Conclusion This data supports the previous findings that the BO lesion length of greater than 3 cm is associated with the presence of IM. Furthermore, the odds of having IM are significantly reduced in patients from the Indian sub-continent. Ethnicity should thus be taken into account in the future risk stratification of BO patients and requires further study.

REFERENCE

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Disclosure of Interest None Declared.

PTU-176 IMPLEMENTATION OF OBJECTIVE ACTIVITY MONITORING TO SUPPLEMENT THE INTERPRETATION OF AMBULATORY OESOPHAGEAL PH INVESTIGATIONS

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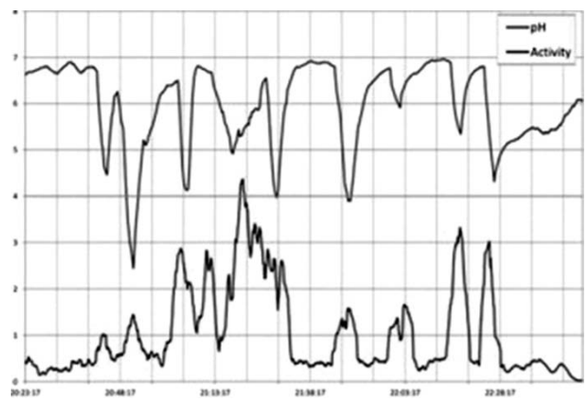
Introduction Conventional catheter-based systems used for ambulatory oesophageal pH monitoring have been reported to affect patient behaviour. As physical activity has been associated with gastro-oesophageal reflux disease (GORD), there is a risk that abnormal behaviour will degrade the value of this diagnostic investigation and consequent management strategies. Our aim was to provide the reporting physician with objective peri-investigational changes in activity, and the means to assess the association between activity and pH during the test, using a wearable activity monitor.

Methods Trial registered at clinicaltrials.gov (NCT01507298) and ethics approved (11/LO/1981). Twenty patients listed for 24h pH monitoring underwent activity monitoring using a lightweight ear-worn accelerometer (e-AR sensor, Imperial College London) 2 days prior to, and during their investigation. PH was measured and recorded using a conventional naso-gastric catheter and waist worn receiver. Objectively measured activity levels, including subject-specific activity intensity quartiles, were calculated and compared over the 3 days. Physical activity was added to standard test outputs to supplement interpretation and diagnosis.

Results Average patient activity levels decreased by 26.5% during pH monitoring (Range -4.5–51.0%, $p = 0.036$). The amount of high intensity activities decreased by 24.4% (Range –4.0–75.6%, $p = 0.036$), and restful activity increased on average by 34% although this failed to reach statistical significance (-24.0–289.2%, $p = 0.161$). Some patients exhibited consistent associations between bouts of activity and acidic episodes (Figure 1).



Abstract PTU-176 Figure 1

Conclusion The results of this study support the previously reported reduction in activity during ambulatory oesophageal pH monitoring,[1,2] with the added reliability of objective activity data. In the absence of more pervasive pH monitoring systems (e.g. wireless), quantifying activity changes in the setting of activity-induced reflux might facilitate recalibration of patient DeMeester scores and therefore more appropriate management of GORD.

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Disclosure of Interest None Declared.

PTU-177 DUODENAL ADENOMAS: A REVIEW OF THEIR MANAGEMENT AND THE HIGH RISK OF CO-EXISTING COLON CANCER

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Introduction We reviewed the management of Duodenal adenomas at James Paget University Hospital, Great Yarmouth between 2001 and 2013.

Methods 20 patients were included in this study. A standardised proforma was completed for each case and the information was then collated.

Results A CT scan was performed in 13/20 patients. 3/20 had CT and Endoscopic Ultrasound. 4/20 had no imaging. 14/20 patients had Endoscopic Mucosal Resection (EMR). 5/20 had surgery. 1/20 case was monitored with annual surveillance OGDs. 11/14 patients had EMR within 6 months of diagnosis. Complete resection was achieved in 11/14. Argon Plasma Coagulation (APC) was used in 3/14.

The American Society of Gastroenterology guidelines[1] recommend routine insertion of prophylactic pancreatic stents for patients undergoing EMR of Ampullary adenomas. 6 of our patients had EMR for Ampullary adenoma and only 1 had a Pancreatic stent inserted. However none of these procedures were complicated by Pancreatitis. 4/14 patients had serious complications following EMR. 3 of these had bleeding from the EMR site while one had a large mucosal defect needing Endoclip application. The 30 day mortality was 0. The frequency of long term follow up was in compliance with the Spigelman scoring system.[5] 4/14 patients had recurrent Duodenal adenomas after EMR.

Various studies have previously demonstrated a high incidence of co-existing Colorectal neoplasms in patients with sporadic Duodenal adenomas.[2–4] The same was observed in our patients. Of the 17/20 patients who had Duodenal adenomas and intact colons, 11 had a colonoscopy. 3 were found to have Colon cancer, 4 had Colonic adenomas and 1 had hyperplastic polyps.

Conclusion We recommend imaging for all polyps >1 cm. All patients should have EMR within 6 months of diagnosis. Only 1/6 patients who had EMR of ampullary lesions had a Pancreatic stent inserted. None developed Pancreatitis. 4/14 had serious complications following EMR. Long term follow up was in