It is a useful technique to exclude *H. pylori* gastritis. The clinical
relevance is that this technique allows for targeted biopsies, reduc-
ing the miss rate and thus increasing the diagnostic yield.

**Disclosure of Interest** J. White: None Declared, S. Sami: None
Declared, J. Ortiz Fernández-Sordo: None Declared, J. Man-
nath: None Declared, K. Ragunath Grant/research support from:
Olympus-Keymed UK, Speaker honoraria and consultancy fees
from: Olympus-Keymed UK.

**Introduction** Gastroscopy is uncomfortable for patients and
incurs the risks of intubation and sedation. Capsule endoscopy is
well tolerated and recently a handheld magnet has been devel-
oped to enable steering of the capsule to visualise all areas of the
capacious stomach. Our preliminary data suggests that a novice
can identify all beads sewn into a porcine stomach within 4 min
after 40 consecutive examinations. We performed a double blind
randomised controlled trial comparing MSGCE with conven-
tional gastroscopy in the detection of beads in the same model.

**Methods** Ex-vivo porcine stomach models were used in a stan-
ard housing unit. MSGCE was performed according to a stan-
ard protocol using 1000mls of water to distend each stomach
and a combination of positional change (head down, 30° left lat-
eral, 30° right lateral) and magnetic control to steer the capsule.
Each model was examined in a standard fashion by gastroscopy
and a combination of positional change (head down, 30° left lat-
eral, 30° right lateral) and magnetic control to steer the capsule.

**Results** Gastroscopy correctly identified 88% (79/90) beads,
MSGCE correctly identified 89% (80/90) beads and thus is non-
inferior to gastroscopy in this setting (95% CI 82.54–95.46%).
Mean examination times for gastroscopy and MSGCE were 3.34
min and 9.90 min respectively. MSGCE overestimated the num-
ber of beads present on a single occasion.

**Conclusion** MSGCE is equivalent to conventional gastroscopy in
the detection of beads placed in a porcine stomach model. Proce-
dure duration was longer for MSGCE compared to gastro-
scopy. Further studies in humans are necessary to define the
scope and utility of this exciting new technique.

**REFERENCE**

1 Hale MF, Drew K, Baldachino T, Anderson S, Sanders DS, Riley SA, Sidhu R,
McAlindon ME. Gastroscopy without a gastroscope! Feasibility in a porcine stom-
ach model using a magnetic capsule. Abstract. British Society of Gastroenterology
Annual Meeting, Jun 2013

**Disclosure of Interest** None Declared.

**Abstract PTU-035 Table 1**

<table>
<thead>
<tr>
<th>Age and sex</th>
<th>Endo diagnosis</th>
<th>Endotherapy</th>
<th>Co morbity</th>
<th>Outcome</th>
<th>30 days mortality Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>63F</td>
<td>DU</td>
<td>Adrenaline + balloon tamponade + Endoclot</td>
<td>DM, stroke, CKD, COAD</td>
<td>Haemostasis</td>
<td>Y</td>
</tr>
<tr>
<td>92F</td>
<td>DU</td>
<td>Endoclot</td>
<td>Leukaemia, TIA, HT, asthma</td>
<td>Haemostasis; died 11 days later</td>
<td>N</td>
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<tr>
<td>85M</td>
<td>Multiple</td>
<td>Adrenaline + Endoclot (partial)</td>
<td>CVA, COPD, CKD</td>
<td>pneumonia</td>
<td>Y</td>
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<tr>
<td>87M</td>
<td>DU</td>
<td>Endoclot x2</td>
<td>CVA, CKD, AF, HT</td>
<td>Haemostasis</td>
<td>N</td>
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<tr>
<td>88M</td>
<td>DU</td>
<td>Endoclot</td>
<td>MI, AF, Cardiac failure</td>
<td>Died 3 days later due to sepsis</td>
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<tr>
<td>83M</td>
<td>DU</td>
<td>Endoclot + Adrenaline</td>
<td>COPD, CVA, AF, HT, CKD</td>
<td>Died 5 days later, pneumonia</td>
<td>Y</td>
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<tr>
<td>89F</td>
<td>GU</td>
<td>Adrenaline + Endoclot</td>
<td>Carotid endarterectomy</td>
<td>Died 19 days later due to cardiac failure</td>
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<tr>
<td>67F</td>
<td>GU</td>
<td>Adrenaline</td>
<td>Cholangitis</td>
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<tr>
<td>77M</td>
<td>Severe bleed after gastric polyp biopsy</td>
<td>Adrenaline + Endoclot</td>
<td>DM, CKD, HT</td>
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<td>Y</td>
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<tr>
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<td>GIST</td>
<td>Adrenaline + Goldprobe + Endoclot</td>
<td>Lymphoma</td>
<td>Died 5 days later, late rebleed</td>
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<tr>
<td>83M</td>
<td>GIST</td>
<td>Endoclot</td>
<td>AF, MI, CVA</td>
<td>Haemostasis</td>
<td>Y</td>
</tr>
</tbody>
</table>