**Table 2. Phenotypic classification of patients with early onset IBD (<6yr) and control older children (6-17 yr).**

**CD Age Location Behaviour Growth**

 **A1a A1b L1 L2 L3 L4a L4b B1 B2 B3 B2/3 p G0 G1**

Young 8\* 0\* 1 4\* 1\* 6 0 8 0 0 0 3 5 3

(n=8) (100) (0) (12) (50) (12) (75) (0) (100) (0) (0) (0) (38) (63) (38)

Controls 8 31 5 5 30 28 0 31 7 2 1 17 16 23

(n=39) (20) (80) (13) (13) (77) (72) (0) (79) (18) (5) (3) (44) (41) (59)

**UC Extent Severity**

 **E1 E2 E3 E4 S0 S1**

Young 0 0 3 17 19 1

(n=20) (0) (0) (15) (85) (95) (5)

Controls 0 2 3 14 19 0

(n=19) (0) (10) (16) (74) (100) (0)[[1]](#endnote-1)

1. Paediatric modification of the Montreal classification used for Crohns (CD) and Ulcerative colitis (UC) patients and respective controls.13 Patients with early onset Crohn’s were more likely to have colitis without ileal involvement that the control group.

With reference to Crohn’s data. *Age* - A1a: 0-<10yr, A1b 10-<17yr. *Location* - L1: distal 1/3 ileum ±limited caecal disease, L2 colonic, L3 ileocolonic, L4a upper disease proximal to Ligament of Treitz, L4b upper disease distal to ligament of Treitz and proximal to distal 1/3 ileum. *Behaviour* – B1 nonstricturing and nonpenetrating, B2 stricturing, B3 penetrating, B2/3 both penetrating and stricturing disease, p perianal disease modifier. *Growth* – G0 no evidence of growth delay, G1 growth delay.

With reference to ulcerative colitis data. *Extent* – E1 ulcerative proctitis, E2 left sided UC (distal to splenic flexure), E3 Extensive (proximal to hepatic flexure), E4 pancolitis (proximal to hepatic flexure). *Severity* – S0 never severe, S1 ever severe.

Data expressed as “n” (%). Statistical comparisons between “young” and control groups for each phenotypic parameter: \* p<0.05. [↑](#endnote-ref-1)