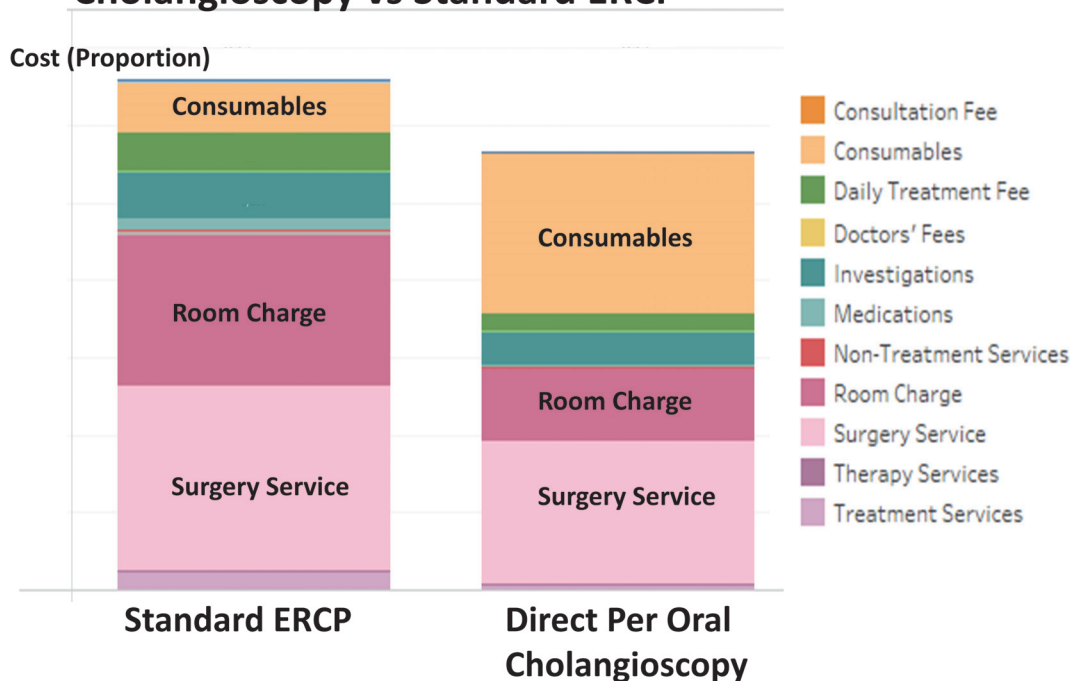


Comparing the Bill Size of First-Line Direct Per Oral Cholangioscopy vs Standard ERCP



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.

IDDF2020-ABS-0211

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

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10.1136/gutjnl-2020-IDDF.123

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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10.1136/gutjnl-2020-IDDF.124

Background Esophageal cancer is the sixth leading cause of cancer-related mortality worldwide. The risk factors are variable and are based on ethnicity, geographic location and pathological type. The well-established factors include alcohol, tobacco, dietary factors, nutritional deficiencies, environmental carcinogen exposure and chronic irritation of the esophagus. Although Plummer Vinson syndrome (PVS) and Lichen planus (LP) are known independent risk factors, they have never been reported together to cause esophageal squamous cell cancer (ESCC). Hence this association was studied in our cohort of PVS.

Methods We reviewed patients with ESCC and PVS from 2013 to 2020 to study their demographic and clinico-pathological characteristics. All these patients underwent dermatological examination for the presence of lichen planus.

Results A total of 170 patients were diagnosed with esophageal webs during this period. Nine patients with PVS were diagnosed with ESCC. Six patients had cancer along with webs at the time of diagnosis while three developed ESCC during follow up after endoscopic dilation of webs. There was a female preponderance (Male: Female=1:8) with a mean age of 50 years. ESCC was located in the upper esophagus in two, mid esophagus in three, and lower esophagus in four patients. There was no history of alcohol consumption or tobacco use in any of the patients. Histologically, ESCC was well-differentiated in one and moderately differentiated in 8 patients. Oral LP was observed in

four patients, genital LP in one patient, oral and genital LP in one patient. Histological evidence of esophageal lichen planus was observed in one out of four patients who underwent mucosal biopsies.

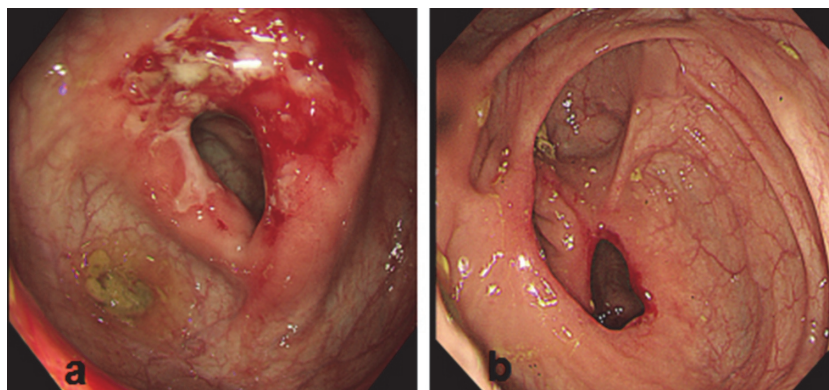
Conclusions ESCC occurred in 5.3% of patients with PVS, more than half of whom had associated oral lichen planus. The coexistence of PVS and mucosal LP can increase the predisposition to ESCC, especially in women without conventional risk factors. However, this association needs to be proven in larger prospective studies so as to develop surveillance strategies in regions where PVS, LP and ESCC are highly prevalent.

IDDF2020-ABS-0214 THE CLINICAL SIGNIFICANCE OF COLONIC ULCER

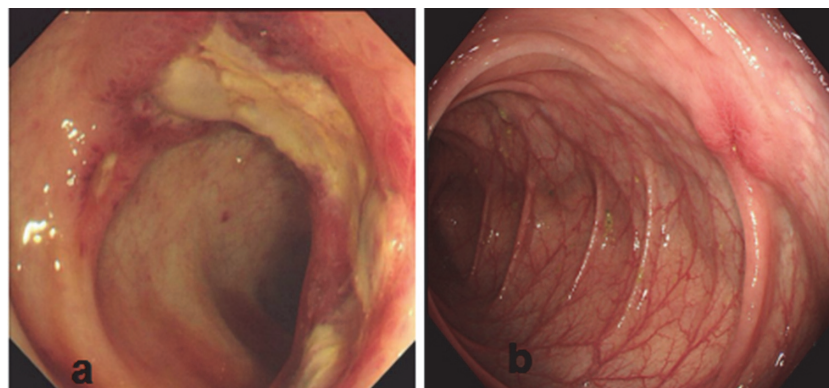
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10.1136/gutjnl-2020-IDDF.125

Background We often meet colonic ulcer when we do colonoscopy for patients. The colonic ulcer is isolate or multiple. We can diagnose some colon ulcer at once. But sometimes we do not recognize what disease of these colon ulcers even if we



Abstract IDDF2020-ABS-0214 Figure 1 The colonoscopy image of NSAIDs-related colonic ulcer (a: the colonic ulcer, b: stop taking NSAIDs after 3 months)



Abstract IDDF2020-ABS-0214 Figure 2 The colonoscopy image of Wegener's granulomatosis (a: the colonic ulcer, b: taking prednisone after 3 months)