**PTU-138** ANALYSIS OF THE EFFECTS OF SPECIALISATION ON THE QUALITY OF REPORTING OF STOMACH CANCER USING THE ROYAL COLLEGE OF PATHOLOGISTS MINIMUM DATASET IN THE YORKSHIRE REGION


**Conclusion** This analysis of a large number of proformas from a region shows a completion rate and an overall good quality using lymph node retrieval. Specialisation of histopathologists has significant impact on the completeness of forms, accuracy of information content and quality of reporting. Therefore, further specialisation is recommended to improve the quality of cancer reports and patient management.

**Competing interests** None declared.

**PTU-139** COLONIC HISTOLOGICAL ABNORMALITIES ARE NON-SPECIFIC AND NON-SIGNIFICANT IN BILE ACID MALABSORPTION

1. O Orekoya,* 2 J McLaughlin, 2 E Leitao, 3 W Johns, 2 Paine. 1 University of Manchester, Manchester, UK; 2Gastroenterology, Salford Royal Foundation Trust, Manchester, UK; 3Nuclear Medicine, Salford Royal Foundation Trust, Manchester, UK

**Introduction** Bile acid malabsorption (BAM) is a common cause of chronic secretory diarrhoea via poorly characterised mechanisms. The aim of this study was to determine if histological abnormalities in colonic mucosa are linked to BAM in patients with chronic diarrhoea.

**Methods** During a 6-year period 264 patients were investigated with SeHCAT for chronic diarrhoea and their retention values recorded (≥8% = positive result; ≥5% = negative result). Colonic biopsies and histological analysis were available in 150 (57%). The patients were categorised as: Group 1: terminal ileum Crohn’s disease, (pre or post resection) n = 51. Group 2: Idiopathic BAM (including patients with diarrhoea predominant IBS) n = 159. Group 3: BAM secondary to other gastrointestinal disease n = 51; of which cholecystectomy (n = 37), coeliac disease (n = 1), chronic pancreatitis (n = 1), bacterial overgrowth (n = 2), diabetes (n = 4) and other gastrointestinal surgeries (n = 6). Group 4: terminal ileum disease plus cholecystectomy n = 5.

**Results** A histological abnormality was present in 29% (n = 16/56) of the patients with positive SeHCAT, vs 23% (n = 17/74) of the patients with negative SeHCAT (p = 0.318, two-tailed Fisher’s exact test). Similarly, 50% (n = 6/20) of the patients with equivocal SeHCAT results (8%–16% retention) had histological abnormalities. As expected, the highest prevalence of these abnormalities was noted in groups 1 and 4, the subjects with Crohn’s disease, regardless of the presence of BAM. Abnormalities were noted in descriptive terms and included colitis (n = 4), chronic inflammation (n = 5), cryptitis (n = 4), mild non-specific inflammation (n = 11), moderate non-specific inflammation (n = 5), polyps (n = 2), ulceration (n = 6) and active inflammatory bowel disease (n = 2). 30% (n = 8/27) of positive SeHCAT with idiopathic BAM (group 2) had abnormalities on histology compared with 19% (n = 10/52) who had negative SeHCAT in group 2, which was again a non-significant difference (p = 0.397, two-tailed Fisher’s exact test). The 7% (n = 2/28) of patient in group 3 with histological abnormalities also had negative SeHCAT results.

**Conclusion** This retrospective study indicates that colonic histological abnormality is non-specific and coincidental to the presence of bile acid malabsorption in patients with chronic diarrhoea. It is unlikely to be relevant to the mechanism of diarrhoea which is probably non-inflammatory. This might be further studied in the future using faecal markers of inflammation in these patients.

**Competing interests** None declared.

**PTU-140** NEUTROPHIL LYMPHOCYTE RATIO IN OUTCOME PREDICTION AFTER EMERGENCY ABDOMINAL SURGERY IN THE ELDERLY

1. G Vaughan-Shaw,* 2 J R Rees, 1 A T King. 1Department of Lower GI Surgery, University Hospitals Southampton Foundation Trust, Southampton, UK; 2Academic Unit of Surgical Research, Section of Healthcare Research, University of Bristol, Bristol, UK

**Introduction** Accurate prediction of outcome after emergency surgery in the elderly patient may assist decision making. However, certain scoring systems require post-operative data (eg, P-POSSUM) while others have failed to gain widespread use (eg, Surgical risk score). Recent reports have suggested that C reactive protein (CRP)
and the neutrophil lymphocyte (N/L ratio) ratio may predict surgical outcome.

Methods A retrospective review of consecutive unselected patients aged 80 years or over undergoing emergency abdominal surgery over a 22-month period was performed. Univariate, multivariate and recursive analyses were performed and findings validated using an independent data-set.

Results 88 patients were identified, median age 84 years. 30-day mortality was 31%, 6-month mortality 45% and 12-month mortality 50%. Univariate analysis revealed age, N/L ratio, CRP, midline laparotomy, ASA and surgical risk score to predict outcome at set time points. Using a recursive approach N/L ratio>22 (p=0.0018) best predicted 30-day outcome. On multivariate analysis, N/L ratio was an independent predictor of 30-day outcome (p=0.004, df=1, χ²=8.144) while CRP failed to predict outcome at any time point. In an independent dataset (n=84), N/L ratio was an independent prognostic factor at 30 days (p=0.001, df=2, χ²=15.071), 6 months (p<0.001, df=1, χ²=12.536) and 12 months (p=0.001, df=1 χ²=10.27).

Conclusion We suggest that N/L is an easily calculable pre-operative measure that may have utility in the prediction of outcome after emergency abdominal surgery in the elderly. Further work to validate this measure in a larger, prospective setting and determine why N/L ratio predicts outcome is necessary.

Competing interests None declared.

PTU-142 SMALL BOWEL CAPSULE ENDOSCOPY: A REVIEW OF 232 STUDIES UNDERTAKEN AT A SINGLE CENTRE

A M Verma,* R Ramiah, D Legge, A Dixon. Gastroenterology, Kettering General Hospital, Kettering, UK

Introduction Capsule endoscopy (CE) is the modality of choice for investigating small bowel pathology. It is non-invasive, tolerated, safe and reliable. The BSG have issued guidance on the use of CE for patients with obscure gastrointestinal bleeding (OGB) and for patients with a high suspicion of small bowel Crohn’s disease undetected by conventional means, in Kettering General Hospital (KGH) CE has been used extensively for this as MR enteroclysis is not available. KGH introduced a CE service in 2008. In 3+ years, 232 studies have been reported. KGH uses Diaimed/Given PillCam 2 CE. Patients take two sachets of Klean prep prior to their study. Patients do not undergo patency capsule testing. Patients take the capsule and using a laptop computer, a real time image is visualised, ensuring the capsule has passed into the small bowel. Patients are sent home and keep the recording belt and box on for 12–15 h. If capsule does not pass into small bowel patients are given a prokinetic and if that fails they undergo a gastroscopy to introduce the capsule into the distal duodenum (rarely required).

Methods Demographic data, indications, quality of bowel preparation and diagnosis is recorded in a database. This has been analysed using Microsoft Excel.

Results Overall: 232 studies, mean age = 54.95 years, median = 57.51 years. 114 males, mean age = 57.83 years, median = 60.80 years. 118 females, mean age = 52.07, median = 52.5 years. Yield of pathology = 100 studies (43.10%). 3 capsules retained (1.72%)—2 strictures, 1 trapped in diverticulum. Obscure GI bleeding/anaemia as an indication: 174 studies, yield = 72 studies (41.3%). Diagnoses: angioectasia 13, erosions/ulcers 11 (gastric 3), Crohn’s disease 6, tumours 6, active bleeding 5, polyps 5, stenosis/stricture = 5. Other indications: 58 studies: ?Crohn’s disease 46 (yield = 22/47.85%), known Crohn’s 6, abnormal imaging = 3, other = 3.

Conclusion This series of CE studies reveals a yield of 43.10% with a low capsule retention rate of 1.72%. As these patients have had multiple investigations (endoscopies/cross sectional imaging) it suggests that in patients with suspected small bowel pathology, CE is very useful (with a high yield) and safe. For OGB the yield is 41.3% with common diagnoses being angioectasia, ulcers/erosions. Occasionally active bleeding, polyps and tumours are seen. This confirms the importance of CE in investigating OGB. For suspected Crohn’s disease the yield is high (47.8%). This confirms that as long as patients don’t have symptoms of sub-acute small bowel