REFERENCES

THE MANAGEMENT OF PERFORATED GASTRIC ULCERS
doii:10.1136/gutjnl-2012-302514d.176
C Skouras,* M F Leeman, S Paterson-Brown. Department of Surgery, Royal Infirmary of Edinburgh, Edinburgh, UK

Introduction Perforated gastric ulcers are potentially complicated surgical emergencies. Appropriate early management is essential to avoid subsequent problems including the detection of underlying malignancy. Our aim was to examine the management and outcome of patients with gastric perforations undergoing emergency laparotomy for peritonitis.

Methods Patients undergoing laparotomy in the department of General Surgery for perforated gastric ulcers were identified from the prospectively maintained Lothian Surgical Audit (LSA) database over the 5-year period 2007–2011. Additional data were obtained by review of electronic records and the endoscopy reporting system (UNISOFT), in addition to reference with the South East Scotland pathology laboratory Database (APEX).

Results 45 patients were identified. The procedures performed were: 41 omental patch repairs (91%), two simple closures (4%) and two omental patch repairs (91%), two simple closures (4%) and two intra-operatively and concomitant pathology examinations (91%), two simple closures (4%) and two intra-operatively and concomitant pathology examinations (91%).

Conclusion Acute bleeding from upper GI tract angiodysplasia can be managed successfully by endoscopic therapy in the majority of patients, but approximately a third of patients will experience recurrent bleeding requiring additional medical therapy.

Competing interests None declared.

FEASIBILITY, SAFETY AND EFFICACY OF ENDOSCOPIC RESECTION OF UPPER GASTROINTESTINAL SUBMUCOSAL LESIONS IN A WESTERN SETTING
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Introduction Submucosal lesions are a relatively common finding at upper gastrointestinal endoscopy. Endoscopic resection (ER) may be warranted in larger lesions, those causing symptoms or those with malignant potential. However submucosal origin makes these lesions difficult to resect by an endoscopic approach. Advances in resection techniques have made this feasible.

Methods Portsmouth Hospitals is a tertiary referral centre for advanced ER. All ER procedures between 2005 and 2011 were recorded in a prospective database. We analysed our database to identify all submucosal lesions removed by ER in the past 7 years. All procedures were carried out by a single skilled endoscopist.

Conclusion Acute bleeding from upper GI tract angiodysplasia can be managed successfully by endoscopic therapy in the majority of patients, but approximately a third of patients will experience recurrent bleeding requiring additional medical therapy.
PWE-177 Acute bleeding from upper GI tract angiodysplasia

P Phull and N Nagrath

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