In 2 patients the FE-1 was repeated; in 1 when treatment failed and FE-1 was still <100 ug/l (due to bile salt malabsorption), the other following treatment for coeliac disease and microscopic colitis (FE-1 147ug/l then normal). There was no difference in symptoms (steatorrhoea, diarrhoea, weight loss, abdominal pain) between the groups.

Conclusion This study shows that clinicians need to be aware that even in patients with FE-1 less than 100ug/l, the cause may be non-pancreatic in origin. FE-1 becomes a less reliable diagnostic tool in moderate to mild PEI parameters. FE-1 should be repeated if symptoms do not improve with pancreatic enzyme replacement. Symptoms may not be helpful in distinguishing pancreatic from non-pancreatic causes of low FE-1.

Disclosure of Interest None Declared

REFERENCES

Abstract PTU-174 Table 1

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Severe, No. (%)</th>
<th>Moderate, No. (%)</th>
<th>Mild, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High clinical likelihood supported by imaging</td>
<td>12 (52.2)</td>
<td>3 (16.7)</td>
<td>3 (15.8)</td>
</tr>
<tr>
<td>Clinically pancreatic cause no imaging/no evidence on imaging</td>
<td>7 (30.4)</td>
<td>4 (22.2)</td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>Other diagnosis</td>
<td>4 (17.4)</td>
<td>6 (61.1)</td>
<td>14 (73.7)</td>
</tr>
</tbody>
</table>

Results

In 2 patients the FE-1 was repeated; in 1 when treatment failed and FE-1 was still <100 ug/l (due to bile salt malabsorption), the other following treatment for coeliac disease and microscopic colitis (FE-1 147ug/l then normal). There was no difference in symptoms (steatorrhoea, diarrhoea, weight loss, abdominal pain) between the groups.

Conclusion This study shows that clinicians need to be aware that even in patients with FE-1 less than 100ug/l, the cause may be non-pancreatic in origin. FE-1 becomes a less reliable diagnostic tool in moderate to mild PEI parameters. FE-1 should be repeated if symptoms do not improve with pancreatic enzyme replacement. Symptoms may not be helpful in distinguishing pancreatic from non-pancreatic causes of low FE-1.

Disclosure of Interest None Declared

REFERENCES

PTU-175 Quadruple, Clinical, Radiological, Cytological and Biochemical Analysis of Pancreatic Cystic Lesions Are Necessary Prior to Therapeutic Planning

PTU-176 Retrospective Audit of Antibiotic Use in Patients Admitted to Intensive Care Unit (ICU) with Severe Acute Pancreatitis

Disclosure of Interest None Declared

Introduction

Back ground Distinguishing benign from malignant or pre-malignant pancreatic cystic lesions is essential when formulating the surgical therapeutic strategy. Lack of a well-defined pre-operative predictability criteria makes therapeutic planning challenging.

Aims To study the correlation between pre-operative morphological and biochemical features of resected pancreatic cystic lesions and predictive power of these features in relation to biological behaviour and final histology.

Methods We systematically reviewed the literature to identify the relevant variables that are used to predict the nature of pancreatic cystic lesions and aid therapeutic planning; this was followed by designing a template encompassing all these variables to collate data of resected pancreatic cystic lesions from two centres. We collated clinico-pathological and biochemical data, pre-operative CT, MRI, EUS, PET CT, FNA analysis and final post-operative pathology reports.

Results 63 patients with pancreatic cystic lesions were identified; 3 were drained endoscopically out of which two were pseudocyst and 1 was abscess, 12 underwent resection, 3 were serous, 1 mucinous, 1 IPMN, 4 ductal adenocarcinomas, 1 endocrine neoplasm, 1 pseudocyst with abscess, one patient’s final histology results was missing. Three patients had neoplastic cells on FNAC, 2 patients had FNAC results suspicious for neoplasm, 26 were reported to have benign findings at EUS and FNAC and managed conservatively. 10 had elevated intra-cystic CEA levels, 3 patients had elevated CA19–9 levels at FNAC. 1 patient was diagnosed having VHL, 1 patient had lymphatic cyst, 1 patient was diagnosed having Giardiasis, 1 patient was stented for palliation, 7 patients were undergoing further definitive treatment, and 1 patient with IPMN had therapeutic ERCP.

Conclusion Our interim results suggest that quadruple assessment including clinical, radiological (CT/PET/MRI/EUS), FNAC and biochemical analysis is necessary prior to therapeutic planning.

Disclosure of Interest None Declared

Disclosure of Interest None Declared

Disclosure of Interest None Declared

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PTU-175 Quadruple, Clinical, Radiological, Cytological and Biochemical Analysis of Pancreatic Cystic Lesions are Necessary Prior to Therapeutic Planning

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