IDDF2020-ABS-0016 | **CLINICOPATHOLOGIC CHARACTERISTICS AND TREATMENT OUTCOMES OF RECTAL GASTROINTESTINAL STROMAL TUMORS: EXPERIENCE FROM A TERTIARY CENTER**

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Background To investigate the clinicopathologic characteristics, surgical and imatinib management and long-term follow-up outcomes of the rectal gastrointestinal stromal tumors (GISTs).
Methods Consecutive patients with rectal GISTs admitted in our center (from January 2013 to June 2018) were chosen. Their history information was viewed, and the follow-up results were obtained by phone or medical records.
Results Forty-nine patients (32 males and 17 females) were identified, with a median age of 59 years, and 36 patients received surgery. Most (46 patients, 93.9%) of the tumor were located within 6 cm from the anal verge, 18 patients (36.7%) had very low or low risk, and 31 patients (63.3%) had intermediate or high risk. Four kinds of surgery approach were applied in our center: trans-abdominal (8 patients, 22.2%), trans-anal/trans-perineal (15 patients, 41.7%), trans-sacral (12 patients, 33.3%) and abdominal perineal (1 patient, 2.8%). The complication is low, and the mortality related to surgery is 0%. After a median follow-up of 705 days (ranged from 48 days to 1677 days), 3 patients (8.33%) were found to have a recurrence.
Conclusions Trans-anal/trans-perineal and trans-sacral surgery were more commonly used in our study, and for now, the recurrence rate had no difference, but longer time for follow-up time is needed.

IDDF2020-ABS-0020 | **MONITORING ADHERENCE TO GLUTEN-FREE DIET USING MEAN PLATELET VOLUME IN CHILDREN WITH CELIAC DISEASE**

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Background Celiac disease was thought to be uncommon, but now cases are prevalent worldwide. It is an autoimmune disease with the genetic susceptibility of the patient to gluten-containing food. The only treatment available is a gluten free diet. Compliance to the gluten-free diet and its monitoring becomes important and is difficult to follow in the pediatric patients. There are various invasive and non-invasive investigations available to monitor compliance. However, their availability and cost always remain an issue at low-resource health set-ups. MPV (Mean Platelet Volume) is a non-invasive, economic and easily available marker that can be used safely.
Methods Mean Platelets volume was measured on newly diagnosed celiac disease children between 3 to 12 years at baseline and after 3 months of starting Gluten-free diet. Total no. of patients n=35, M:F ratio- 1.1. Recurrent diarrhea (85%), pain abdomen (50%) and distension (45%) were the common abdominal symptoms. Anemia, Short stature and malnutrition were present in more than 90% of patients. The screening was done with TTG, and cases were confirmed with Duodenal biopsy. Marsh 3A was present in 5%, 3B in 52% and 3C in 43%. Mean Baseline MPV was 9.55 fL.
Results Patients were started on a gluten-free diet, they were followed monthly for symptoms or any new event, at the end of 3 months of follow up MPV was done, we observed that MPV was decreased from mean baseline level of 9.55 fL to 8.42 fL. (P 0.001).
Conclusions Reversibility of tissue changes after introduction to gluten-free diet remains the gold standard to see the improvement. However, it is an invasive procedure and an impractical method to follow up, especially in children. Other markers are not easily available at all health centers, specifically at developing and underdeveloped parts of the world. MPV can be used as a biomarker to see diet adherence and improvement in patients suffering from Celiac Disease. It has a disadvantage that high values can be found if there is associated co-infection or Iron Deficiency Anemia, which should be corrected before making any interpretation.

IDDF2020-ABS-0021 | **A META-ANALYSIS OF EFFICACY OF TOPICAL STEROIDS IN EOSINOPHILIC ESOPHAGITIS: FROM THE PERSPECTIVE OF HISTOLOGIC, CLINICAL, AND ENDOSCOPIC OUTCOME**

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Background Swallowed topical steroids are a mainstay of eosinophilic esophagitis (EoE) drug therapy, studies showed a good histologic response, while with a great discrepancy in clinical and endoscopic improvement. We conducted this meta-analysis to investigate the efficacy of topical steroids in EoE in histological response, clinical and endoscopic improvement.
Methods Several databases were searched from inception to 1st August 2019 for randomized controlled trials (RCTs) comparing topical steroids with placebo for EoE in short-term. The outcomes of interest mainly included basic characteristics of the studies, histologic, clinical, endoscopic response rate and adverse events. Inconsistency was quantified using I^2 statistics.
Results Nine studies were eventually selected for the final analysis. The meta-analysis showed that topical steroids were effective in inducing histologic response compared with placebo both for complete response (OR 35.82, 95% CI 14.98–85.64, P<0.0001; I^2 =0, P=0.72) and partial response (OR 28.44, 95%CI 8.56–94.47, P<0.0001; I^2 =70%, P=0.0009). Also, topical steroids were useful in gaining clinical response (OR 2.53, 95%CI 1.14–5.60, P=0.02; I^2 =60%, P=0.02) and endoscopic response ((OR 3.51, 95%CI 1.47–8.36, P=0.005; I^2 =0, P=0.57)). Generally, topical steroids are well tolerated. The most common adverse event is infections and infestations (59 cases), and oropharyngeal or esophageal candidiasis is the most common infection (24 cases).
Conclusions Topical steroids were effective in inducing a histological, clinical and endoscopic response in short-term, and

the adverse events were almost tolerable. However, we should interpret the result of clinical and endoscopic response with caution.

ABDOMINAL TUBERCULOSIS: SURGICAL MANAGEMENT OF PERFORATED INTESTINAL ULCERS IN PATIENTS WITH HIV/TB

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Background The growth tendencies of abdominal tuberculosis have increased more than twice between the year 2006–2016, and primarily associated, with an increase in the number of HIV-positive individuals. The most formidable and most frequent complication of tuberculosis of the abdominal cavity is perforation of specific ulcers of the intestine.

Methods Was to evaluate the results of surgical management of patients with perforated tuberculosis ulcers of the intestine against the background of late-stage of HIV infection and to develop optimal surgical tactics for this category of patients. 149 patients with perforated tuberculosis ulcers of the intestine underwent surgical treatment at the surgical department of our clinic in the period of time between the year 2006 and 2016.

Results Ulcerative lesions of intestine were detected in all cases during laparotomy, single and multiple ulcers were located in the jejunum, iliac or cecum, more often affecting the ileocecal zone. The most optimal method of surgical management of perforated ulcers of the intestine in patients with the late stages of HIV infection is performing a resection of the affected portion of the intestine with the construction of delayed anastomosis.

Conclusions A resurgence in tuberculosis during the HIV era produces a new spectrum of presentations for the surgeon. Avoidance of construction of primary anastomosis in conditions of torpid peritonitis, as well as direct visual control during laparotomy, allows timely detection and elimination of new perforations, as well as evaluation of treatment effectiveness.

(Figure 1)
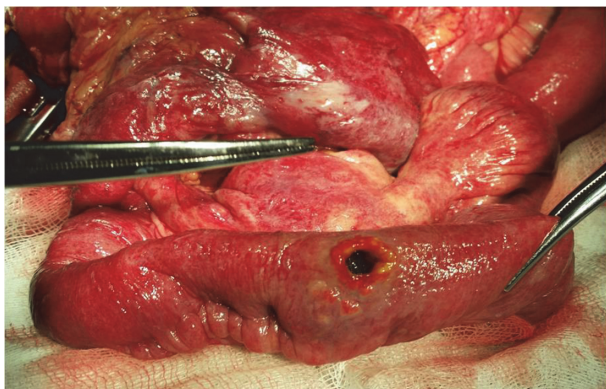
Abstract IDDF2020-ABS-0023 Figure 1 Perforated tubercular ulcer of ileum

ULTRA-MUTATED PATIENTS WITH POLE OR POLD1 MUTATIONS EXHIBITS DISTINCT PATTERN BETWEEN RACES AND PRIMARY SITES IN COLORECTAL CANCER (CRC)

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Background POLE/POLD1 mutation leads to ultra-mutated phenotype in colorectal cancer (CRC) and could be a promising marker for immunotherapy.

Methods We sequenced 338 CRC patients in Asian and obtained 284 white CRC patients from TCGA.

Results The prevalence of POLE/POLD1 mutations were different in racial (6.51% vs 11.27%; $P=0.036$) (table 1). The right-sided colon shows the highest rate of POLE/POLD1 mutations in both group (50% vs 65.63%, $P=0.251$), while Asian has a higher rate in the left-sided colon than White (36.40% vs 9.38%, $P=0.016$). We further calculate the prevalence of POLE/POLD1 mutation in different primary sites

Abstract IDDF2020-ABS-0026 Table 1 The differences of POLE/POLD1 mutation in CRC

	Asian (n = 22/338)*	White (n = 32/284)*	P-value
Age (Mean)	56.36(49.82–62.90)	65.44(60.65–70.23)	0.422
Male, n (%)	11(50.00)	17(53.13)	0.821
Family history, n (%)	5(22.73)	5(26.32)	1.000
MSI-H, n (%)	11(50.00)	21(45.70)	0.737
mutPerMB(Mean)	118.82(77.58–160.05)	62.88(39.30–86.46)	0.436
TNM stage, n (%)			0.387
I	1(4.55)	5(15.63)	
II	15(68.18)	20(62.50)	
III	6(27.27)	5(15.63)	
IV	0(0.00)	1(3.13)	
Primary site			
Right-sided, n (%)	11(50.00)	21(65.63)	0.251
Cecum		9	
Ascending Colon	6	7	
Hepatic Flexure	1	1	
Transverse Colon	2	4	
Splenic Flexure	2		
Left-sided, n (%)	8(36.40)	3(9.38)	0.016
Descending Colon	4		
Sigmoid Colon	4	3	
Rectum, n (%)	3(13.6)	5(15.63)	0.851
Rectosigmoid Junction		1	
Rectum	3	4	
With muts, n/All Right-sided, n (%)**	11/94(11.70)	16/109(14.68)	0.533
With muts, n/All Left-sided, n (%)**	9/87(10.35)	1/66(1.51)	0.027
With muts, n/All Rectum, n (%)**	3/157(1.90)	5/68(7.40)	0.102

*: Patients with POLE/POLD1 mutation contrast with all including patients.
**: Rates of POLE/POLD1 mutation in primary site.