Abstract IDDF2020-ABS-0085 Table 1 Comparative analysis of primary outcomes

Parameter	CEMR	UEMR	*P* value
Intention-to-treat analysis	*n*=71	*n*=71	
Complete resection, n (%)	62(87.3)	59(83.1)	0.478‡
Incomplete resection, n (%)	9(12.7)	12(16.9)	
En bloc, n (%)	65(91.5)	67(94.4)	0.512‡
Piecemeal, n (%)	6(8.5)	4(5.6)	
Per-protocol analysis	*n*=71	*n*=66	
Complete resection, n (%)	62(87.3)	59(89.4)	0.706‡
Incomplete resection, n (%)	9(12.7)	7(10.6)	
En bloc, n (%)	65(91.5)	62(93.9)	0.591 ‡
Piecemeal, n (%)	6(8.5)	4(6.1)	

CEMR, conventional endoscopic mucosal resection. UEMR, underwater endoscopic mucosal resection.
‡ Chi-square test.

water-aided colonoscopy for the treatment of colorectal polyps. The objective of this clinical trial was to evaluate the efficacy and safety of UEMR in comparison with conventional endoscopic mucosal resection (CEMR) of diminutive non-pedunculated colorectal polyps.

Methods Patients with small size, non-pedunculated colorectal polyps (4–9 mm in size) who underwent colonoscopic polypectomy were enrolled in this multicenter randomized controlled clinical trial. The patients were randomly allocated to two groups, an UEMR group and a CEMR group. Efficacy and safety were compared between groups.

Results In the intention-to-treat (ITT) analysis, the complete resection rate was 83.1% (59/71) in the UEMR group and 87.3% (62/71) in the CEMR group (P = 0.478). The en bloc resection rate was 94.4% (67/71) in the UEMR group and 91.5% (65/71) in the CEMR group (P = 0.512) (table 1). Immediate bleeding was observed in 1.4% of patients in the CEMR group (1/71) and 1.4% of patients in the UEMR group (1/71). None of the patients in the UEMR group complained of postprocedural bloody stool, whereas two patients in the CEMR group (2/71) reported this adverse event.

Conclusions Our results indicate that UEMR is safer and just as effective as CEMR for the treatment of small colorectal polyps as such, UEMR is recommended as an alternative approach to excising small and non-pedunculated colorectal adenomatous polyps.

IDDF2020-ABS-0086 TACROLIMUS, A BOON FOR ELDERLY-ONSET ULCERATIVE COLITIS!

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Background Cases of elderly-onset ulcerative colitis (UC) have been growing in number in recent years and currently account for 10–15 percent of all UC cases. While UC care is largely identical between older and younger patients, there is still little evidence of the therapeutic efficacy of tacrolimus in patients with elderly-onset UCs. Here, we detail our attempt to induce remission in a patient with elderly-onset UC using tacrolimus. Tacrolimus was used to treat a 63-year-old Indian man with serious elderly-onset pancolitis-type UC. Medical recovery in the patient succeeded.

Methods A 67-year-old man suffered 3 days of bloody diarrhoea 11 times a day and visited a local hospital. Abdominal CT showed strong oedema in the colon. Treatment with 5-ASA and oral prednisolone at 1 mg/kg/day was started, along with complete parenteral nutrition, under the suspected UC diagnosis. However, the patient was moved to our hospital 1 week after the onset of symptoms, as the symptoms didn't change. Blood test results on admission were as follows: 10.500/cumm WBC count, 2.85 mg/dl serum CRP, and 58 mm/h ESR. Sigmoidoscopy reported acute, persistent and circumferential hemorrhage, mucosal redness, and oedema. The patient had been diagnosed with extreme pancolitis type UC. Prednisolone and 5-ASA were continued, and 0.05 mg/kg/day dose of tacrolimus was introduced. The Clinical Activity Index (CAI) had decreased from 12 to 4, 2 weeks after the initiation of tacrolimus. The dosage of prednisolone was tapered slowly, and azathioprine was started at a dosage of 50 mg; the patient was discharged on day 17 of the hospital. Colonoscopy performed 3 months after tacrolimus initiation showed a clear trend towards improvement

Results Colonoscopy performed 3 months after tacrolimus initiation showed a clear trend towards improvement. The objective findings were concordant with subjective reports of symptomatic relief. There were no major adverse events during therapy with tacrolimus.

Conclusions Tacrolimus provides some signs of effectiveness for treating elderly-onset UC. However, more thorough research is needed to assess the effectiveness and safety of this therapy in this vulnerable population.

IDDF2020-ABS-0087 TITANIUM RING CLAMP AND NYLON ROPE BY ENDOSCOPIC POLYPECTOMY IN COLORECTAL LONG-PEDICLED POLYPS

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Background To observe and compare the effects of titanium ring clamp and nylon rope by endoscopic polypectomy in colorectal long-pedicled polyps.

Methods The clinical data of patients undergoing endoscopic polypectomy in our center from June 1, 2018, to May 31, 2019, were retrospectively analyzed. 40 patients with 51 long-pedicled polyps in a diameter of 1.5 – 2.5 cm were enrolled in our study. 27 polyps of 23 patients (11 males and 12 females) were treated by endoscopic electric coagulation combined with nylon rope(nylon rope group). 24 polyps of 17 patients (9 males and 8 females) were treated by endoscopic electric coagulation combined with titanium ring clamp(titanium ring clamp group). Polyp sites, polyp sizes, JNET types, hospitalized days, complete resection rates, complication rates, intraoperative and delayed hemorrhage rates were collected and compared.

Results No death occurred in our study. There were also no severe complications occurred, such as perforations and serious infections. The polyp sizes were 1.9±0.33 cm in the nylon rope group, while 1.7±0.20 cm in the titanium ring clamp group(P=0.02). JNET types of polyps in the nylon rope group were 1(25.9%,n=7), 2A (59.3%,n=16) and 2B(14.8%,

n=4), while they were 1(20.8%,n=5), 2A (62.5%,n=15) and 2B(16.7%,n=4)in the the titanium ring clamp group. The complete resection rates of both groups were 100%. None of the patients had an intraoperative or delayed hemorrhage in the nylon rope group. And in the titanium ring clamp group, there were 5 patients had immediate bleeding during procedures which could be controlled by another titanium ring clamps soon. No delayed hemorrhage occurred in the titanium ring clamp group.

Conclusions It is more reliable, safe and effective to be treated by endoscopic electric coagulation combined with nylon rope than with titanium ring clamp in colorectal long-pedicled polyps.

IDDF2020-ABS-0089 APPLICATION OF TRADITIONAL CHINESE MEDICINE SITTING BATH IN ENDOSCOPIC HEMORRHOID LIGATION TREATMENT

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Background To explore the effect of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery.

Methods A total of 132 patients underwent endoscopic hemorrhoid ligation surgery from January 2018 to December 2019 were selected and randomly divided into a control group and an observation group, with 66 cases in each group. After the operation, the same oral and written health education was given to all patients, and a special bidet was distributed to take a sitting bath. The control group took a sitting bath with warm water while the observation group with warm Traditional Chinese Medicine(named Hemorrhoid bath net, contains ingredients such as Phellodendron amurense, Sophora flavescens, rhubarb, purslane, safflower, wormwood, etc. It has functions of clearing away heat and dampness, promoting blood circulation and removing blood stasis, killing insects and relieving itching). The sitting bath was taken with a temperature of 38~42°C and time of 15~20 minutes per day and maintained for 2 weeks. Patients were followed up for the degree of postoperative bleeding and peak pain, disappearance time of pain and anal bloating, and operation rate of re-ligation within six months. Hemorrhoid hemorrhage scoring standard: 0 points for no blood in stool, 1 points for blood-stained paper, 2 points for 1–7 blood drops, 3 points for over 10 blood drops. VAS pain score standard: 0 points for painless, 10 points for severe pain, and the middle indicates different degrees of pain.

Results Comparing observation group with the control group, the differences in postoperative bleeding degree (1.05±0.42 vs 1.89±0.77 points), peak pain (3.52±0.67 vs 4.96±0.98 points), time of pain disappearance (3.66±0.54 vs 4.83±1.24 days), time of anal bulging sensation disappearance (5.35 ±1.14 vs 7.02±1.47 days) and operation rate of re-ligation within half a year (1.52% vs 3.03%) were statistically significant (P<0.05).

Conclusions Using of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery can effectively reduce postoperative bleeding, relieve postoperative pain and anal bloating, and lower down the operation rate of re-ligation.

IDDF2020-ABS-0093 STATIN USE AND RISK OF POST-ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP) is one of the most feared complications of ERCP. Much attention has been given on the pharmacologic prevention of this serious adverse event. Evidence suggests that statins may exhibit anti-inflammatory properties in the pancreas, but studies have conflicting results on its role on the prevention of PEP. This study aims to investigate whether the use of statins has a protective effect against PEP.

Methods A comprehensive, computerized literature search from the PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: statins, lipid-lowering drugs, post-ERCP pancreatitis, pancreatitis, PEP, and prevention. Four cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Four cohort studies comprising of 5832 patients were analyzed. In the random effects model, the pooled odds ratio (OR) of PEP occurrence was 0.73; 95% CI (0.36–1.45). The pooled data of the four studies showed a trend towards a beneficial effect of statin use and decreasing risk of PEP but did not show a protective effect of the statin. Likewise, there was a substantial degree of heterogeneity (I^2=87%). Subgroup analysis was done, which include two studies on chronic statin use defined as use for more than six months. It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.30–0.57) using the random effects model, thereby signifying a protective effect of the drug. The subgroup analysis has also resulted to a statistical homogeneity of the trials (I^2 = 0%).

Conclusions Chronic statin use for more than six months has a protective effect against PEP. This meta-analysis has shown the potential role of statins as prophylactic agents for PEP. However, further prospective randomized studies are recommended to confirm this relationship.

IDDF2020-ABS-0094 USE OF GASTRIC ACID SUPPRESSANTS AND RISK OF DISEASE ACTIVITY EXACERBATION IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Gastric acid suppressants such as proton pump inhibitors (PPI) and histamine 2 receptor antagonists (H2RA)