Abstract IDDF2018-ABS-0202 Figure 1

decline and the gut microbiota prone to the donors. Gut microbiota may be a new target for the treatment of HBeAg negative CHB.

IDDF2018-ABS-0202 OUTCOMES OF THE CONVENTIONAL SIDE-VIEWING DUODENOSCOPE FOR ERCP IN BILLROTH II GASTRECTOMY PATIENTS

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Background Endoscopic retrograde cholangiopancreatography (ERCP) in patients with prior Billroth II gastrectomy is a challenging procedure for the endoscopist. The aim of this study was to evaluate the usefulness of the conventional side-viewing duodenoscope for ERCP in Billroth II gastrectomy patients.

Methods The records of patients with previous Billroth II gastrectomy referred for ERCP between July 2008, and January 2017 were retrospectively reviewed. The outcomes combined with risk factors for ERCP-related adverse events were analysed.

Results A total of 106 consecutive patients undergoing 123 ERCP procedures using a conventional side-viewing duodenoscope were enrolled. The success rate of the selective entrance to the afferent loop and access to the papilla was 93%, 89%, respectively. In cases of successful access, the rate of successful selective cannulation was 96.6%. The rate of clinical success was 84%. Adverse events related to ERCP occurred in 20 procedures (16.2%): pancreatitis, asymptomatic hyperamylasaemia, perforation and cholangitis were in 6 procedures (4.9%), 11 procedures (8.9%), 1 procedures (0.8%), 2 procedures (1.6%), respectively. Female (odds ratio [OR], 4.210; 95% confidence interval [CI], 1.581–11.214; $p=0.004$) and periampullary diverticulum (OR, 4.373; 95% CI, 1.713–11.164;

$p=0.002$) were significantly associated with the incidence of ERCP-related adverse events.

Conclusions The conventional side-viewing duodenoscope can be safely and effectively used to perform ERCP in most Billroth II gastrectomy patients. Female and periampullary diverticulum might be significant risk factors for ERCP-related adverse events.

IDDF2018-ABS-0219 ASSESSMENT OF CORRELATION BETWEEN NON-ALCOHOLIC FATTY LIVER DISEASE AND SEVERITY OF CORONARY ARTERY DISEASE IN YOUNG ACUTE CORONARY SYNDROME PATIENTS

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Background Coronary artery disease (CAD), which clinically manifested as an acute coronary syndrome (ACS) is an important extrahepatic cardiovascular complication of non-alcoholic fatty liver disease (NAFLD). To date, little is known about the correlation between young patients with ACS and NAFLD. Aim to assess the correlation between NAFLD and severity of CAD in young ACS patients and determine the prevalence of NAFLD in this cohort.

Methods This cross-sectional study included young (45 years and less) ACS patients. Coronary angiogram was performed to assess CAD severity, and complexity determined by SYNTAX score. CAD severity was classified into: no apparent CAD, mild CAD, single vessel disease (SVD) and multi-vessel disease