capsule endoscopy (CE) and double balloon endoscopy (DBE), the role of IOE has been questioned. Our aim was to identify the indications for IOE and associated morbidity and mortality. We also made comparisons between CE and IOE.

**Methods** All patients that underwent IOE between 2003 and 2011 were included. Data collected included demographics, clinical indications, co-morbidity, transfusion requirements, findings at IOE and subsequent follow-up.

**Results** There were 17 IOEs, 8 males, with a mean age of 57 years (range 34–93). The median follow-up period was 9 months (range 0–48 months). The indication was iron deficiency anaemia (IDA) in all patients (occult bleeding = 10) and overt bleeding (n=7). Ten patients were transfusion dependent. The median haemoglobin pre-IOE was 7.7 g/dl (SD 1.4). 71% (n=12) had significant co-morbidity which included ischaemic heart disease, diabetes and bronchiectasis. Small bowel investigations prior to IOE included DBE (n=9) and CE (n=16). Two patients had therapeutic intervention at DBE, both argon plasma coagulation (APC) to angiodyplasia. In seven patients the abnormality on CE was not reached at DBE. The diagnostic yield for IOE was 88% (15/17). In two patients, the IOE was normal. Findings at IOE included Meckels diverticulum (n=2), arteriovenous malformations (n=7), small bowel tumours (n=3); benign glomus tumour, leiomyoma and carcinoid; bleeding point at surgical anastomosis (n=2); post hepatectomy and at a transplanted pancreatic tree bed; and small bowel ulceration secondary to NSAIDs and nicorandil. Intervention at IOE occurred in 82% (n=14). These included 11 small bowel resections, two APC, one revision of anastomosis, one oversewing of angiomata. While the morbidity rate was 18% (n=3) with two post-operative bleeds requiring transfusion and a seizure secondary to hyponatraemia, there were no deaths within 30 days. Evidence of recurrent GI bleeding occurred in four patients all of whom have lower transfusion requirements than before, 1 being on tranexamic acid, and 1 on somatostatin analogue. In the two patients with a normal IOE; the patient with IDA remains well 6 months post IOE while the second patient with diarrhoea and pain remains symptomatic without a diagnosis. A comparison of CE against IOE as the gold standard for IOE has a high diagnostic yield (88%) with a significant proportion having intervention at IOE. There remains an important role for IOE in a select group of patients with transfusion-dependent anaemia.

**Competing interests** None declared.

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### Abstract PTU-220 Table 1

<table>
<thead>
<tr>
<th>Quality of bowel preparation</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. colonoscopies (%)</td>
<td>2458 (77.8)</td>
<td>1361 (30.6)</td>
<td>623 (14.0)</td>
</tr>
<tr>
<td>Polyp detection (%)</td>
<td>536 (21.8)</td>
<td>285 (21.0)</td>
<td>132 (21.2)</td>
</tr>
<tr>
<td>Mean no. polyps (range)</td>
<td>0.48 (0–20)</td>
<td>0.44 (0–9)</td>
<td>0.44 (0–9)</td>
</tr>
<tr>
<td>Mean no. polyps detected (where present) (median)</td>
<td>2.21 [2]</td>
<td>2.11 [2]</td>
<td>2.06 [1]</td>
</tr>
</tbody>
</table>

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### REFERENCES


### Compelling interests

None declared.

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**PTU-221**

**DYSPHAGIA IN A DGH: IS THERE HISTOLOGICAL CORRELATION OF THE VISUAL DIAGNOSIS?**

doi:10.1136/gutjnl-2012-302514c.221

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**Introduction** Dysphagia is a clinically important indication of malignancy; as well as a symptom of Oesophagitis, Barrett’s oesophagus (BO), and peptic strictures; all of which should be easily recognised at biopsy. Dysphagia in younger patients may indicate Eosinophilic Oesophagitis (EO), which may only be visible on histology. The aim of this study was to review the demographics of patients undergoing endoscopy and if there was histological and visual correlation to help guide our investigation of dysphagia.

**Methods** A retrospective study including dysphagic patients attending endoscopy at Singleton or Morriston hospital between 1 January 2010 and 31 October 2011. Patients were reviewed to identify demographics, endoscopic findings and correlation between visual and histological diagnosis. Where biopsies were indicated in the endoscopy report results were cross matched with the histology results. Histus hernia was considered normal and unspecified mass was considered to represent a visual diagnosis of malignancy unless otherwise stated. Patients undergoing more than one procedure had each procedure entered as a separate data set.