Management of high risk colonic polyps

Nicorandil usage is associated with gut 2014;63(suppl 1):A1–A288

Methods We performed a retrospective analysis of all patients undergoing CT imaging of the large bowel, both CT colonography or plain abdominal CT (if CT colonography was not possible) at one south London hospital in a 13 month period between 2012–2013. Any extracolonic findings were determined either significant, where requiring further investigation or treatment, or insignificant by the reviewer. Any subsequent outcome of the significant findings was also sought.

Results A total of 257 scans were reviewed comprising of 250 (97%) CT colonography and 7 (3%) plain abdominal CTs in 104 (40%) male and 153 (60%) female patients. The average age was 68 years (range 39–91). A total of 163 (63%) of scans detected at least one extracolonic finding, with 55 (21%) of these significant. Sites included 13 liver, 7 lung, 6 pancreatic, 5 renal and 5 adrenal. Further investigation based on these findings revealed 5 (1.9%) malignancies. One patient was found to have a renal cell carcinoma and went on to have curative surgery. One patient was diagnosed with pancreatic cancer and one with hepatocellular carcinoma, both of which were managed palliatively, and one patient was found to have peritoneal recurrence of a previously treated colonic adenocarcinoma. One scan discovered lung and liver metastases along with the caustive colonic primary. Other notable findings included a 5.3cm AAA and a pulmonary embolus seen in a segmental lower lobe pulmonary artery. There were a 209 insignificant findings in 139 (54%) of the CTs, with a maximum of 5 in a single scan.

Conclusion This study helps to highlight the potential additional benefit of CT colonography over endoscopic visualisation of the large bowel. The prevalence of extracolonic findings in this cohort was high, in keeping with previous studies, with CT colonography having value it its detection of extracolonic malignancies, staging and other serious conditions. However there was also a substantial rate of additional investigation for subsequently benign findings.

References

Disclosure of Interest None Declared.

PWE-006 Nicorandil usage is associated with complicated diverticulitis

A O’Brien, A Young, F Duthe*. Pathology, Southern General Hospital, Glasgow, UK
10.1136/gutjnl-2014-307263.266

Introduction Nicorandil is widely used in the treatment of ischaemic heart disease, but over the last ten years there has been a growing body of literature reporting the association between nicorandil and ulceration of the gastrointestinal tract. In the setting of diverticulosis/diverticulitis, any superimposed ulceration may lead to significant complications, but data on whether or not nicorandil contributes to this is scanty and limited to one study which only investigated intestinal fistulae.1 Our aim is to identify if any potential association between all forms of complicated diverticulitis and nicorandil exists.

Methods We reviewed 100 reports of colonic resections with diverticular disease received in a single institution over a 6 month period (from June 2013 to January 2014) and divided them into those with complicated diverticulitis (defined as active diverticulitis in combination with perforation, fistulation, abscess formation or structuring)2 and those with uncomplicated diverticulitis or uninfamed diverticulosis. The age, sex, surgical indication and use of nicorandil were recorded for both groups.

Results 51 patients had complicated diverticulitis and 45 had uncomplicated diverticulitis or diverticular disease (7 diverticulosi
only, 3 diverticulitis, 4 diverticulitis stricture/fibrosis, 3 ischaemia + diverticulitis, 24 colorectal cancer + diverticulosis, 3 Crohn’s disease + diverticulosis, 1 prolapse + diverticulitis, 1 ovarian cancer + diverticulosis). 4 were excluded because no drug history was available. The age range in the complicated diverticulitis group was 26 to 89 years with a mean age of 62 years with a male to female ratio of 23:28. The age range in the uncomplicated group was 46 to 89 years with a mean age of 72 years with a male to female ratio of 6:9.

In the complicated diverticulitis disease group, 6 patients (12%) were on nicorandil therapy, compared to 0 in the other group, a significant difference (p = 0.019, Fisher’s exact Test). The use of nicorandil was not stated on any of the pathology request forms. It was raised as a possible contributing factor in only one pathology report.

Conclusion We have shown that there is an association between nicorandil use and complicated diverticulitis. In addition, we have also demonstrated that nicorandil-associated perforation, fistulation and abscess formation in diverticular disease is under reported.

REFERENCES

Disclosure of Interest None Declared.