaken, seventeen did not mention a bone review, two were unrecognised despite the SI joints having apparently been reviewed.

**Discussion/Conclusion**.

Three out of four scans had not been reported as sacroiliitis suggestive of axSpA despite being present in 20% of selected IBD patients. The use of a validated CT tool may improve reporting excellence and increase awareness of this connection. Differentiating asymptomatic sacroiliitis and a potential hidden burden of axSpA among IBD patients undergoing CT scanning for non-musculoskeletal indications may warrant further research.