examination improved yield to 100% without significantly lengthening the procedure duration.

REFERENCE

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Disclosure of Interest None Declared.

PTH-095 PORTAL HYPERTENSION DUE TO SPLANCHNIC VENOUS THROMBOSIS FOLLOWING OPEN OR SKUNK WIRE NECROSECTOMY OF ACUTE SEVERE PANCREATITIS

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Introduction Isolated splenic vein thrombosis (ISVT) is a well recognised complication of acute pancreatitis with incidences ranging widely but more recently in a large meta analysis reported as approximately 14% with a reported incidence of varices of 53% and a GI haemorrhage rate of 12.3%. There is however less available published data on the incidence and natural history of splanchnic vein thrombosis that occurs with severe necrotizing pancreatitis requiring percutaneous or open necrosectomy.

Our aim was to retrospectively review all patients who underwent minimal access retroperitoneal pancreatic necrosectomy (MARPN) at RLUH from 1998 to 2012 to assess the incidence, natural history and complications of splanchnic vein thrombosis.

Methods Using a hospital held database we identified all patients who had undergone MARPN or open necrosectomy and had an electronic hospital record. We assessed patient characteristics the incidence of splanchnic vein thrombosis at presentation, at most recent cross sectional imaging, complications of portal hypertension including incidence of varices and variceal haemorrhage.

Results We identified 191 patients who had undergone necrosectomy. 46 cases were excluded from the final analysis as imaging reports made no comment on the portal venous system. The mean age was 56.1 years with a mean apache score of 9 on admission. Overall 31.7% (n = 46) underwent open necrosectomy and 68.3% MARPN necrosectomy. The results are outlined in Table 1.

Conclusion The incidence of splanchnic venous thrombosis in pancreatitis requiring necrosectomy is much higher than previously reported cases series assessing ISVT in patients with acute pancreatitis. The true natural history remains splanchnic venous thrombosis related to pancreatitis remains unknown, however in our case series the recanalisation rate was low. However in severe necrotizing pancreatitis portal venous complications should be actively investigated and UGI endoscopy to examine for varices should be carried out such that prophylaxis against variceal haemorrhage can be used where appropriate.

Disclosure of Interest None Declared.

Abstract PTH-095 Table 1

	Number	Percentage
Portal venous occlusion at most recent imaghing	90	62.07
3 vessel	10	6.90
2 vessel	18	12.41
1 vessel	62	42.76
Recanalisation	7	4.83
Developed occlusion since admission	6	11.1
Endoscopy in patients with vessel occlusion	31	34.44
Varices	12	38.71
UGIB	2	6.45

PTH-096 THE SENSITIVITY OF EUS FNA OF SOLID PANCREATIC LESIONS, WORKING FROM A REGIONAL MDT AND WITHIN A REGIONAL NETWORK

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Introduction Endoscopic ultrasound (EUS) guided sampling of advanced malignant pancreatic lesions is increasingly being performed in order to confirm malignancy prior to chemotherapy and or treatment. Meta-analysis of 33 studies examining solid lesion EUS FNA tissue acquisition in 4984 patients showed a pooled sensitivity of 85%, increasing to 91% if suspicious atypia was included [1]. Higher sensitivities have been demonstrated in large volume single operator centres where sensitivities of 92–97% [2,3] have been reported.

The four Wessex EUS centres all work from a regional HPB MDT, where pancreatic cases are discussed and EUS procedures requested. Each centre has two EUS operators, performing between 148 and 214 cases per annum. Additionally the regional EUS endoscopists, pathologists and biomedical technicians meet

Abstract PTH-096 Table 1

	Number solid pancreatic masses sampled	Number malignancy confirmed	False negative for malignancy on clinical /radiological findings	Insufficient sample	True negative for malignancy, on clinical /radiological findings	Sensitivity
Centre 1	28	24	0	0	4	100%
Centre 2	14	14	0	0	0	100%
Centre 3	17	11	0	1	5	92%
Centre 4	18	15	2	0	1	88%
Total	77	64	2	1	10	96%