

overall pattern of disease was distinct to that seen in Crohn's disease, with multiple sinus tracts that were superficial in nature in the majority of patients with hidradenitis suppurativa, compared to perianal Crohn's disease where tracts are usually centred on the anal sphincter complex.

Conclusion The use of STIR MRI can help define extent of perianal disease in hidradenitis suppurativa, and typically shows a different involvement compared to Crohn's disease, allowing distinction between the two, and thus appropriate management.

Competing interests None declared.

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PWE-068 ANGIOGRAPHIC EMBOLISATION FOR NON-VARICEAL UPPER GASTROINTESTINAL HAEMORRHAGE AFTER FAILED ENDOSCOPIC THERAPY—A 5-YEAR DISTRICT GENERAL HOSPITAL EXPERIENCE

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¹S Chatterjee, *²L Potti, ¹R Raza, ¹F P Perez, ¹D Majumdar, ¹S Hall, ¹D Dwarakanath, ¹C Wells, ¹J Hancock, ¹D Ashley, ¹B K Chaudhury, ²J Latimer. ¹Department of Gastroenterology, University Hospital North Tees, Stockton on Tees, UK; ²Department of Radiology, University Hospital North Tees, Stockton on Tees, UK

Introduction The recent nationwide upper gastrointestinal bleeding audit found that interventional radiology for bleeders are minimally utilised. In our hospital, we have had this service during normal working hours since 2007. This study reviews our experience.

Methods We retrospectively reviewed the case notes of all patients who had mesenteric angiogram in our hospital for treatment of gastrointestinal bleeding since 2007. All data were analysed using SPSS V.17 statistical software.

Results We identified 32 patients. Three case notes were not available hence, 29 patients were included in this study (19 Male, 10 Female). Mean age group 75 years (Range 40–89). Mean Rockall score was 7 and mean Blatchford score was 12. 15 patients (52%) went straight for radiological embolisation after one attempt at therapeutic endoscopy. Eight patients (22%) were ITU admissions. Final Diagnosis was duodenal ulcer in 22 (76%), gastric ulcer in 6 (21%) and Duodenal Cancer in 1 (3%). Extravasation of contrast at angiogram was seen in only 7% of cases. Gastrooduodenal artery was embolised in 25 (87%), left gastric artery in 3 (10%) and Rt gastroepiploic artery in 1 (3%). No immediate complications were noted as a result of the procedure. Rebleeding was noted in 8 pts (27%). 24 patients (83%) survived more than 30 days. Four (14%) died within 7 days of the procedure and 1 (3%) died after 7 days. 40% (2 out of 5) died of a cause unrelated to rebleed.

Conclusion Our study demonstrates success at embolisation and mortality rates similar to the published results of the UK nationwide GI bleeding audit. We believe access to interventional radiology is an important therapeutic strategy that should be available in all hospitals admitting GI bleeders.

Competing interests None declared.

PWE-069 VASCULAR COMPLICATIONS OF PANCREATITIS MANAGED WITH TRANSCATHETER EMBOLISATION—A DISTRICT GENERAL HOSPITAL EXPERIENCE

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¹S Chatterjee, *¹R Raza, ¹S Hall, ¹F P Perez, ¹D Dwarakanath, ¹C Wells, ¹J Hancock, ²J Latimer. ¹Department of Gastroenterology, University Hospital North Tees, Stockton

on Tees, UK; ²Department of Radiology, University Hospital North Tees, Stockton on Tees, UK

Introduction Life threatening haemorrhage from vascular complications of pancreatitis are rare but, need to be effectively managed even in a district general hospital (DGH) setting. We report our experience of gastrointestinal bleeding due to local complications of pancreatitis which were effectively managed by radiological intervention.

Methods All mesenteric angiograms done in our hospital over a period of 7 years were reviewed retrospectively along with their case notes. All such procedures in our hospital were performed by a single interventional radiologist.

Results Out of 31 patients identified in this period 28 patients had bleeding secondary to peptic ulcers. Three patients had bleeding due to vascular complications of pancreatitis. **Patient I:** A 58-year-old lady had developed pancreatic pseudocyst secondary to azathioprine induced pancreatitis. He presented with hematochezia but, gastroscopy was normal. Urgent mesenteric angiogram revealed beaded pancreaticoduodenal artery in spasm adjacent to the pseudocyst. This was embolised with control of upper GI haemorrhage. **Patient II:** A 59-year-old man with alcohol induced pancreatitis and pseudocyst presented with UGI bleeding. OGD revealed blood in the stomach and duodenum but, no source of bleeding was identified. Mesenteric angiogram revealed pseudoaneurysm of the gastroduodenal artery adjacent to the pseudocyst which was embolised with control of haemostasis. **Patient III:** A 64-year-old man with a known pseudocyst presented with UGI bleeding. CT angiogram revealed bleeding into the pseudocyst secondary to a pseudoaneurysm of the gastroduodenal artery. This was treated with mesenteric embolisation.

Conclusion Haemorrhage due to vascular complications of pancreatitis usually present as a life threatening emergency and associated haemodynamic compromise. Surgery is often difficult due to the lack of trained pancreatico-biliary surgeons in most DGHs. Radiological embolisation is an effective treatment which should be readily available in hospitals admitting such patients. Foundation trusts ought to invest in such resources to prevent unwarranted mortality.

Competing interests None declared.

Colorectal

PWE-070 OUTCOMES FOLLOWING LOCAL EXCISION OF BENIGN RECTAL LESIONS—NETWORK MDT RESULTS

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¹A R G Sheel, *²L Titu, ³P Skaife, ³S Slawik, ¹P S Rooney, on behalf of Merseyside and Cheshire Cancer Network. ¹Department of Surgery, The Royal Liverpool University Hospital, Liverpool, UK; ²Department of Surgery, Arrowe Park Hospital, Liverpool, UK; ³Department of Surgery, Aintree University Hospital, Liverpool, UK

Introduction A regional Small and Early Rectal Cancer (SERC) MDT was established in 2008. In line with NICE guidance, all patients with stage 1 rectal cancer are referred, as well as benign lesions with a high clinical suspicion of malignancy. Historical evidence from St Mark's has shown that most rectal cancers following Local excision (LE) develop in patients with incomplete adenoma excision. We aimed to establish outcomes of LE for benign lesions in our region, focusing on adequate treatment according to histology, adequacy and type of excision.

Methods Observational study of the SERC MDT database.

Results The SERC MDT processed 137 referrals (62 f: 75 m. Median age 77 (range 36–90)). There were 79 cases with benign histology at referral. Of 74 local excision (LE) procedures, 50 were performed for ultimately benign lesions. There was one attempted LE prior to