**ERCP IN PATIENTS WITH MILDLY RAISED ALKALINE PHOSPHATASE AND NORMAL BILIARY IMAGING**

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Introduction Serum alkaline phosphatase levels in adults range between 20 and 120 U/L. When bone disease is excluded, an elevation suggests biliary obstruction, injury to the bile duct epithelium, or cholelithiasis.

The mechanism for an elevated alkaline phosphatase has been related to enhanced synthesis and to release from cell membranes by the detergent action of retained bile salts. When there is partial biliary obstruction, the alkaline phosphatase will be elevated but the patient may not itch and the serum bilirubin will be normal. In high-grade total biliary obstruction, jaundice and itching will also be present. However, the significance of an isolated mild elevation of alkaline phosphatase (less than 1.5 to 2 times the upper limits of normal) has undergone only limited investigation.

Only a few studies have investigated the significance of a mild, isolated elevation of alkaline phosphatase. Because 1% to 9% of people without symptoms have elevated liver enzymes, extensive evaluation of all abnormal test results would expose many patients to undue risks and expenses. On the other hand, failure to evaluate minor liver enzyme elevations could mean missing the early diagnosis of potentially treatable disorders. Keeping this in mind we decided to look at the ERCP findings in patients with raised alkaline phosphatase levels in patients with cholelithiasis but with normal CBD status on imaging.

Methods A retrospective descriptive study was conducted at Surgical Unit 4 of Civil Hospital Karachi, over a period of 5 yrs, from August 2006 to July 2012. Sixty five patients with altered LFT's in terms of raised alkaline phosphatase and bilirubin and normal biliary tract on imaging were included in the study. Informed consent was taken from all patients and permission from hospital ethical committee was sought. All patients underwent standard ERCPs. And the findings and clinical data were entered on the special ercp database. Results were analysed using spss version 19.

Results A total of 65 patients were included in the study. Mean age of study population was: 42.75±13.84 (20–75 yrs). Mean bilirubin level was 1.04 ± 1.03 (0.0–4.59). Mean alkaline phosphatase : 168.98+ 73.259 (110–714).

Ercp findings:

- Normal 50 pts (76.9%)
- Stones 10 pts (15.4%)  
- Stricture 1 pt (1.5%)  
- Failed ercps: 4 pts (6.2%) subsequently lost to followup  
Successful duct clearance was achieved in 9 pts (13.8%)  
stents were placed in 2 pts (3.1%).

Conclusion A minimally raised alkaline phosphatase may be associated with biliary obstruction as 15.4% patients in this study had choledocholithiasis.

Disclosure of Interest None Declared.

**DO DIABETIC PATIENTS HAVE ANY WORSE OUTCOMES THAN NON-DIABETIC PATIENTS AT COLONOSCOPY WITHIN THE BOWEL CANCER SCREENING PROGRAMME? A CASE CONTROLLED STUDY**

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Introduction Diabetic patients (DM) often have numerous comorbidities and can suffer from autonomic dysfunction and poor GI motility. It is unknown whether their outcomes are any worse within the Bowel Cancer Screening Programme (BCSP) than Non-Diabetic patients (NDM).

Methods An audit was performed in 2011 on 100 consecutive Diabetic (DM) and Non-Diabetic (NDM) patients that had received Moviprep as an oral cleansing agent (50 each group), in order to evaluate the quality colonoscopy outcomes within the Merseyseyde & North Cheshire BCSP.

Results The mean age was 67.96 in DM and 67.44 in NDM groups. There were more males in the DM group (78% v 54%). Median ASA, in both groups was 2. The bowel preparation was poor in 14% of DM which led repeat colonoscopy in 7 patients. In the NDM poor bowel preparation was in 8% with 4 repeat colonoscopies. The caecal intubation rate (CIR) was 92% in each group but in the DM group the reason for failure was poor prep, whilst in the NDM it was acute angulation and sigmoid looping, i.e. not poor bowel...
preparation. The adenoma detection rate (ADR) was 62% with an mean of 2.1 polyps per colonoscopy in DM compared to ADR of 52% and mean 1.4 per colonoscopy in NDM. There was 1 cancer detected in each group. Neither group had any complications and no readmissions or 30 day mortality.

Conclusion Our findings were 3 fold. 1) Outcomes of Diabetic (DM) & Non Diabetic (NDM) patients were similar for CIR, Cancers detected & Adverse Events. 2) Bowel preparation is below QA &GRS standards in DM patients which consequently led to significant number of repeat procedures and to failure to complete the colonoscopy in all of group of patients. 3) ADR and numbers found per colonoscopy seem to be greater in DM even with the poorer bowel prep. This may reflect the male preponderance but needs further investigation. We are looking at changing the bowel preparation from Moviprep to Kleen prep in the diabetic population within our programme.

Disclosure of Interest None Declared.

REFERENCES
Do Diabetic Patients have any Worse Outcomes than Non-Diabetic Patients at Colonoscopy within the Bowel Cancer Screening Programme? a Case Controlled Study

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