

hyposplenism and the high prevalence of hyposplenism in CD, it is worth considering pneumococcal vaccination for all CD patients at diagnosis.

Disclosure of Interest J. Khan: None Declared, A. Jennings: None Declared, S. Subramanian Speaker bureau with: Shire, Abbott and Dr Falk pharma, Conflict with: Advisory board member for Vifor Pharma and Abbott

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OC-022 ENDOSCOPY PITFALLS IN CELIAC DISEASE DIAGNOSIS; A MULTICENTRE STUDY

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Introduction The traditional diagnosis of celiac disease (CD) requires a small bowel biopsy to identify at histology the characteristic mucosal changes. The current biopsy practise among endoscopists for celiac disease is in most part unknown. The aims of this study were to compare the different diagnostic criteria in various centres in Italy, Iran, Lithuania, Romania and the UK, the methodological approach to the biopsy and to investigate the pitfalls of CD diagnosis.

To measure the number of specimens submitted during duodenal biopsy among patients in Italy, Iran, Lithuania, Romania and the UK, and to determine the incremental diagnostic yield of adherence to the recommended number of specimens.

Methods A total of 931 patients who underwent duodenal biopsy for CD were recruited prospectively at nine centres in European and Middle East countries. Small-bowel biopsies were obtained from the duodenal bulb and the second part of the duodenum (and from the duodenal bulb when it had a micronodular appearance). The histopathological appearances were described according to the modified Marsh classification.

Results The most frequent degree of villous atrophy amongst Iranian subjects was 3A and that of the rest of the study population was 3C. The most common number of biopsy specimens for Romanian subjects was 1 (52%) followed by 2 for Iranian (56%), 3 for Lithuanian (66.7%) and British patients (65%) and 4 for Italian patients (48.3%). The main presenting symptom was anaemia (18.7%) followed by malabsorption (10.5%), diarrhoea (9.3%) and dyspepsia (8.2%).

Conclusion Taking less biopsy samples than recommended will have a negative impact in detecting massive number of undiagnosed cases. As CD is more common with atypical presentation, taking 4 duodenal biopsies is mandatory for an accurate diagnosis or its exclusion.

Disclosure of Interest None Declared

OC-023 SPECIALIST CARE OF IN-PATIENTS WITH NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING IS ASSOCIATED WITH A DRAMATICALLY SHORTER LENGTH OF STAY

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Introduction Acute upper gastrointestinal bleeding (UGIB) is a common medical emergency that has a 10% mortality rate [1], requiring specialist input and management [2]. It is not known if

the care, outcome and length of stay of UGIB is influenced by whether patients are primarily cared for by Gastroenterologists or General physicians. We conducted a retrospective study to assess these aspects of care for in-patients with UGIB.

Methods A retrospective review of case-notes (Electronic patient record-EPR) was conducted for all patients admitted to Kings College hospital with suspected UGIB between February and September 2012. Patients were divided as to whether they came immediately under the care of Gastroenterologists (GI) or general physicians (non-GI) after initial evaluation in the Acute Admission Unit. Patients were assigned on the basis of bed availability in a ward-based system. Statistical comparisons were made as appropriate with t-test or Fisher's exact test.

Results 109 patient episodes were reviewed. 14 had no evidence of UGIB and were excluded from further analysis. 59 (76.6%) of patients had an initial risk assessment (including documented score) completed on admission. After excluding patients with major non-medical ('social') issues, 53 (69%) GI and 24 non-GI patients were compared. The two groups were broadly similar in their baseline characteristics. Mean length of stay (days) was significantly shorter in the GI group: 5.5 ± 5.7 vs 15.7 ± 20.8 ($p = 0.02$). Other comparators are shown in the table.

Abstract OC-023 Table

	GI (n = 53)	Non-GI (n = 24)	p
Age (years)	56.4 ± 22.87	53.9 ± 21.9	0.64
Male:Female	43:10 (4.3:1)	17:7 (2.4:1)	0.37
Time to endoscopy (days)	1.23 ± 1.57	1.79 ± 2.93	0.38
Laparotomy	0	2 (8.3%)*	0.09
Mortality ascribed to UGIB	3 (5.7%)	2 (8.3%)*	0.64

*different patients

Conclusion The length of stay of patients with UGIB is dramatically shorter when receiving specialist care. This was statistically significant even after adjusting for social issues. Further data regarding the specific management of each case will be forthcoming. In line with previous reports [3], we found that the incidence of UGIB was higher in males. There was a trend toward better risk assessment, shorter time to endoscopy, reduced need for surgery and mortality in the GI group. Mortality rates in both groups compared favourably to the national average.

Disclosure of Interest None Declared

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OC-024 PROLONGED PLATELET ACTIVATION IN PATIENTS WITH ACUTE UPPER GASTROINTESTINAL BLEEDING

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Introduction Acute upper gastrointestinal bleeding (AUGIB) is a common reason for hospital admission and is associated with significant cardiovascular (CVS) morbidity and mortality. Patients who have aspirin withheld for 8 weeks following AUGIB have significantly higher rates of CVS events.¹ We previously demonstrated that patients with AUGIB have significantly higher levels of platelet activation during the index hospital admission.² This study aimed to assess the level of platelet activation and reactivity 12 weeks following admission for AUGIB.