

**Conclusions** Anxiety and depression among gastroenterologists are more prevalent in comparison to the general population. Gastroenterologist of younger age group, working in the government sector, less experience in working as a specialist, are more vulnerable. Adequate opportunities should be created for young gastroenterologists to increase their professional skills.

IDDF2020-ABS-0170

### THE CLINICAL CHARACTERISTICS AND OUTCOMES OF CROHN'S DISEASE PATIENTS WITH PERIANAL DISEASE ONSET AT PEDIATRIC VERSUS ADULT: A 10-YEAR OBSERVATIONAL STUDY

<sup>1</sup>Haichao Wang\*, <sup>1</sup>Yalin Wu, <sup>2</sup>Chen Ye, <sup>1</sup>Zhanju Liu. <sup>1</sup>Department of Gastroenterology, The Shanghai Tenth People's Hospital, Tongji University, China; <sup>2</sup>Medical College of Soochow University, China

10.1136/gutjnl-2020-IDDF.106

**Background** Perianal disease (PD) is a common complication in Crohn's disease (CD) patients. However, significances of PD, regarding the onset-age, are undefined in perianal Crohn's disease (PCD). We aim to compare PCD patients with pediatric-onset PD (POP) and adult-onset PD (AOP) in terms of their natural history for over 10 years.

**Methods** Medical records of 293 PCD patients in the Tenth People's Hospital affiliated with Tongji University (Shanghai, China) from January 2008 to December 2017 were reviewed retrospectively. The clinical characteristics and outcomes of patients with POP (n=84) and AOP (n=209) were assessed.

**Results** Among 293 PCD patients, the mean PD onset-age was 25.9 years. Frequencies of complex perianal fistulas (71.7% vs 50.0%,  $p = 0.011$ ) and infliximab treatment (33.3% vs 22.0%,  $p = 0.044$ ) in POP group were higher than those in AOP group. Medians (interquartile range) diagnostic delay for POP and AOP groups were 12 (2–48) and 24 (2.5–60) months, respectively. Higher percentage of

structuring behavior (42.1% vs 27.4%,  $p = 0.024$ ), current smoking status (12.9% vs 4.8%,  $p = 0.04$ ), and abdominal surgery (21.1% vs 4.8%,  $p = 0.001$ ) were observed in AOP group. Furthermore, structuring behavior was associated with developing PD in adulthood (odds ratio: 2.029, 95% confidence interval: 1.143–3.604,  $p = 0.016$ ). More recurrence of PD was found in the patients with AOP after withdrawing of infliximab treatment (38.9% vs 0%,  $p = 0.024$ ). The cumulative probabilities of abdominal surgery in POP group were lower than those of in AOP group ( $p = 0.007$ ). Increased use of infliximab was associated with decreased rate of abdominal surgery in patients with AOP ( $r = -0.900$ ,  $p = 0.037$ ).

**Conclusions** AOP may indicate more unfavorable outcomes than POP. Those patients with AOP require early and long-term IFX treatment due to their complicated behaviors.

IDDF2020-ABS-0173

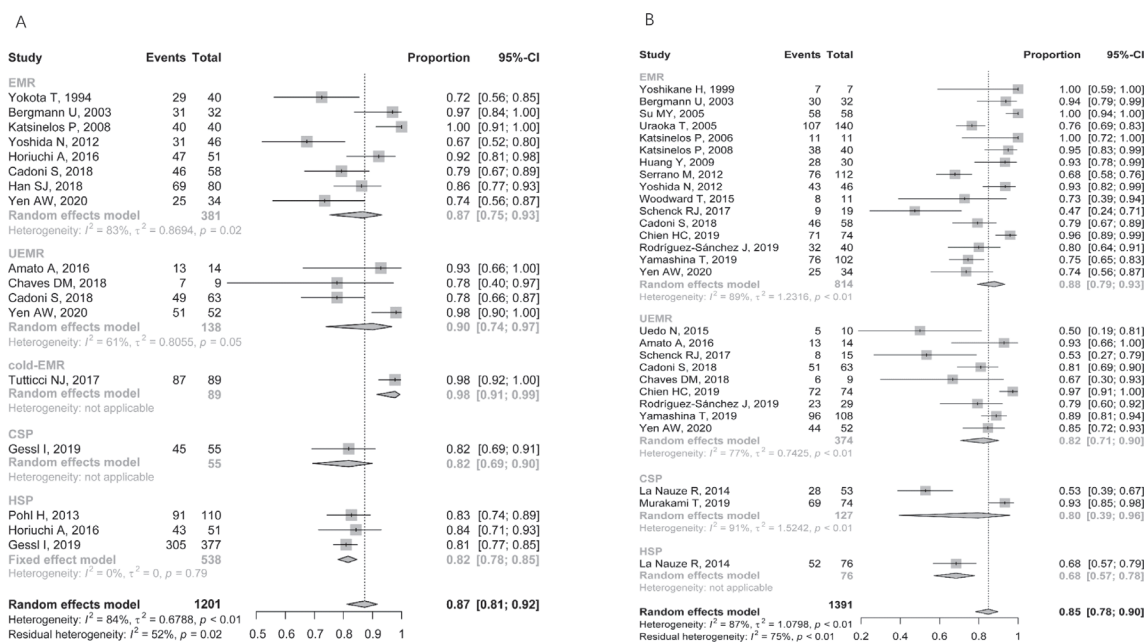
### EFFICACY AND SAFETY OF THE ENDOSCOPIC RESECTION OF 10- TO 20-MM NON-PEDUNCULATED COLORECTAL POLYPS: A SYSTEMATIC REVIEW AND POOLED ANALYSIS

<sup>1</sup>Xin Yuan\*, <sup>1</sup>Zhixin Zhang, <sup>2</sup>Jiarong Xie, <sup>2</sup>Yu Zhang, <sup>2</sup>Hongpeng Lu, <sup>2</sup>Weihong Wang, <sup>2</sup>Lei Xu. <sup>1</sup>College of Medicine, Ningbo University, China; <sup>2</sup>Department of Gastroenterology, Ningbo First Hospital, China

10.1136/gutjnl-2020-IDDF.107

**Background** We performed this systematic review and pooled analysis to assess the effectiveness and safety of different endoscopic resection methods for 10- to 20-mm non-pedunculated colorectal polyps.

**Methods** Articles in PubMed, EMBASE, and the Cochrane Library related to the common endoscopic treatment of 10- to 20-mm non-pedunculated polyps published as of April 2020 were searched. Primary outcomes were the complete resection rate (CRR) and the en bloc resection rate (EBRR).



Abstract IDDF2020-ABS-0173 Figure 1 Forest plots reporting the CRRs and EBRRs of different types of resection method

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

Maria Goretti Ametembun\*. *Private Clinic, Bandung Saumlaki Hospital, Tanimbar, West Of South-East Moluccas St Elisabeth Hospital – Lela, Flores, Nusa Tenggara Timur Stela Maris and Lukas Hilisimetano Hospitals- South Nias – North Sumatera National Eye Centre – Cicendo Eye Hospital – Bandung Emma Poeradiredja Hospital Bandung, Indonesia*

10.1136/gutjnl-2020-IDDF.108

**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.

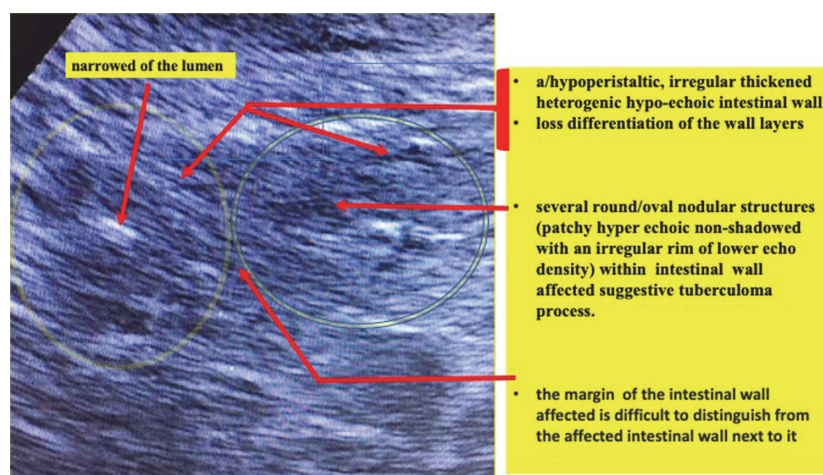
**Results** Total 1224 adult disseminated tuberculosis with chronic recurrent GERD history in addition of epigastrium tenderness, abdominal distention, chronic diarrhoea or obstipation, chronic recurrent colic abdomen pain in dullness area, doughy abdomen & dam-board phenomena according to dry type peritoneal 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

Marianne Linley Sy-Janairo\*, Juliet Cervantes. *Institute of Digestive and Liver Diseases, St Luke's Medical Center – Global City, Philippines*

10.1136/gutjnl-2020-IDDF.109



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