

Results We included 74 studies from 16 countries comprising 34,535 SSL. Compared with HP, SSL was more likely to be in the right colon (OR 5.45; 95% CI 4.13-7.17; $P<0.01$); larger in size ($>5\text{mm}$ vs. $\leq 5\text{mm}$ OR 5.60; 95% CI 3.82-8.22; $P<0.01$); in Paris-0-II morphology (OR 2.33; 95%CI 1.45-3.70; $P<0.01$); having mucus cap (OR 8.48; 95% CI 4.86-14.8; $P<0.01$); vague margin under white light endoscopy (OR 2.71; 95% CI 1.88-3.92; $P<0.01$); having expended crypt opening (OR 5.09; 95% CI 1.87-13.9; $P<0.01$), varicose microvascular vessels (OR 6.17; 95% CI 1.57-24.3; $P<0.01$) and thick branched vessel (OR 5.17; 95% CI 1.81-15.8; $P<0.01$) under magnified narrow band imaging and type II-O pit pattern (OR 18.56; 95% CI 8.45-40.7; $P<0.01$) under magnified chromoendoscopy.

Conclusions We systematically synthesised current evidence on the discriminating endoscopic features of SSL. These findings could enhance the detection of SSL in endoscopy practice.

IDDF2021-ABS-0027 POST OPERATIVE PNEUMONIA AFTER ABDOMINAL SURGERY AND THE ROLE ON UNFAVORABLE OUTCOME: EVALUATION ON EMERGENCY ABDOMINAL SURGERY PATIENTS WITH COVID-19

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Background Abdominal surgery is one of the most common procedures in a non-elective setting. Especially in the era of the COVID-19 pandemic nowadays, many kinds of abdominal surgery have been rescheduled and we must make priorities of what procedures should be done during the pandemic. Many guidelines (such as Royal College Surgery) suggested to postpone and reschedule the operative treatment during the pandemic, even in gastrointestinal cancer surgery. In this pandemic era, those guidelines could be applied in many elective settings, but not in emergency abdominal surgery procedures, we must face increasing post operative morbidity and mortality on performing surgery in confirmed COVID-19 will evaluate the post operative morbidity which leads to increased mortality of COVID-19 patients whose underwent emergency abdominal surgery during the pandemic.

Methods This study has conducted at Digestive Surgery Division at Moewardi General Hospital, Indonesia, from April 2020 until March 2021. Emergency abdominal surgery, including trauma and non-trauma cases, will be included in this study. All patients have already confirmed with positive COVID-19 pre-operatively. The procedure of this emergency surgery is laparotomy exploration with standardized level 3 PPE during surgery. The exclusion criteria of this study are to redo surgery and pediatric surgery case. The presence of post operative morbidity and in-hospital mortality will be recorded following this study.

Results From April 2020 until March 2021, we reported 39 emergency abdominal surgery cases. All of them have been done emergency exploratory laparotomy. The most common procedure is diffuse peritonitis due to peptic ulcer perforation (reported in 21 cases), other procedures are complicated appendicitis in 9 cases, two cases of blunt abdominal trauma, large bowel obstruction was found in 4 cases and 3 cases of

incarcerated groin hernia. Thirty-one patients survived following the emergency abdominal surgery and 8 patients did not survive with post operative pneumonia and uncontrolled sepsis in the ICU.

Conclusions Post operative pneumonia is the important factor which has an impact on unfavorable clinical outcome during emergency abdominal surgery procedures on confirmed COVID-19 positive patients. These high-risk procedures need the perioperative multidiscipline team to gain a better outcome in this current pandemic.

IDDF2021-ABS-0035 OPIUM ADDICTION INDUCED GASTRIC OUTLET OBSTRUCTION- AN UNUSUAL ENTITY

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Background There is a paucity of data in the literature on opium addiction causing gastric outlet obstruction. The aim was to study opium addiction causing gastric outlet obstruction and to assess the role of endotherapy.

Methods Prospective study was conducted at SMS Hospital, Jaipur, between January 2017 to December 2020. All patients with a clinical diagnosis of gastric outlet obstruction with a history of opium addiction were consecutively enrolled. Data relating to demography, laboratory parameters, radiological imaging, histology and outcome of endotherapy were analyzed.

Results Sixty patients (age 38.3 ± 11.2 years, BMI 17.6 ± 2.9 kg/m², 57 males) were studied. Site of involvement was pylorus with junction of first and second part of duodenum in 24 (40%), junction of first and second part of duodenum in 16 (26.7%), pylorus with distal second part or third part of duodenum in 11 (18.3%) as shown in figure 1&2 and pylorus, junction of first and second part of duodenum along with distal second part of duodenum or third part seen in 9 (15%) patients (IDDF2021-ABS-0035 Figure 1. Endoscopic image showing ulcerated stricture at pylorus, IDDF2021-ABS-0035 Figure 2. Endoscopic image showing stricture in distal second



Abstract IDDF2021-ABS-0035 Figure 1