

Secondary outcomes were safety and the recurrence rate. Meta-regression and subgroup analysis were also performed.

Results A total of 36 studies, including 3212 polyps were included in the final analysis. Overall, the efficacy of resection methods with a submucosal uplifting effect, including endoscopic mucosal resection (EMR), cold EMR and underwater EMR, was better than that of non-submucosal uplifting methods [CRR 90% (95% CI 0.81–0.94, $I^2=84\%$) vs 82% (95% CI 0.78–0.85, $I^2=0\%$); EBRR 85% (95% CI 0.79–0.91, $I^2=83\%$) vs 74% (95% CI 0.47–0.94, $I^2=94\%$)] (figure 1). In terms of safety, the pooled data showed that hot resection (hot snare polypectomy and EMR) had a higher risk of early bleeding compared to cold resection [3% (95% CI 0.01–0.05, $I^2=68\%$) vs 0% (95% CI 0–0.01, $I^2=0\%$)], while the incidence of perforation and polypectomy were both low. Critical heterogeneity was observed in the main outcomes.

Conclusions Methods with submucosal uplifting effects for 10- to 20-mm non-pedunculated colorectal polyps are more effective, and cold resection may be safer. Additional research is needed to prove the advantages of these methods, especially cold EMR, in this area.

IDDF2020-ABS-0175 CHRONIC RECURRENT GERD ASSOCIATED WITH INTESTINAL PARTIAL OBSTRUCTION IN DISSEMINATED TUBERCULOSIS

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Background Indonesia is a tuberculosis endemic high burden country. Peritoneal dry type and intestinal tuberculosis is the most extrapulmonary tuberculosis. The number of disseminated tuberculosis adult patients complained chronic recurrent burning sensation in chest and epigastrium (heartburn), food and sour liquid regurgitation, some with the sensation of a lump in throat and difficulty swallowing as symptoms of GERD (Gastro-esophageal Reflux Disease). The aim of this study is to know if GERD symptoms associated with intestinal tuberculosis and whether tuberculosis treatment will cure GERD.

Methods This descriptive study conducted at some part in Indonesia: Private Clinic Bandung (2005–July 2020), Hospitals: Emma Poeradiredja Bandung (2008–2012), Saumlaki, Moluccas (January 2009), *St Elisabeth, Flores*, (2012–2013) and *Stela Maris-Lukas Hilisimetano Nias–North Sumatera* (2015) and *Cicendo Bandung* (2016–July 2020). Data were abstracted from medical records of disseminated tuberculosis, diagnosed by one certified ultrasound internal medicine specialist.

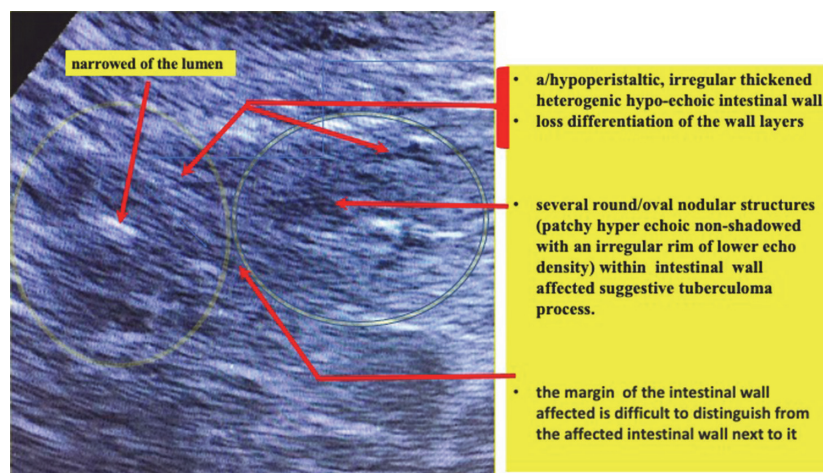
Results Total 1224 adult disseminated tuberculosis with chronic recurrent GERD history in addition of epigastrium tenderness, abdominal distention, chronic diarrhoea or obstipation, chronic recurrent colic abdomen pain in dullness area, doughy abdomen & dam-board phenomena according to dry type peritoneal tuberculosis. Small bowel ultrasound found a lot of gas in the proximal to the affected intestine; On the dullness pain area: a/hypperistaltic, irregular thickened heterogenic hypo-echoic intestinal wall, loss differentiation of the wall layers, the margin of the intestinal wall affected is difficult to distinguish from the affected intestinal wall next to it and narrowed of the lumen in addition of several round/oval nodular structures (patchy hyper echoic non-shadowed with an irregular rim of lower echo density) within intestinal wall affected suggestive tuberculoma process (figure 1). All patients received anti-tuberculosis treatment as well as proton pump inhibitor if necessary, eating frequent small portion meals, avoid spicy and acid food, soda, coffee, or alcohol, smoking as well as drugs that irritate the stomach. During 9–12 months of the anti-tuberculosis treatment, GERD symptoms disappear gradually within several months, according to peristalsis and intestinal lumen improvement.

Conclusions In endemic tuberculosis country, GERD could be associated with intestinal partial obstruction due to tuberculosis. Complete tuberculosis treatment can cure GERD too.

IDDF2020-ABS-0184 DIFFERENCES OF ADENOMA DETECTION RATE (ADR) BETWEEN HIGH DEFINITION COLONOSCOPES – A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Abstract IDDF2020-ABS-0175 Figure 1 Intestinal Partial Obstruction due to tuberculosis