Methods All patients referred to our tertiary institution for pancreatic intervention and successfully underwent SEMS were included.

Response (i.e. pain control) was assessed at 3 months by using a 1–10 visual analogue scale to compare pre- and post-intervention symptoms (a score <2 is complete, 3 or above is partial response).

Results A total of 15 patients (8 male and 7 female, mean age 52) received FC - SEMS 10 in main PD and 5 in the accessory duct (Santorini). 13 had previous endotherapy while for 2 patients this was the first attempt at endotherapy. 4 individuals with PD stones had ESWL prior to ERCP. Table 1 summarises the data on this patient group.

Placement of stents was feasible in all individuals. All had their stents removed at 4 months or earlier if they were symptomatic. One stent migrated proximally and associated with formation of an accessory duct abscess treated with antibiotics and stent removal. At 3 months, a total of 9 patients (60%) reported complete resolution of pain whereas in another 2 (13%) the response was parial. In the remaiing 4 individuals (27%) there was no improvement after placement of FC-SEMS and those were subsequently removed; these individuals are considered for surgical drainage.

3 patients (2 complete responders and 1 partial responder) developed new strictures at the proximal end of the stents.

Conclusion Placement of FC-SEMS for treatment of BPS is feasible with an acceptable safety profile. Stent migration occured in one. New strictures seen in 3 patients and warrant further assessment. Future FC-SEMS designed for use in the pancreas may overcome this problem.

Disclosure of Interest None Declared.

PTH-103 THE MANAGEMENT AND ASSESSMENT OF INCIDENTAL PANCREATIC CYSTS ON COMPUTER TOMOGRAPHY IN A NON-PANCREATIC CENTRE

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Introduction With increased use and sensitivity of cross sectional imaging more incidental pancreatic cystic lesions are found. Studies have demonstrated a prevalence of 2.5% of cystic pancreatic lesions in asymptomatic patients on MRI and CT scanning. Cystic lesions have a wide variety of radiological appearances and prognostic outcomes. We aimed to review cases found to have incidental pancreatic cysts on CT scanning and ascertain the concordance between CT and EUS and the management of such lesions in a non-pancreatic centre.

Methods We retrospectively reviewed patients undergoing EUS for pancreatic cystic lesions found on incidentally on CT scan between 2010 and 2012. Twenty-five patients were included. Solid lesions with a cystic component were excluded.

Results There were 15 female; 10 male. Indications for CT scan included abdominal pain 32%; weight loss 16%; jaundice and suspected stone disease with abnormal USS 16%. In all cases there was no preceding clinical suspicion of pancreatic cysts/disease. Median number of cysts was 1 (1–4); mean size 3 cm (1–11 cm). In 70% of cases the cyst was >3 cm; and <3 cm in 30%. They were located in the HOP 36%; BOP 32%; TOP 16%; NOP 4%; multiple sites 12%. The cyst was aspirated +/- biopsy in 12 (48%) cases, of which in 2 (16%) this changed the CT diagnosis. Final diagnosis was pseudocyst 10 (40%); IPMN 6 (24%); simple cyst 2 (8%); serous cystadenoma 2 (8%); mucinous cystadenoma (MCA) 1 (4%); cystic adenoca 1 (4%); wegeners cyst 1 (4%); renal cyst 1 (4%).

In 32% (8 cases), the EUS findings were inconsistent with CT findings, due to IPMN and MCA in the vast majority. Greatest concordance between EUS and CT findings was in the diagnosis of pseudocysts.

Conclusion Increasing number of asymptomatic pancreatic cysts found incidentally will undoubtedly cause increased referrals to tertiary pancreatic centres. EUS is a better imaging modality with additional benefit of attaining samples. Performing EUS +/- cyst FNA provided an alternative diagnosis to CT in a significant percentage (32%) of patients and helped streamline referrals for tertiary opinion. EUS should be considered in all patients presenting with incidental pancreatic cysts on cross-sectional imaging. This may be performed at the index hospital (if non-pancreatic centre) and should not be restricted to tertiary HPB centres if operator experience and confidence allows.

Disclosure of Interest None Declared.

PTH-104 DIAGNOSTIC YIELD OF SECRETIN ENHANCED MRCP IN THE INVESTIGATION OF PATIENTS WITH ACALCULOUS PANCRAETICO-BILIARY TYPE ABDOMINAL PAIN

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Introduction Secretin enhanced magnetic resonance cholangiopancreatography (S-MRCP) has been used as part of the diagnostic algorithm for the diagnosis of patients presenting with acalculous biliary type abdominal pain (ABAP); the exact role of this diagnostic modality is unclear. The aim of this study was to assess the diagnostic yield of S-MRCP in a large HPB tertiary referral centre in the investigation of patients with ABAP.

Abstract PTH-104 Table 1 Findings on S-MRCP in patients who had a normal MRCP and / or a normal EUS

S-MRCP findings	Patients with a normal MRCP N = 37 (%)	Patients with a normal EUS N = 41 (%)
Normal	29 (78)	19 (46)
Obstruction at ampulla/ proximal PD	5 (13)	12 (28)
Cyst/IPMN	1 (3)	2 (5)
Divisum	1 (3)	3 (7)
Santoriniocele	-	1 (3)
PD stricture	1 (3)	2 (5)
Chronic pancreatitis	-	1 (3)
Poor quality scan	-	1 (3)