Basic Gastroenterology

IDDF2018-ABS-0004 **EFFICACY AND SAFETY OF FIXED DOSE COMBINATION OF DROTAVERINE HYDROCHLORIDE (80 MG) AND PARACETAMOL (500 MG) ALONE IN AMELIORATION OF ABDOMINAL PAIN IN PATIENTS WITH ACUTE INFECTIOUS GASTROENTERITIS: A RANDOMISED CONTROLLED TRIAL**

Shiva Narang*, Jitender Koli. *University College of Medical Sciences and GTB Hospital, Delhi, India*

10.1136/gutjnl-2018-IDDFabstracts.1

Background Comparison of mean pain intensity difference (PID), total pain relief at 2 hours (TOTPAR2), onset of pain relief, decrease in number of pain episodes, global improvement and adverse effects in participants receiving either fixed dose combination of Drotaverine hydrochloride and Paracetamol or Paracetamol alone.

Methods A randomised double-blind controlled trial for adults between 18–59 years of age conducted at an Indian tertiary care hospital. Participants of either gender with acute infectious diarrhoea (defined as at least 3 – unformed, watery or soft), stools accompanied by symptoms within 24 hours preceding randomization with duration of illness.

Results 252 (126 in each group) participants were enrolled, and all of them received at least one dose of medication. 242 participants completed the study. Mean pain intensity difference (mPID) at 60 min after administration of study medication (mPID60 min) as assessed by VAS, Pain Intensity at all-time points/Total pain relief (TOTPAR), the summed, time-weighted pain relief at 2 hours using both VAS and VRS showed statistically significant improvement in Drotaverine hydrochloride (80 mg) and Paracetamol (500 mg) group. The onset of pain relief was also significantly better in Drotaverine hydrochloride (80 mg) and Paracetamol (500 mg) group when assessed by using VRS.

Conclusions Overall, based on the results of this study, it can be concluded that fixed dose combination of Drotaverine hydrochloride (80 mg) and Paracetamol (500 mg) is an effective and safe antispasmodic agent in abdominal pain patients with acute infectious gastroenteritis with a good safety profile. It seems to be a useful addition to the presently available formulations for abdominal pain accompanying acute gastroenteritis.

IDDF2018-ABS-0010 **THE PREVALENCE OF THE TYPES OF POLYPS ON SCREENING COLONOSCOPY: A FIVE YEAR CROSS-SECTIONAL STUDY**

Ma Marylaine Dujunco*, John Arnel Pangilinan. *St. Luke's Medical Center, Quezon City, Philippines*

10.1136/gutjnl-2018-IDDFabstracts.2

Background This is the first study in the Philippines to determine the prevalence of histologic types of polyps on screening colonoscopy. This data can guide physicians in colorectal cancer screening.

Methods This is a five years cross-sectional study of all completed screening colonoscopies done in a tertiary institution.

Cases of polyps with no histopathologic diagnosis were excluded. Prevalence of the type of polyp per location per sex was computed using Statistical Package for the Social Sciences (SPSS). Comparison of the prevalence of the different histopathologic types of colonic polyps by colon localization was analysed using the calculated 95% confidence interval by Epi Info. Level of significance was set at $\alpha=0.05$.

Results In 3608 completed screening colonoscopies, 1253 of cases (34.7%) had polyps. The prevalence of polyps in male is higher (40.3% vs. 30.2%). Overall prevalence of hyperplastic polyps, tubular adenoma and tubulovillous adenoma are 17.7% (CI 16.4%–19.0%), 20.1% (CI 18.8%–21.5%) and 1.3% (1.0%–1.78%), respectively. In all types of polyps, the prevalence was highest in the left colon as follows: hyperplastic 10.8% (CI 9.8%–11.9%), tubular adenoma 13.1% (CI 12.1%–14.3%), and tubulovillous adenoma 0.8% (CI 0.6%–1.2%). Six cases of adenocarcinoma were likewise detected. The highest prevalence of polyps occurred in the group aged 50 to 75 years old.

Conclusions Tubular adenomas are the predominant histologic type, and the majority are in the left colon, as in the West and Southern Indian population. However, 11% of cases with polyps occurred in the right and transverse colon.

IDDF2018-ABS-0036 **MIR-632-INHIBITOR ATTENUATES GASTRIC CANCER PROGRESSION BY SUPPRESSING ANGIOGENESIS IN A TFF1-DEPENDENT MANNER**

¹Ying Shi*, ²Xiaoxiao Huang, ³Guobin Chen, ²Jingjing Liu, ²Bayasi Guleng, ²Jianlin Ren.

¹Department of Gastroenterology, The First Affiliated Hospital, Jinan University, China;

²Department of Gastroenterology, Zhongshan Hospital, Xiamen University, China; ³Xiamen Branch, Zhongshan Hospital, Fudan University, China

10.1136/gutjnl-2018-IDDFabstracts.3

Background Gastric cancer (GC) is a common malignant disease worldwide. Aberrant miRNAs contribute to cells malignant behaviour, and targeted miRNAs have the potential ability in preclinical development to improve GC therapy. Our present studies demonstrated that miR-632-inhibitor attenuates GC progression in a trefoil factor 1 (TFF1)-dependent manner.

Methods We collected GC tissues and plasma samples to detect the expression of miR-632 by using real-time PCR. Dual luciferase reporter assay was used to identify that miR-632 regulate TFF1 expression directly. Gene array, western blot and *in situ* hybridization assays were performed to detect the angiogenesis and endothelial recruitment markers which were affected by miR-632. In addition, candidates of histones regulating miR-632 were detected in GC cells.

Results We found that miR-632 highly expressed in GC tissues and plasma (Fig.A) and identified that miR-632-inhibitor worked against tumour angiogenesis and endothelial recruitment by negatively regulated TFF1 expression (Fig.B-E). Recombinant protein of TFF1 reversed the angiogenesis increased by miR-632. We also found that miR-632 affected angiogenesis marker CD34 and MMP9 (Fig.F) and was degraded by histones H3K4 me3 and H3K27ac.

Conclusions Thus, our study demonstrated that miR-632-inhibitor attenuates gastric cancer progression by suppressing angiogenesis in a TFF1-dependent manner. miR-632-inhibitor may be as a novel therapeutic approach for GC patients.