PTH-040 WHAT IS THE UTILITY OF CAPSULE ENDOSCOPY IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AND CHRONIC RENAL FAILURE?

doi:10.1136/gutjnl-2013-304907.527

[1,*]P S Sidhu, [1]M E McAlindon, [1]R Sidhu. [1]*Gastroenterology, Royal Hallamshire Hospital, Sheffield Teaching Hospitals, Sheffield, UK*

Introduction Anaemia is a common complication of chronic renal failure (CRF). The cause of the anaemia is often multifactorial including erythropoietin deficiency, uraemic platelet dysfunction, absolute iron deficiency anaemia (IDA) and overt bleeding (OB). Capsule endoscopy (CE) has developed an important role in the investigative pathway of obscure gastrointestinal bleeding (OGB). We conducted a study to evaluate the utility of CE in such patients after negative bidirectional endoscopies and their subsequent management consequences.

Methods We retrospectively reviewed our data set and isolated patients with OGB and CRF. This data set was scrutinised to elucidate demographics, factors that increase yield and their subsequent management.

Results Of the 1324 patients investigated, 4.1%(n = 54) had CRF. The mean age was 68 years (range = 37–86) and males consisted of 56% of the new cohort (n = 33). The indications for CE was IDA in 61%(n = 33) of patients and OB in the remaining 39%. The majority 89%(n = 48) of patients had significant other co-morbidity which included cardiovascular (13), diabetes (10), haematological (8), cancers (7), respiratory disease (7) and chronic liver disease (3). 3 patients were on warfarin and 4 patients were transfusion dependent. The diagnostic yield (as defined by lesions responsible for OGB) identified on CE was 48%(n = 26). Angioectasia was the commonest diagnosis identified in 33% of patients (n = 18). Other findings were ulcers and erosions 22%(n = 12), fresh blood without a definite bleeding site 17%(n = 9), strictures in 7%(n = 4), whilst crohns and polyps were seen in 2%(n = 1) each respectively. CE identified significant lesions within the upper gastrointestinal tract in 19%(n = 10) of patients. There was no significant difference in the diagnostic yield between those with IDA and OB (p = 0.53) and between the sexes (p = 0.76). Management was altered in 44%(n = 24) of those with a positive yield, in the form of further procedures (48%, n = 12). These procedures included push-enteroscopies 58%(n = 7), double balloon enteroscopies 25%(n = 3) and 3 OGDs. In the same group, argon photocoagulation therapy was applied to 83%(n = 10) of patients.

Conclusion CE has a high diagnostic yield in patients with CRF with a positive outcome on subsequent management. Small bowel angioectasia is the commonest finding. CE should be considered in the work up of patients with CRF and OGB.

Disclosure of Interest None Declared.

PTH-041 POLYP CANCERS: WHEN IS SURGICAL RESECTION NEEDED ?

doi:10.1136/gutjnl-2013-304907.528

[1,*]R Rameshshanker, [1]A King, [1]S Catnach, [1]S Cerys, [1]B Macfarlane. [1]*Gastroenterology, West Herts NHS Trust, Hemel Hempstead Hospital, UK*

Introduction The Bowel Cancer Screening Program (BCSP) has been successful in detecting early stage bowel cancer, including polyp cancers. Most polyp cancers are not recognised as such at the index colonoscopy and are managed initially with endoscopic resection. There are histological criteria to predict high risk polyp cancers and need for further surgical resection. The decision is not always clear cut, and who to refer for surgery is difficult. A single centre experience is reported

Methods Polyp cancers detected through the BCSP at West Herts NHS Trust between August 2008 and December 2011 were identified. Endoscopy reports, polyp histology, surgical referrals and surgical histology were analysed.

Results 1334 colonoscopies were performed and 25 polyp cancers which had been managed initially with endoscopic resection were identified. Twenty four were within recto-sigmoid area, size range 1–4 cm. No polyp cancers were poorly differentiated. Patient age range was 60–74 yrs, median 66 yrs.

Fourteen patients had endoscopic resection (ER) alone: thirteen remain disease free at 1 year endoscopic follow up, one patient did not attend. Of the pedunculated polyp cancers, two were Haggitt 1 (H1), four Haggitt 2 (H_2) and three Haggitt 3 (H3). The resection margin (RM) ranged from 1.5 to 12 mm. There was tumour budding in just one, but the RM was 12 mm. No case had lympho vascular invasion (LVI). Of the sessile polyp cancers there were two Kikuchi 1 (K1), two Kikuchi 2 (K2) and one Kikuchi 3(K3). There was budding in one case, a K1 polyp, and one LVI in a K2 polyp but with 4 mm RM. The K3 polyp had budding, no LVI and RM 0.5-MRI and CT scans were negative in this patient.

Eleven patients were referred for surgery post ER. Nine patients had no residual tumour. In these nine patients, polyp features dictating referral were: one H_2 with budding and 0.5 mm RM, one H3 with LVI and 1 mm RM, one H3 with budding and 1 mm RM, one H3 with 0.5 mm RM, one H3 RM not clear, one H3 with 2mm RM no LVI or budding, one K2 with budding LVI and 0.5 mm RM, two K3 RM not clear. Two patients had cancer: one pT1pN1Mx (polyp cancer: H3 no budding or LVI RM 1mm) and pT1pN0Mx (polyp cancer: K2 with budding RM 0.5)

Conclusion When all three high risk histological features (budding, LVI, RM < 1mm) are absent or present a decision re surgical referral can be straightforward. Using these parameters, in our study, probably one patient more should have been referred for surgical resection, and one patient less. The decision challenge lies when just one or two parameters are present. A pessimistic view is that 82% of our patients had unnecessary surgery, an optimistic one that 18% had appropriate surgery. Age and associated morbidity are also important factors illustrating the value of the MDT in these challenging decisions

Disclosure of Interest None Declared.

PTH-042 IRON DEFICIENCY ANAEMIA IN YOUNG MALES: DO GI SYMPTOMS AND HAEMOGLOBIN LEVEL AFFECT DIAGNOSTIC YIELD?

doi:10.1136/gutjnl-2013-304907.529

[1,*]R Kalla, [1]S Campbell, [1]R Willert. [1]*Gastroenterology, Manchester Royal Infirmary, Manchester, UK*

Introduction Young males with iron deficiency (IDA) routinely undergo endoscopy. There is paucity of data on the diagnostic yield of bi-directional endoscopy, level of HB that requires investigation and the yield in symptomatic vs. asymptomatic young men.

We aim to study the diagnostic yield of bi-directional endoscopy in young males and the influence of gastrointestinal symptoms and HB level on yield.

Methods Data was collected from UNISOFT endoscopy software for all male patients referred for iron deficiency anaemia. Strict inclusion criteria were set and defined as: 1. Age 20–50 years 2. No prior gastrointestinal (GI) diagnosis 3. Blood indices - hypoferritinemia confirming IDA at the time of referral

A total of 36 patients were identified from January 2010 to July 2012. A retrospective review of blood parameters, symptoms, nonsteroidal anti-inflammatory drug (NSAID) use, endoscopic findings

Gut: first published as 10.1136/gutjnl-2013-304907.528 on 4 June 2013. Downloaded from http://gut.bmj.com/ on April 19, 2024 by guest. Protected by copyright.