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Background and aim: Coeliac disease (CD) is a chronic, immune-mediated small bowel enteropathy and gluten free diet (GFD) represents the only available treatment. Unfortunately, GFD creates practical, psychological and financial problems and frequently gluten is difficult to avoid due to its widespread use in alimentary products. We aimed to evaluate involuntary gluten contamination in the diet of CD patients.

Materials and methods: Coeliac disease (CD) is a chronic, immune-mediated small bowel enteropathy and gluten free diet (GFD) represents the only available treatment. Unfortunately, GFD creates practical, psychological and financial problems and frequently gluten is difficult to avoid due to its widespread use in alimentary products. We aimed to evaluate involuntary gluten contamination in the diet of CD patients.

Results: We enrolled 151 patients (106 female /45 male, 42.2±15.4 years). Among them, we found 22 (33%) (21 female/1 male, 39.6±15.8 years) without demographic differences compared to negative patients. GIP findings was not correlated with neither the CDAT nor the Milano questionnaire in terms of score, being 13.8±4.2 in case of positive GIP vs 13.9±2.3 and 19.8±4.3 vs 19.4±5.3 for CDAT and Milano questionnaire respectively. Moreover, symptoms evaluated by means of VAS did not correlate with the presence of GIP. Neither the general well being was not influenced by GIP findings. Among CD patients, 44 (40 female/4 male, 37.6±14.8) resulted positive to tTGA without declaring a voluntary ingestion of gluten; In case of positive serology, 8 (4%) presented urinary GIP compared to 10 (9.5%) in case of negative tTGA ($p=0.211$).

Conclusions: We found an unexpected presence of urinary GIP in treated and compliant CD patients. GFD Questionnaires do not correlate with “involuntary” gluten ingestions, neither the clinical picture. In case of positive serology we have found a higher prevalence of GIP. This test appears useful in monitoring CD patients although further studies are needed to verify its impact in daily clinical practice.

AF.27

COVID-19 VACCINE: A SURVEY ON HESITANCY IN PATIENTS WITH CELIAC DISEASE

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Background and aim: COVID-19 vaccination campaign represents the most relevant way to overcome the pandemic. COVID-19 vaccines have been developed at the fastest known pace yet; such a fast production has led to concerns among general population worldwide about safety and efficacy of COVID-19 vaccines. Specifically, patients affected by chronic illnesses, such as Celiac Disease (CeD), may have greater apprehension. The immune status of CeD patients has been studied in literature, however the actual risk of infections is not clear, depending on various factors such as suboptimal nutritional status. Information on vaccine hesitancy plays a pivotal role in the development of an efficient vaccine campaign. In our study, we aimed at evaluating COVID-19 vaccine hesitancy among CeD patients, its reasons and determinants.

Materials and methods: An anonymous validated questionnaire formulated on the EUSurvey web platform was sent to a mailing list of CeD patients followed at our “Celiac Center” of Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico of Milan. The questions focused on socio-demographic data, disease-related and lifestyle data, attitude to vaccinations in general and predisposition to the COVID-19 vaccine. Hesitancy was defined by a negative answer to the question “Would You accept to get vaccinated tomorrow against COVID-19?”. Among the hesitant, COVID-19 vaccine refusing patients were defined as those who answered negatively to the following question: “Would You eventually accept it in the future when more data is available?”. We evaluated the reasons and the factors associated (determinants) to hesitancy, by calculating Adjusted Odds Ratio (AdjOR) with 95% confidence intervals (CI).

Results: The questionnaire was sent to 346 patients with a response rate of 29.8% (103). Among the respondents, 25.2% of patients were hesitant, with a total refusal rate of 4.8%. The main reason was the fear of adverse events (68.2%). Among the hesitant patients, 23% declared that their opinion was influenced by CeD. A positive attitude towards general vaccinations, a perceived good knowledge about COVID-19 and related vaccines and the adherence to GFD were determinants significantly associated to vaccine willingness (respective AdjOR of 16.48, 95% C.I. 3.34–81.31; 6.50, 95% C.I. 1.44–29.22; 12.71, 95% C.I. 1.82–88.58).

Conclusions: Most CeD patients would accept COVID-19 vaccines. Data on the reasons and the determinants of vaccine hesitancy plays a pivotal role in the development of an efficient vaccine campaign.

AF.28

INTESTINAL BLEEDING DUE TO DIGITAL AND ILEAL ANGIECTASIES; ROLE OF OCREOTIDE LAR

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Background and aim: Gastrointestinal haemorrhage due to vascular malformations need relevant quantity of resources and worse patient's quality life ; often blood transfusions and hospital admission are necessary. The aim was to determine the effect of octreotide lar in patients with intestinal angiectasies revealed by wireless endoscopy (WE) without endoscopic indications

Materials and methods: We performed a retrospective study including ten patients (5 women, median age 65 years, range 54-88) with intestinal angiectasies revealed by WE after negative upper and lower endoscopy with severe anemia post overt intestinal bleeding; all the patients went to our attention from emergency department; chronic renal insufficiency and congestive heart failure or aortic stenosis were often present and endoscopic treatment unfit for localization. All the patients were treated with 10 or 20 mg of octreotide lar s.c./month between 2018-2021 with a median period of 22 months, eight before and 14 during treatment. We calculated