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.

IDDF2018-ABS-0020 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.

IDDF2018-ABS-0021 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.

IDDF2018-ABS-0022 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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Background Role of endoscopic ultrasound (EUS) guided fine needle aspiration (FNA) in patients with lymphadenopathy in term of diagnostic adequacy and safety in a large population is not well defined. The aim of the current study was to evaluate diagnostic adequacy and safety of EUS FNA in patients with lymphadenopathy.

Methods Retrospective study from October 2010 to September 2015 at a tertiary care centre in Delhi-NCR. We analysed data of 1005 EUS guided FNA of the lymph node.

Results The study cohort comprised 1005 lymph nodes in 865 patients; 68% were males, mean age was 50±14 years. Indications of FNA were to look for aetiology of pyrexia of unknown origin or staging of malignancy mainly. lymph node FNA was taken from mediastinal nodes (n=528, 52.5%) and intra-abdominal nodes (n=477, 47.5%). The median size of nodes at the long axis and short axis was 17 (12–25.7) and 10 (8–15) mm respectively. Adequate material by FNA was obtained in 92.8% cases. The cytopathologic diagnosis was malignancy in 153 (15.2%), granulomatous change in 452 (42%), and reactive lymphadenopathy in 328 (35.6%). There was statistically significant difference seen between groups with pathological and reactive lymph nodes regarding size at the long and short axis, all the echo-features of lymph nodes. Procedure related adverse effects were encountered in 6 patients (0.8%). Four patients had mild mucosal bleeding in chronic liver disease patients, and two had mild hepatic encephalopathy related to sedation.

Conclusions EUS FNA of lymph nodes has good diagnostic adequacy and safety.

IDDF2018-ABS-0023 BUTYRATE ACID AS A POTENTIAL MARKER FOR THE DIVERSITY OF GUT MICROBIOTA IN COLORECTAL CANCER PATIENTS

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Background The gut microbiota turns as an actual organism, and many changes of variety have been described in colorectal cancer patients (CRC). Butyrate is a part of short chain fatty acid which commonly produced by especially bacteria in the colon, and it was to use of their host. Several kinds of literature reported the role of butyrate as prevention or inhibition of carcinogenesis of intestinal. In addition, there is an opposite the link between butyrate acid's level and the rate of frequency CRC patients. In this study, we evaluated the level of butyrate acid as diagnostic biomarkers for the diversity of gut microbiota in colorectal cancer patients.

Methods The study consists of fourteen subjects with CRC and 14 non-CRC were included in this case-control study. Stool samples were analysed for SCFA (acetate, propionate, and butyrate acids) with gas chromatography and the result is given as ug/mL. Especially, we determined various cut-off marks for butyrate acids in respect of indicating CRC for addition to the computation of both sensitivity and specificity.

Results We found that CRC patients had a lower level of acetate, propionate and butyrate acids than non-CRC. The mean concentration of acetate 8,55 ug/mL, propionate 5,61 ug/mL and butyrate acids 3,79 ug/mL respectively. In three of SCFA, the level of butyrate acids had the best diagnostic properties

with area under receiver operating characteristic (ROC) curve of 0.84 higher than acetate (0.71) and propionate (0.75) (p<0.05). With a cut-off value for butyrate acids<5.4 ug/mL indicating CRC, the sensitivity, specificity, positive and negative likelihood ratio, and diagnostic odds ratio were 85%, 78%, 4.04, 0.18 and 22.2 respectively.

Conclusions In conclusion, our study is the first report demonstrating the level butyrate acids as useful biomarkers to detect the presence of CRC. Due to the small size of the sample and this design study is case-control, needs more require approval to confirm the result.

IDDF2018-ABS-0024 ORAL HEALTH STATUS OF ULCERATIVE COLITIS PATIENTS: A COMPARATIVE STUDY

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Background Inflammatory bowel disease (IBD) is a complex civilization disease and has a prevalence of up to 0.2% in the Asian countries. The disease preferentially manifests in the second and third decade of life. Oral soft tissue lesions can precede or occur concomitantly with the intestinal symptoms. It was reported that IBD patients have a higher prevalence of dental caries than healthy controls as a result of nutritional deficiencies and changes in salivary and microbiological conditions in the oral cavity. Prior studies showed a higher prevalence of aphthous ulcer and dental caries. There is only a little information about the oral health status of UC patient, as often they are dealt only by the general physician. The aim of this study was to assess dental caries and periodontal disease status in patients with ulcerative colitis – an inflammatory bowel disease.

Methods After obtaining ethical clearance from the institutional review board of Lifeline hospital, a record based case-control study was conducted upon 20 UC patients and 20 healthy controls. Oral hygiene habits, Oral soft tissue changes, the decayed, missing and filled tooth surface (DMF – S) index, periodontal status (CPI) index and clinical attachment loss (CAL) were evaluated in each patient and in the controls.

Results In patients with UC, 28 oral lesions were found compared with 3 lesions in the control group. There was a significantly higher prevalence of dental caries in patients with UC (p=0.000) compared with controls with an OR for DMF-T of 2.71 (95% CI: 1.21–7.62).

Conclusions Patients with UC had a higher prevalence of dental caries and oral lesions compared with a healthy control group. Altered dietary habits and malabsorption may probably be the main cause for this condition. Strict oral hygiene should be recommended, and the regular use of fluoride treatment for prevention of dental caries appears justified.

IDDF2018-ABS-0029 ANTIOXIDANT BIOMARKERS IN ACUTE PANCREATITIS

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Background There has been increasing awareness of the role played by oxidative stress in many inflammatory illnesses. In several models, it has been demonstrated that oxygen-derived