

O03 EFFICACY OF FRACTIONATED ORAL VERSUS CONTINUOUS ENTERAL NUTRITIONAL THERAPY IN PEDIATRIC CROHN'S DISEASE

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Nutritional therapy has an established role in paediatric Crohn's disease (CD). Compliance is however the main difficulty, and may be greatly influenced by the administration route. This study aimed to compare the efficiency of oral route versus continuous nasogastric feeding to induce remission in children with newly diagnosed CD. **Methods:** The medical records of 85 patients treated by exclusive nutritional therapy (Modulen IBD®) were reviewed.

Results: At eight weeks, 23/32 patients achieved remission in the oral group (72% on intention-to-treat analysis) and 45/53 patients (85%) in the enteral nutrition group (P=0. 51). All patients showed a significant decrease in PCDAI (P<0. 001) and HB (P<0. 001) scores and significant improvements in anthropometric measures and inflammatory serum indices. No significant difference was evidenced whether Modulen IBD® was administered orally or by continuous enteral feeding, apart from weight gain which was greater in the enteral group (P=0. 41). However, the induction of remission was faster in the enteral group, with lower PCDAI (P=0. 1) and HB scores (P=0. 09) at 4 weeks. The compliance rates (87 and 88%) were similar in either group, with non-compliant children failing to achieve complete remission. **Conclusion:** The use of fractionated oral nutritional therapy is as efficient as continuous enteral administration to induce remission in children with newly diagnosed CD. However its efficacy depends on its exclusivity.