findings. This study suggests that, where biopsy site details were provided, only 7.2% of patients were adequately biopsied. Remaining cases should have repeat biopsies to decide on surveillance. "Extensive metaplasia" refers to a wide intragastric distribution of IM to include the antrum and corpus. We identified discrepant use of nomenclature in pathology reporting in 15.4%. *Helicobacter pylori* was associated in 11.4%, where ESGE advocates its eradication. This study reveals further work is needed to risk stratify and survey this important pre-cancerous condition.

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Disclosure of Interest None Declared.

PTU-142 HIGH PREVALENCE OF GASTROINTESTINAL STROMAL TUMOURS (GISTS): A CASE SERIES IN UK SECONDARY CARE

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Introduction Gastrointestinal Stromal Tumours (GISTs) are mesenchymal tumours, predominantly affecting the GI tract. Diagnosis and classification require specialist review and there are few published data on the incidence of GIST in the UK. Reported incidences elsewhere vary between 6.5/ million/ year in Norway and 14.5/ million/year in Sweden.[1,2] We have analysed our caseload of GISTs in a UK secondary care setting with a population of approx 350,000, in order to estimate incidence and review outcomes.

Methods A retrospective case note reviews of all patients with GIST, as identified from upper GI cancer MDT minutes, from 2008 to 2012 inclusive (5 years). The diagnosis of GIST was considered valid if characteristic imaging and/ or pathological features were verified by CT scanning, endoscopic ultrasound (EUS) needle aspiration/ biopsy and/ or surgical resection.

Results We identified 28 cases with a final diagnosis of GIST. The observed incidence varied between 4 and 8/ year, and estimated annual incidence was calculated at 16/million/year. The age range was 28–91 years (M 12, F16). Nineteen cases (68%) presented with signs or symptoms of GI blood loss; five (18%) with other GI symptoms and remaining cases were found incidentally. GIST size at presentation ranged from 1cm to 20cm in diameter. One case had metastasised at the time of diagnosis. EUS was used for diagnosis and staging in 15 cases; 13 had fine needle aspiration, of which 10/13 were diagnostic. 22 cases underwent resection surgery. 6 cases were treated with Imatinib (Glivec).

Conclusion Our review suggests a higher than expected incidence of GISTs in this population compared with other published series.[2,3] Most cases present with GI blood loss and surgery is curative in most cases. The incidence of GISTs in the UK is deserving of further study.

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Disclosure of Interest None Declared.

PTU-143 SHOULD WE INVESTIGATE MESENTERIC PANNICULITIS?: UK EXPERIENCE OF 58 PATIENTS

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Introduction Mesenteric panniculitis (MP) is an inflammatory condition of the bowel mesentery with characteristic features on CT (computer tomography). Studies suggest MP is associated with malignant pathology, previous abdominal surgery, inflammatory and autoimmune diseases. There is a lack of consensus on the clinical significance of MP and its further investigation.

Methods A retrospective analysis of medical records, imaging, endoscopy reports and histology.

Results 58 patients were identified with mesenteric panniculitis by CT criteria during the study period. 8 patients (13.8%) had undergone previous abdominal surgery. 12 patients (20.7%) had a previous history of malignancy; lymphoma 3, prostate 2, bladder 2, both lymphoma/bladder 1, leukaemia 1, endometrial 1, carcinoid 1, and bronchial 1.

Following index CT a new malignancy was identified in 5 patients (8.6%) and recurrence of a previous cancer in 1 (1.7%). 1 patient was diagnosed with lymphoma, 1 gastric carcinoma, 1 malignant myeloma, 1 bronchial carcinoma and 1 bladder cancer. 1 patient was diagnosed with a recurrence of a previously treated lymphoma. Of these 6 patients, 2 underwent endoscopic investigation; gastric carcinoma/lymphoma was suspected on index CT and endoscopy performed for histological confirmation.

Of the remaining 52 patients with MP on index CT (and no new or recurrent malignancy) 18 (34.6%) underwent further endoscopic investigation. None of these patients were diagnosed with a new malignancy at the time of endoscopy; a new diagnosis of ulcerative colitis was made in 2 (3.8%). 15 patients (36.8%) underwent a follow up CT scan within an 18 month period. None were diagnosed with a new malignancy at the time of follow up CT.

Conclusion This study suggests a high prevalence of malignancy amongst patients with MP on index CT. The diagnosis of MP on CT should alert the physician to the possibility of an undiagnosed malignancy.

MP is poorly understood and inconsistently followed up. Its diagnosis can lead to investigation with poor clinical yield and patient/cost implications. This study suggests a diagnostic strategy for underlying malignancy should focus on close evaluation and scrutiny of index CT prior to consideration of further investigation. A larger study is required to identify the prevalence of associated organ specific malignancies, define the diagnostic yield of further investigation and inform an evidence-based diagnostic approach.

Disclosure of Interest None Declared.

PTU-144 WHEN ARE GASTRIC ULCERS MALIGNANT? PREDICTORS OF BENIGN DISEASE

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Introduction Gastric ulcers can harbour malignancy and the National Institute for Health and Care Excellence (NICE) therefore recommends follow-up gastrocopy (FU-OGD). Predictors of

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