P245 DO CURRENT GUIDELINES DETECT GASTIC ULCER RELATED CANCERS EFFECTIVELY?

Brenavan Natarajan*, Jana Waloszkova, Jonathan Landy. *West Hertfordshire NHS trust, Watford, UK*

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Background Malignant change is known to occur in gastric ulcers. Current BSG guidelines state all gastric ulcers should be followed up by repeat gastroscopy and biopsy to assess healing and exclude malignancy.[1] In the literature, the rate of gastric malignancy in endoscopically diagnosed gastric ulcers varies considerably, between 2.4–21%.[2]

The aim of this study was to determine whether we are appropriately following up patients found to have gastric ulcers, and whether they are suitably referred for ongoing treatment should gastric malignancy be identified.

We performed a retrospective cohort study of all patients who underwent an OGD and were found to have gastric ulcers from 05/06/2014 to 29/09/2018, analysing OGD reports, histology reports and MDT and clinic letters. A sub-analysis looked at whether any new gastic cancer diagnosis made on endoscopy in this period had previously undergone a gastroscopy in our department.

Results 449 patients were identified with gastric ulcers over this period. Of this cohort 20 patients were found to have gastric malignancy associated with their gastric ulcer on biopsy. Of these 80% were male with an average age at diagnosis of 80 years. 60% of procedures were performed in the outpatient setting.

Adenocarcinoma was noted in 16 (80%) cases of which one signet ring adenocarcinoma was also found. High grade dysplasia was noted in 2 (10%), low grade dysplasia in one case (5%) and 1 case was subsequently downgraded from low grade dysplasia to normal mucosa following MDT discussion. 17 (65%) of cases were diagnosed on first endoscopy and biopsy with remainder being diagnosed on subsequent OGD. In 75% of cases a repeat endoscopy was requested although 54% of these were cancelled as gastric cancer was diagnosed from biopsies taken during the first procedure. The average time to repeat endoscopy was 37.6 days.

Further analysis showed *H pylori* was identified in 3 (15%) of gastric cancer cases. 100% of cases were referred to and discussed at the upper GI MDT.

In this study, all dysplastic and neoplastic cases would have been identified following a combination of initial biopsies plus repeat endoscopy with further biopsies taken if suspicious.

Conclusions In this cohort 4.7% of gastric ulcers were found to be malignant. This is in keeping with the expected result. All of these cases were identified and appropriately referred to the UGI MDT. In cases of low grade dysplasia subsequent biopsies were identified as high grade dysplasia at repeat endoscopy, demonstrating the need for repeat OGD and biopsy of these cases. Our data suggests the BSG guidelines appropriately detect gastric ulcer related malignancy.

P246 DUODENAL POLYPS – ARE WE SEEING SOMETHING THAT ISN'T THERE?

Rigers Cama, Ralph Canda, Rajan N Patel*, Kalpesh Besherdas. *Barnet Hospital, Royal Free London NHS Foundation Trust, London, UK*

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Introduction Duodenal polyps (DP) are usually found incidentally during diagnostic upper GI endoscopy. ASGE published guidelines in 2015 on the role of endoscopy in ampullary and duodenal adenomas but clinical practice is still variable. The proportion of DPs that are duodenal adenomas and have malignant potential is not clearly known due to their low incidence. We aimed to determine the endoscopic-histological correlation for DPs and describe the approach in our unit.

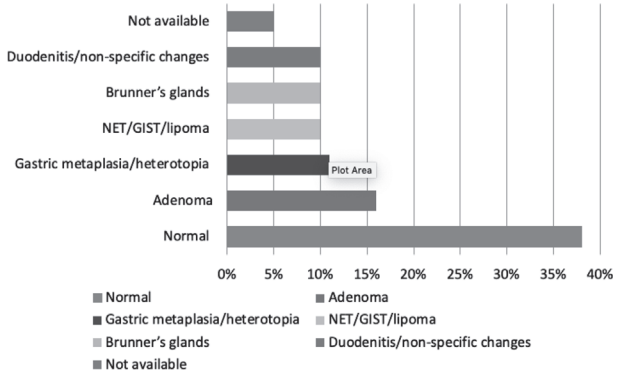
Methods We performed a retrospective study at a tertiary London-based hospital Trust. Endoscopy software (Unisoft GI reporting tool) was used to identify the last 200 patients to be diagnosed with a duodenal polyp in reverse chronological order from December 2018. Endoscopy reports were reviewed for polyp description and therapeutic intervention. Electronic patient records were used to correlate histology.

Results 200 patients had duodenal polyps diagnosed between February 2016 and December 2018 (median age 70 (IQR 59 – 77), Female 94 (47%)). The size of the polyp was not described in 88 patients (44%), the median size in the remain 112 patients was 6 mm (IQR 4 – 10). 13 (6.5%) polyps were >20 mm.

Polyp morphology was described as sessile in 30 (15%), pedunculated in 11 (5.5%) and not described in 159 (79.5%). Pit pattern was described as hyperplastic in 6 (3%), adenomatous in 20 (10%), NET/lipoma in 17 (8.5%), unclear in 13 (6.5%) and no description in 144 (72%).

Biopsies of the polyp were taken in 189 patients (94.5%) and polypectomy was performed in 15 (7.5%). Of those resected, polyps were retrieved in 13 (86.7%).

Only 7 of 20 polyps thought to be adenomas at endoscopy were confirmed on histology (35%).



Abstract P246 Figure 1 Histology of biopsies taken of 'duodenal polyps'

Conclusions 3 out of 4 patients diagnosed with DPs do not have a description of the morphology or pit pattern in the report and less than half describe the size. Less than 10% of DPs undergo polypectomy. One third of patients have normal duodenal mucosa on histology. We conclude there is significant variability of practice with regards to management of DPs. We also conclude that better endoscopic descriptions are required for DPs which may in turn reduce the number of unnecessary histological samples being taken. Automated duodenal polyp characterisation on the endoscopy reporting tool may help in better documentation of DPs.