Abstract PTU-138 Figure

**Conclusion** Our findings indicate that in asymptomatic volunteers, central obesity and waist belt cause partial hiatus herniation and that waist belt also causes short segment reflux.

**Disclosure of Interest** None Declared

**Oesophagus**

[PTU-139] AN UNUSUAL COMPLICATION OF MYELODYSPLASIA
doi:10.1136/gutjnl-2013-304907.229

1'A K Gabr, 1'South Tyneside NHS Foundation Trust, South Tyneside, UK

**Introduction** Oesophageal haematoma is a rare clinical entity which is part of the spectrum of oesophageal injuries that includes Mallory-Weiss tear and Boerhave’s syndrome. We present a case of oesophageal haematoma as the only complication of myelodysplasia.

**Methods** Case presentation An 81 year old gentleman presented to the emergency department with sudden onset chest pain. He ate a scone and went to bed. Half an hour later, he developed a sharp, retrosternal pain, radiating to the neck. The pain was worse by breathing and swallowing. His past medical history included myelodysplasia.

**Results**

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**Discussion** Our findings indicate that in asymptomatic volun-
tees, central obesity and waist belt cause partial hiatus herniation and that waist belt also causes short segment reflux.

**Disclosure of Interest** None Declared

Abstract PTU-139 Figure

**Conclusion** Our findings indicate that in asymptomatic volun-
tees, central obesity and waist belt cause partial hiatus herniation and that waist belt also causes short segment reflux.

**Disclosure of Interest** None Declared

**Oesophagus**

[PTU-140] THE EFFECT OF PROTON PUMP INHIBITORS (PPIs) ON OESOPHAGEAL ACID REFLUX USING A PROLONGED WIRE-LESS BRAVO PH MONITORING
doi:10.1136/gutjnl-2013-304907.230

1'S Sui, 1'M Fox, 1*A Anggiansah, 1'A Vales, 1'T Wong, 2'Oesophageal Lab, Guy’s hospital, London; 2'Biomedical Research Unit, Queen’s Medical Centre, Nottingham, UK

**Introduction** Recently prolonged catheter-free pH monitoring (Bravo®, Given Imaging, Yoqeam, Israel) up to 96 hours has become possible which enables more physiological evaluation of oesophageal acid exposure and its response to therapeutic interventions. This study applied this technology to measure acid reflux, and reflux related symptoms in patients with proven gastro-oesophageal reflux disease on and off high-dose PPIs. The potential utility of this methodology in guiding medical therapy was assessed.

**Methods** Patients with reflux symptoms were recruited prospectively from Mar.2012 to Oct.2012. PPI was stopped for 7 days prior to the Bravo capsule insertion. The 1st 48hr pH recording was performed off PPI and the 2nd 48hr was on twice daily PPI. The 48hr pH and symptom data for the two periods were compared, including percentages of acid exposure in total, upright and supine periods and symptom–reflux association for which heartburn (HB), chest pain (CP) and regurgitation (RG) were analysed. Data were expressed as median & interquartile. Wilcoxon signed-rank and Mann Whitney tests were used for statistical analysis (*P<0.05; **P<0.01; ***<0.001).

**Results**

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**Conclusion** Diagnosis of Oesophageal haematoma can be achieved by interpreting symptoms in conjunction with imaging and endoscopy findings at presentation and follow up. Fornisation is favourable, as it usually resolves with conservative management.

**Disclosure of Interest** None Declared