women may be advised to continue these medications remains
potential teratogenic effects of 5-aminosalicylic acid, steroids or
Conclusion
found.

Methods
Cohort. Undergoing Investigation before Treatment (BISCUIT) study
the Bacteria in Inflammatory bowel disease in Scottish Children
in disease onset in children with IBD using pyrosequencing, utilising
The aim of the study was to examine candidate fungal triggers at
candida and their pathogenic potential has not been fully explored.
The study was to examine candidate fungal triggers at
disease onset in children with IBD using pyrosequencing, utilising
the Bacteria in Inflammatory bowel disease in Scottish Children
Understanding Investigation before Treatment (BISCUIT) study
cohort.

Results
Fungal DNA was amplifiable from 7 patient samples, 6
children undergoing colonoscopy were approached
from three Scottish paediatric centres (Aberdeen, Glasgow
from three Scottish paediatric centres (Aberdeen, Glasgow and
Dundee) with 100 ultimately recruited and biopsied; 44 IBD (com-
prising Crohn’s disease (CD); 29), ulcerative colitis (UC; 13) and
IBD-type unspecified (2)), 42 normal colon controls (NCC) and 14
“others”. All IBD patient samples were taken from inflamed tissue.
Fungal DNA was amplified on a reduced cohort of 37 recruits (13
CD, 12 UC, 12 NCC) using 18S rDNA primers. Roche 454 Titanium
sequencing was conducted by NewGene (Newcastle, UK). Data
analysis was performed using QIIME version 1.3.0 workflow.
Taxonomy assignment of operational taxonomic units (OTUs) was
performed according to ribosomal database project taxonomy. OTU
tables were rarefied at 3,000 reads.

Conclusion
By using robust methodology we have characterised
the IBD “fungal microbiota” at diagnosis in children. Based on
the current study, it would appear that a distinctly altered fungal spe-
cies profile is present at IBD disease presentation. Further work
should now focus on expanding this study and identifying how
to benefically modify the microbiota using established and novel IBD

treatments.

Disclosure of Interest
None Declared

Endoscopy symposium: how I do it - ERCP

OC-075 ANALYSIS OF LONG-TERM OUTCOMES AFTER ENDOSCOPIC RADIOFREQUENCY ABLATION FOR BILE DUCT STRUCTURES IN PANCREATIC MALIGNANCY SUGGESTS POTENTIAL SURVIVAL BENEFIT
doi:10.1136/gutjnl-2013-304907.074

1 Y Kallis, 1 R Phillips, 1 A Steel, 1 H Kaltsidis, 4 J Nicholls, 1 L Jiao, 3 P Vlavianos, 3 N Habib, 2 D Westaby. 1 Endoscopy, Royal London Hospital, Barts Health NHS Trust; 2 HPB Unit, Imperial College Healthcare NHS Trust; 3 Gastroenterology, Chelsea & Westminster NHS Foundation Trust, London, UK

Introduction Pancreatic carcinoma carries a poor prognosis with
only 10–20% of patients amenable to attempts at curative surgery
at presentation. Biliary obstruction is a common complication and
many patients will require self-expanding metal stent (SEMS) inser-
tion for definitive decompression. A recent pioneering phase I/II
study in our tertiary referral centre demonstrated excellent safety
and 90d stent patency with endobiliary radiofrequency ablation
(RFA) as an adjunct to SEMS insertion. The longer-term impact of
this novel endoscopic treatment modality on biliary drainage and
patient survival in advanced pancreatic carcinoma is unknown.

Objective To investigate the longer-term efficacy of endobiliary
RFA in the management of malignant bile duct obstruction associ-
ated with inoperable pancreatic carcinoma.

Methods Retrospective cohort analysis of 25 patients with un-
resectable pancreatic carcinoma undergoing RFA + SEMS insertion,
and 46 matched controls undergoing SEMS insertion alone, for
malignant biliary obstruction in a single tertiary referral centre.
Patients were stringently matched for age, sex, metastases, ASA/
cor-morbidities, and intention to treat with palliative chemotherapy.
Survival, maintenance of stent patency, and procedure-related com-
lications were assessed.

Results RFA and control groups were closely matched—age 68.9
+- 9.0y vs. 69.5 +/-. 9.9y, p=0.791; ASA 2.35 +/- 0.65 vs. 2.54 +/-
0.50, p=0.086; metastases at treatment 9/23 (39.1%) vs. 18/46
(39.1%), p=0.800; chemotherapy 16/23 (69.6%) vs. 24/46 (52.2%),
p=0.203. Median survival was 227d after RFA vs. 123.5d in controls
(HR 0.633 CI 0.378–1.060, p=0.011). RFA was independently pre-
dictive of survival at 90d (OR 16.14, CI 1.35–195.18, p=0.028)
and 180d (OR 4.25, CI 1.00–18.01, p=0.049). Overall SEMS patency
rates were the same across both groups, though more patients were
alive with a patent index SEMS after RFA within the first few
months (73.9% vs. 41.3% at 4.5m, p=0.012). Complications of RFA
were few (1 pancreatitis, 1 cholangitis), with a median post-proce-
dure inpatient stay of 1d (1–8).

Conclusion In the single largest case series to date, endobiliary
RFA was found to be a safe and efficacious adjunctive treatment in
the management of patients with advanced pancreatic malignancy
and biliary obstruction, and demonstrated potential early survival
benefit. These data suggest that endobiliary RFA could be an addi-
tional treatment option in advanced pancreatic carcinoma, and
form the basis from which future prospective clinical trials of this
novel treatment modality can be designed.

Disclosure of Interest

OC-076 SYRINGE SIZE INFLUENCES THE AMOUNT OF MIDAZOLAM ADMINISTERED DURING SEDATED ENDOSCOPY
doi:10.1136/gutjnl-2013-304907.075

1 D Haldar, 1 N Quraishi, 1 K Glover, 1 S Keen, 1 A D Farmer. Gastroenterology, Shrewsbury & Telford NHS Trust, Telford, UK

Introduction

A32


Gut: first published as 10.1136/gutjnl-2013-304907.074 on 4 June 2013. Downloaded from http://gut.bmj.com/ on September 15, 2023 by guest. Protected by copyright.