

Brain axis. This review therefore, investigates whether the administration of prebiotics is efficacious in attenuating age-related neurodegeneration.

**Methods** 2675 studies from MEDLINE, Embase, Scopus, Web of Science and Cochrane library were searched for in vivo studies using equivalent combinations of 'prebiotics' and 'age-related neurodegeneration' in concordance with PRISMA guidelines. Quantitative outcomes such as Morris Water Maze (MWM), a cognitive-behavioural task, were examined and pooled with Forest Plots for overall effect (95% CI) and heterogeneity ( $I^2$ ). Weighted meta-regression of the prebiotic-neurodegeneration association with other continuous parameters such as treatment duration, study sample size and year of publication were assessed for potential confounding associations.

Risk of Bias (RoB) for animal studies was assessed by the SYRCLE tool. Publication bias was analysed by the Begg-Mazumdar funnel plot. The potential conflict of interest in the source of funding was examined by subgroup analysis.

**Results** 5 human studies on aged healthy volunteers were found. 23 animal studies were identified, with 9 animal studies having comparable quantitative results (149 subjects). Overall results in figure 1 demonstrate a 17.69 sec (11.71–23.67;  $I^2$ : 96.8) improvement in MWM Escape Latency, suggesting an improvement in neurocognitive function in animal models. Meta-regression revealed that prebiotic-neurodegeneration association is independent from duration of treatment ( $p=0.202$ ), year of publication ( $p=0.184$ ); and sample size ( $p=0.0685$ ).

RoB analysis of animal studies on prebiotics shows that there is a risk for bias in terms of study personnel blinding and random housing and outcome assessment of subjects. An asymmetric distribution that is largely beyond the 95% CIs was observed in the Begg-Mazumdar funnel plot. 4 privately-funded studies had significantly weaker association of 12.67s (3.18–22.17) than 5 government-funded studies 21.61s (15.26–27.97).

**Conclusions** Weak evidence suggests that prebiotic supplementation is useful in attenuating age-related neurocognitive decline, thus requiring more clinical trials to evidence its true efficacy.

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#### EFFICACY AND SAFETY OF ENDOSCOPIC BALLOON DILATATION COMBINED WITH LOCAL INJECTION OF BETAMETHASONE IN THE TREATMENT OF INTESTINAL STENOSIS IN CROHN'S DISEASE

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**Background** To evaluate the efficacy and safety of endoscopic balloon dilatation (EBD) combined with local injection of betamethasone in the treatment of intestinal stenosis in Crohn's disease (CD).

**Methods** A total of 51 patients with CD intestinal stenosis treated with EBD in the Sixth Affiliated Hospital of Sun Yat-sen University from August 2013 to June 2020 were collected, including 38 patients treated with EBD alone and 13 patients treated with EBD combined with local injection of betamethasone. The efficacy and safety of the two treatment methods were compared.

**Results** Among the 51 patients, there were 36 males and 15 females, the median age was 32 years old, average body mass index (BMI) was 19.23, combined with the perianal disease was 54.9%, follow-up time ranged from 0.4 to 78.6 months, and median follow-up time was 15.7 months. There was no significant difference in the disease course, activity, extraintestinal manifestations, perianal disease, endoscopic stenosis length, proximal CTE dilation diameter and other general information. In terms of treatment effect, there was no significant difference in treatment success rate (100% vs. 94.7%,  $P=1.000$ ), symptom relief rate (92.3% vs. 84.2%,  $P=0.440$ ) or complication rate (0 vs. 5.3%,  $P=1.000$ ) in the EBD combined with local injection of betamethasone. In the follow-up after treatment, it was found that the EBD combined with local injection of betamethasone group had fewer CD drug upgrades (7.7% vs. 18.4%,  $P=0.329$ ), a lower rate of endoscopic expansion (30.8% vs. 39.5%,  $P=0.575$ ), and a lower rate of surgery (7.7% vs. 15.8%,  $P=0.440$ ).

**Conclusions** Ileocecal valve and colorectal anastomosis is the most common CD merger of the digestive tract stenosis position, EBD combined with local injections of betamethasone treatment of digestive tract stenosis type CD curative effect is reliable and safer. While this method on non-anastomotic stenosis, the history of intestinal fistula and the stenosis and dilation of nodular hyperplasia are not good, so it needs to be differentiated and selected in the treatment.

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#### FIRST-LINE UTILIZATION OF DIRECT PERORAL CHOLANGIOSCOPY FOR LARGE COMMON BILE DUCT STONES SAVES BOTH TIME AND COST

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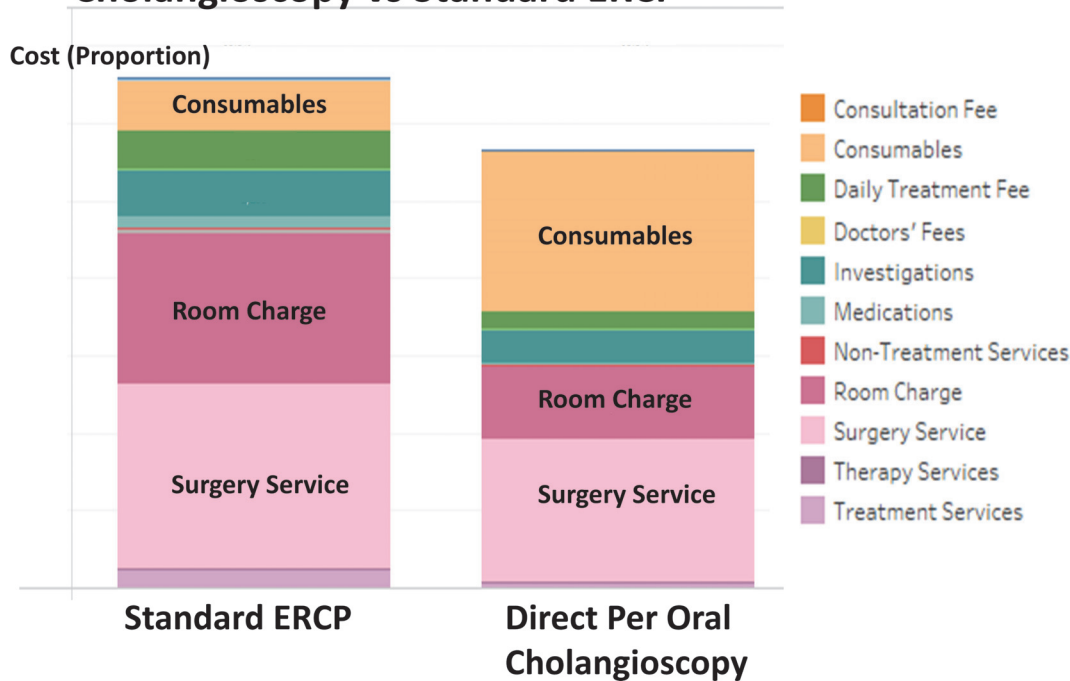
**Background** Direct Peroral Cholangioscopy (POC) is a useful adjunct to facilitate lithotripsy in the management of large common bile duct stones during endoscopic retrograde cholangiopancreatography (ERCP) but has limitations due to its cost. In our centre, POC is limited to cases where anaesthesia care is available; this is not always the case due to resource constraints.

**Methods** We retrospectively evaluated our ERCP cases for large stone (>10 mm) and compared cases where POC was used as the first-line vs cases where 'standard of care' was performed. Besides demographics, indications and number of ERCPs cost and use of POC were considered.

**Results** In the 12-month period under consideration, a total of 46 cases met the inclusion criteria, with 6 cases of POC and 40 cases of standard ERCP. Cholangitis (47.8%), and choledocholithiasis without cholangitis (45.7%) accounted for most of the cases. Of the cases with first-line POC, 33.3% required further ERCP, whereas 42.5% of the standard ERCP patients required another procedure for stone therapy. Due to the low numbers, these proportion differences did not reach statistical significance, although data collection is ongoing.

Of note, the cases with POC had a smaller average hospitalization bill size, 85.8% that of the standard ERCP. Although patients with POC had higher consumable fees, they had lower total hospitalization stay and hence had less total cost. (Figure 1).

## Comparing the Bill Size of First-Line Direct Per Oral Cholangioscopy vs Standard ERCP



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.

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### 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.

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### ESOPHAGEAL CANCER IN PLUMMER VINSON SYNDROME: IS LICHEN PLANUS A MISSING LINK?

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