

ATDs rather than ulcers alone, and they need to be considered in the management of NVUGIB.

**Disclosure of Interest** A. Taha Consultant for: Almiral Pharma UK, Vifor Pharma UK, Horizon Pharma USA, C. McCloskey: None Declared, T. Craigen: None Declared, W. Angerson: None Declared.

**PTU-020 ANTITHROMBOTIC DRUGS AND NON-VARICEAL BLEEDING OUTCOMES AND RISK SCORING SYSTEMS – COMPARISON OF BLATCHFORD, ROCKALL, AND CHARLSON SCORES**

<sup>1,2</sup>AS Taha\*, <sup>2</sup>C McCloskey, <sup>2</sup>T Craigen, <sup>1</sup>WJ Angerson. <sup>1</sup>School of Medicine, University of Glasgow, Glasgow, UK; <sup>2</sup>Gastroenterology, University Hospital Crosshouse, Kilmarnock, UK

10.1136/gutjnl-2014-307263.94

**Introduction** Antithrombotic drugs (ATDs) commonly cause non-variceal upper gastrointestinal bleeding (NVUGIB). Established risk scoring systems have not been validated in users of these drugs. We aimed to compare Blatchford, Rockall, and Charlson scores in predicting the outcomes of NVUGIB in ATD users and controls.

**Methods** A total of 2071 patients with NVUGIB, 2005–2011, were grouped into ATD users (n = 851) and controls (n = 1220). ATDs included low-dose aspirin, clopidogrel, dipyridamole, warfarin, and low-molecular weight heparin. Outcomes included length of hospital admission, the need for blood transfusion, re-bleeding requiring surgery, and 30-day mortality. Results were expressed as Spearman rank correlation coefficients (Rs) for length of admission and area-under-the-curve (AUC) values for the receiver operating characteristic curves (ROC) for binary outcomes, and were compared using z-tests, after Fisher's transformation in the case of Rs values.

**Results** (1) The LENGTH OF ADMISSION correlated with all three scores in non-ATD patients (controls), but these correlations were significantly weaker in ATD users. Rs in control vs. ATD: 0.45 vs. 0.20 for Blatchford; 0.48 vs. 0.32 for Rockall; and 0.42 vs. 0.26 for Charlson, all  $P < 0.001$ . Rockall had the strongest correlation with duration of admission and Blatchford the weakest ( $P < 0.01$  vs. Rockall in ATD users). (2) The NEED FOR TRANSFUSION was best predicted by Blatchford ( $P < 0.001$  vs. Rockall and Charlson in both ATD users and controls) followed by Rockall ( $P < 0.001$  vs. Charlson in controls). All scores performed less well in ATD users than controls. AUC in control vs. ATD: 0.90 vs. 0.85 for Blatchford; 0.74 vs. 0.59 for Rockall; and 0.64 vs. 0.54 for Charlson, all  $P < 0.005$ . (3) In predicting the NEED FOR SURGERY, only Rockall performed significantly better than by chance. AUC in control vs. ATD: 0.62 vs. 0.59 for Blatchford; 0.73 vs. 0.74 for Rockall; and 0.53 vs. 0.50 for Charlson. (4) In predicting MORTALITY, the Charlson score performed best by a small margin, and there was a trend towards weaker relationships in ATD users. AUC in control vs. ATD: 0.71 vs. 0.61 for Blatchford; 0.74 vs. 0.71 for Rockall; and 0.81 vs. 0.72 for Charlson.

**Conclusion** (1) In both ATD users and controls, the Blatchford score was the strongest predictor of the need for blood transfusion, Rockall had the strongest correlation with duration of admission and with re-bleeding requiring surgery, and Charlson was best in predicting 30-day mortality. (2) There was a consistent tendency for all scoring systems to be less effective in predicting outcomes in ATD users than in controls. (3) Modifications of risk scoring systems should be explored to improve their efficiency in users of antithrombotic drugs.

**Disclosure of Interest** A. Taha Consultant for: Almiral UK, Vifor UK, Horizon Pharma USA, C. McCloskey: None Declared, T. Craigen: None Declared, W. Angerson: None Declared.

**PTU-021 EOSINOPHILIC OESOPHAGITIS: DIAGNOSTIC RATES CAN BE IMPROVED BY EDUCATION**

A Davies\*, O Burdall, C Streets. Upper Gastrointestinal Surgery, Bristol Royal Infirmary, Bristol, UK

10.1136/gutjnl-2014-307263.95

**Introduction** Eosinophilic oesophagitis (EoE) is a chronic immune-mediated disease associated with oesophageal dysfunction, most commonly dysphagia. Recent consensus guidelines recommend obtaining biopsies from both the proximal and distal oesophagus in patients with dysphagia who have normal endoscopies.<sup>1</sup> This study aims to investigate the adherence to these guidelines and familiarise clinicians with this pathology.

**Methods** The study included 2 cycles, each of 6 months. Cycle 1 was from 1/5/12 until 6/11/12. Cycle 2 extended from 1/1/13 until 6/7/13. For each cycle the hospital database was used to review the records of all patients that underwent endoscopies for dysphagia as the primary symptom. All normal endoscopies were included. The number of biopsies and histology results were recorded. Following the first cycle recommendations and information was displayed in all endoscopy rooms and the results fed back to the lead clinicians before cycle 2 was carried out.

**Results** In Cycle 1, 258 patients underwent endoscopies for dysphagia with 75 considered endoscopically normal. In cycle 2, 263 endoscopies were carried out, of which 74 appeared normal. Biopsies were taken from 27% (n = 20) of the normal endoscopies in Cycle 1, with 5% (n = 1) of those biopsied proving histologically positive for EoE. This increased in Cycle 2 to 45% (n = 33) biopsied and EoE present in 12% (n = 4).

**Conclusion** Eosinophilic oesophagitis is an important diagnosis that may result in complications if missed and not specifically treated. Oesophageal biopsies are underperformed in patients with normal endoscopies. An improvement in biopsy rates through education has increased the number of successful diagnoses at this Trust. However, continued improvement is required as clinicians need to be vigilant regarding this pathology when developing a differential diagnosis for dysphagia.

**REFERENCE**

- 1 Dellon ES, Gonsalves N, Hirano I, Furuta GT, Liacouras CA, Katzka DA. ACG clinical guideline: evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). *American Journal of Gastroenterology* 2013;108(5):679–692

**Disclosure of Interest** None Declared.

**PTU-022 A NOVEL PHOTOMETRIC STEREO IMAGING SENSOR FOR ENDOSCOPY IMAGING: PROOF OF CONCEPT STUDIES ON A PORCINE MODEL**

<sup>1</sup>A Poullis\*, <sup>1</sup>C Groves, <sup>2</sup>G Slabaugh, <sup>3</sup>K Emrith, <sup>3</sup>M Smith. <sup>1</sup>Gastroenterology, St George's Hospital; <sup>2</sup>Department of Computer Science, City University, London, UK; <sup>3</sup>Bristol Robotics Laboratory, University of the West of England, Bristol, UK

10.1136/gutjnl-2014-307263.96

**Introduction** The American Society of Gastroenterology Endoscopy led Preservation and Incorporation of Valuable Endoscopic