etiological diagnosis of PUO in whom a definitive diagnosis could not be made with other means.

Results The mean age was 48 ± 14 years; 36 were males, and 16 were females. EUS-FNA was done from left adrenal in 50 patients and from right adrenal in 2 patients. Technical success was achieved in 100% cases. The 19 G needle was used in majority (75%) due to the presence of necrotic areas in adrenals; median numbers of passes were 2. The cytopathological diagnoses were tuberculosis (n=36), histoplasmosis (n=13), lymphoma (n=2), and metastasis from undiagnosed neuroendocrine tumour of lung (n=1). Thus a diagnosis could be made in 52/52 (100%) patients. None of the patients had any procedure-related complications.

Conclusions EUS-FNA is a safe and effective method for evaluating aetiology of PUO in patients with adrenal enlargement.

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SPECTRUM OF PSEUDOANEURYSMS COMPLICATING ACUTE PANCREATITIS AND ITS RADIOLOGIC MANAGEMENT

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Background The aim of the present study was to study the spectrum of pseudoaneurysms secondary to acute pancreatitis, endovascular therapy and outcome of pseudoaneurysms.

Methods Patients with acute pancreatitis with pseudoaneurysm who underwent angiography and coiling of pseudo-aneurysm between Jan 2015 to Jan 2016 were included.

Results Twenty patients of pseudoaneurysms associated with acute pancreatitis were included.

The diagnosis of a pseudoaneurysm was made on computerised tomography (CT) angiography in all the patients.

At angiography, coil embolisation was attempted in 7 patients, glue in 8 patients and coil with glue in 3 patients in the initial sitting. Two patients were taken for percutaneous thrombin occlusion of pseudo-aneurysm, but both had non-obliteration of the pseudo-aneurysm. One underwent coiling, and another had coil along with stent insertion done. There were no episodes of re-bleeding following embolisation. The average size of the pseudo-aneurysm was 8.25 mm. All the patients had single pseudo-aneurysm in the present series.

All patients that were successfully treated demonstrated radiological resolution of their pseudoaneurysms, with a median follow-up of 10 months.

Conclusions Endovascular embolisation is a suitable first-line management strategy for the management of visceral artery pseudoaneurysm complicating acute pancreatitis with low recurrence rates.

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CAPSULE ENDOSCOPY-INDICATIONS, COMPLETION AND RETENTION RATES—A SINGLE CENTRE EXPERIENCE FROM NORTHERN INDIA

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Background To study the indications, completion, retention rates and spectrum of lesions on capsule endoscopy

Methods This was a retrospective study of the medical records of patients who underwent capsule endoscopy at our hospital. All patients who underwent capsule endoscopy at our institution for various indications starting from 2012 to 2015 were included in the study.

Results A total of 213 patients underwent Capsule endoscopy for various indications in the study period.

Demographic characteristics: The mean age of the study population was 59 years, and male patients were predominant (67%).

Among the capsule endoscopies done, lesions were identified in 92% of CE examinations, while normal findings were reported in 8% of procedures.

The indications for CE are shown in figure 1.

The common reasons included Obscure GI Bleed (75%), suspected Crohn's disease (10%), chronic diarrhoea, abdominal pain, weight loss and Cancer of unknown primary.

Abstract IDDF2018-ABS-0021 Figure 1 Spectrum of lesions on capsule endoscopy

The most common CE diagnosis was—Small bowel ulcers (48%),

Vascular Lesions (22%), and Strictures (6%) were also common findings.

Conclusions Capsule endoscopy is a safe and excellent modality for evaluation of small bowel.

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DIAGNOSTIC ADEQUACY AND SAFETY OF ENDOSCOPIC ULTRASOUND GUIDED FINE NEEDLE ASPIRATION IN PATIENTS WITH LYMPHADENOPATHY IN A LARGE COHORT OF ENDOSCOPIC ULTRASOUND (EUS) GUIDED FINE NEEDLE ASPIRATION (FNA) IN PATIENTS WITH LYMPHADENOPATHY IN TERM OF DIA

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