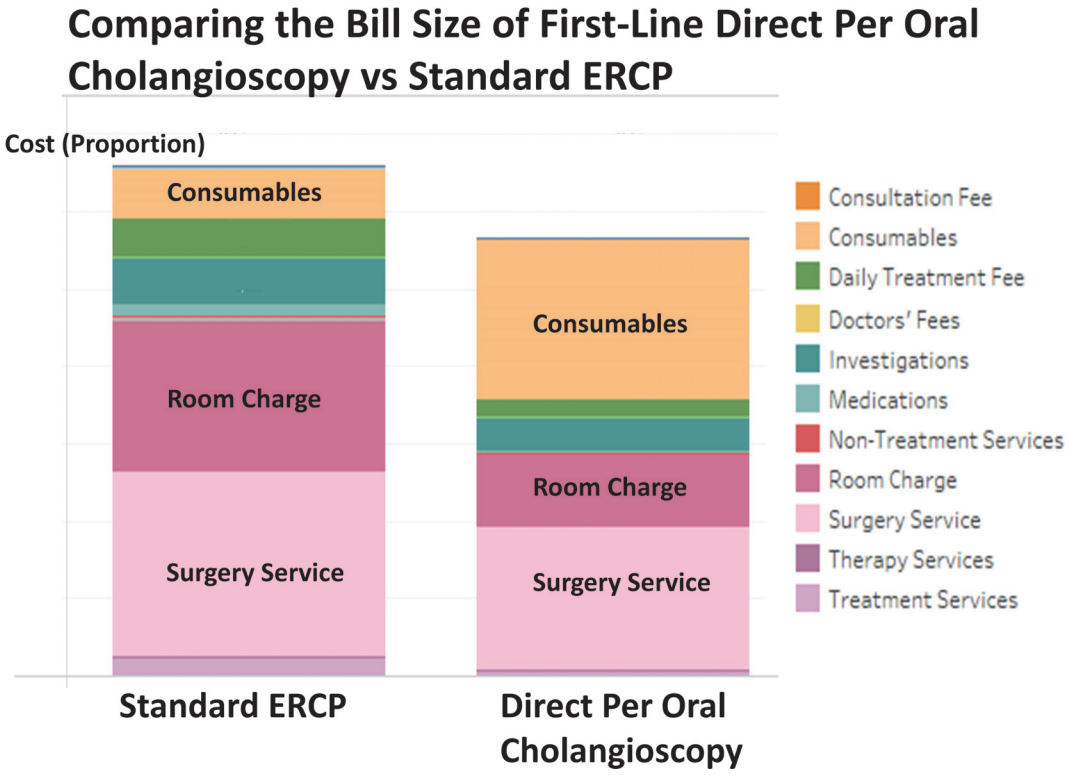

Abstract IDDF2020-ABS-0208 Figure 1

Conclusions In conclusion, although first-line POC has a high-upfront consumable cost, it is associated with shorter length of stay and fewer procedures required, and this saves not only patient and physician time and may also result in cost savings. Further data is required to confirm the robustness of these observations.

IDDF2020-ABS-0211 CLINICAL PROFILE, MANAGEMENT AND OUTCOMES ASSOCIATED WITH PANCREATIC ASCITES – OUR EXPERIENCE FROM WESTERN INDIA

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Background Pancreatic ascites is a well-recognized sequelae of pancreatitis and is associated with significant morbidity and mortality. We studied the clinical profile, management and outcomes of patients with pancreatic ascites.

Methods This retrospective study investigated 35 patients seen over a period of 5 years with pancreatic ascites who underwent magnetic resonance cholangiopancreatography (MRCP) and/or endoscopic retrograde cholangiopancreatography (ERCP). Management strategies included conservative therapy, endotherapy and surgery.

Results Thirty-five patients (male = 29; 82.9%) were included. Associated pancreatic fluid collections (PFC) were documented in 31/35 (88.6%) patients. MRCP demonstrated a leak in 18/35 patients (51.4%) and ERCP did it in 21/30 patients (70%). Most common leak site on ERCP was in body in 13/30 (43.3%) patients followed by head in 5/30 (16.7%) and tail in 3/30 (10%) patients. Stent was placed beyond the leak in 18/21 (85.7%) patients. In 9/30 patients (30%), no leak was found; thus stent was placed empirically. Sphincterotomy was done in 23/30 (76.7%) patients. Endotherapy was successful in 25/30 patients (83.3%) amongst which 8% had a recurrence. Only conservative therapy was successful in three patients amongst which two had a recurrence. Site of ductal leak ($p=0.008$), sphincterotomy ($p=0.033$) and stent bridging the leak site ($p=0.004$) were the factors significant for the success of endotherapy. Extensive necrosis >30% ($p=0.022$) and presence of intraductal calculi ($p=0.049$) were associated with failed endotherapy. Mortality was seen in 1/35 (2.8%) patients.

Conclusions In this study, the clinical profile of pancreatic ascites usually involved more severity of pancreatitis and associated PFC. The success rate in management and outcome of pancreatic ascites is high for endotherapy and low for conservative therapy. Combining pancreatic sphincterotomy with transpapillary stenting and stent bridging the leak site increases the efficacy of endotherapy.

IDDF2020-ABS-0212 ESOPHAGEAL CANCER IN PLUMMER VINSON SYNDROME: IS LICHEN PLANUS A MISSING LINK?

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