been reported to range widely from 11–78%. Full publication is important and for the aspiring trainee enhances there CV. However it may be difficult to publish a negative study, with service review papers also suggested to be less likely to achieve full publication. This study evaluates the rate of BSG abstracts subsequently published in full over a 15-year period and the time duration between meeting and full publication.

Methods All abstracts presented at the BSG between 1994 and 2008 were assessed in Nov 2012. This ensured a 4 year period had elapsed since the last meeting included this study, a previously reported upper limit timescale of full publication of an abstract after a meeting. PUBMED and EMBASE databases were reviewed using cross-referencing of first author, senior author and at least one key word from the abstract title. Abstracts and possible full publications were then examined in tandem to ensure they represented the same study. Full publication rates and lag time were then compared between meetings, with an unpaired t test used to compare means and categorical data compared using a X^2 test.

Results In order to provide comparable year on year data, outcomes of abstracts presented in the spring and autumn meetings of 1994 and 1995 were combined. Over the 15-year period the number of abstracts presented ranged from 578 – 330 but this did not vary significantly between years. However, the number (n = 323 – n = 91) and percentage (55.9% –20.4%) of abstracts presented that went on to full publication fell year on year (r = –0.74; p = 0.002 and r = –0.83; p = < 0.001 respectively). Comparing lag times between meeting and full publication at the start of the study period in 1994 (mean 23.0 months: SD 15.04) and at the end in 2008 (mean 19.6 months: SD 9.2), this was significantly longer (p = 0.014 unpaired t test). Service development abstracts had a conversion rate to full publication of 6.9% (8/116) between 2004–2008, which was significantly lower than the 23.1% (525/2268) conversion rate identified for all abstracts submitted to the BSG during the same period (p < 0.0001)

Conclusion This study demonstrates that the number of abstracts that go on to achieve full publication at the BSG has fallen with a significant trend. Whilst improvements are identified in the time to full publication, the decline in BSG abstract output to full publication may reflect declining research activity within the UK gastroenterology community.

Disclosure of Interest None Declared

PTU-010 PERFORATION OR MUCOSAL TEAR- A CLASSICAL PRESENTATION OF COLLAGENOUS COLITIS WITH MUCOSAL TEAR

doi:10.1136/gutjnl-2013-304907.103

[1,*]M Rajaram, [2]S Ramasamy, [2]K Koss. *[1]Gastroenterology, Nottingham University Hospital NHS Trust, Nottingham; [2]Gastroenterology, East Cheshire Hospital NHS Trust, Macclesfield, UK*

Introduction In general, the colonic mucosa is macroscopically normal in collagenous colitis, although minor, non-specific abnormalities may be found. Significant endoscopic abnormalities, «mucosal tears» representing longitudinal mucosal lacerations, have been reported in a few patients with collagenous colitis (1). The colonoscopist should aware that the risk of perforation is likely to be increased when mucosal tears are present.A 56-year-old female patient was referred to the outpatient clinic with 6 weeks history of profuse watery diarrhoea. Her significant past medical history includes colonic polyps and polypectomy in 2000 and her last colonoscopy in 2003 was normal. Her drug history includes alendronic acid 70 mg once a week, hormone replacement therapy patches, solifenacin 5 mg once a day and loperamide 2 mg as required. Her initial blood investigations including FBC, Urea & electrolytes, LFT, TFT, inflammatory markers, coeliac serology & stool cultures were normal. Her colonoscopy revealed a mucosal tear at the splenic flexure and the biopsies confirmed collagenous colitis.

Methods N/A

Results N/A

Abstract PTU-010 Figure

Conclusion The colonoscopy usually reveals a normal mucosa or mild mucosal edoema & usually biopsies required to confirm the diagnosis. The mucosal tears on endoscopic insufflation are not uncommon with collagenous colitis.A postulated mechanism for the mucosal lacerations in collagenous colitis might be the rigid character of the collagen containing subepithelium, possibly in combination with endoscopic insufflation,leading to stretching of the mucosa and subsequent tearing (2)

Disclosure of Interest None Declared

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PTU-011 A SURVEY ON PROVISION OF TEACHING FOR NASOGASTRIC TUBE PLACEMENT AS PART OF THE CURRICULA OF UK MEDICAL SCHOOLS

doi:10.1136/gutjnl-2013-304907.104

[1,*]P N Brennan, [1]L L Wong, [1]G Robins. *[1]Department of Gastroenterology, York Teaching Hospitals NHS Foundation Trust, York, UK*

Introduction Nasogastric tube (NGT) insertion for enteral feeding is common practise, but is associated with the risk of tube misplacement or malposition in both the immediate and subsequent time points.[1] Between 2005 to 2010, 21 deaths and 79 other cases of harm have been reported on the updated National Patient Safety Agency (NPSA) Alert (2011), "Reducing harm caused by nasogastric feeding tubes". In 45% of cases, misinterpretation of the chest X-ray was directly responsible for the harm inflicted.

The General Medical Council's (GMC) guidance for undergraduate education, "Tomorrow's Doctors (2009)" does not specify NGT placement as a core competency for a graduate or Foundation Trainee.[2]

The purpose of this survey was to ascertain the number of medical schools in the United Kingdom (UK) which provide specific teaching on NGT placement and correct identification of tube position (using either pH method or clinical interpretation of a plain