Correlation of BMI and Colonic Polyps and Its Histopathology: A Retrospective Review

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Background: An estimated 5.7 million Filipinos are affected by obesity. Obesity has been linked to various cancers. Colon cancer is among the top five cancers in the Philippines. Colonic polyps have the tendency to develop into carcinoma. This study aims to find a correlation between the BMI with the risk of developing colonic polyps and pave the way for more effective screening tests for colon cancer.

Methods: Patients who underwent colonoscopy for various purposes from January to October 2017 were retrospectively analysed. Age, gender, BMI, symptoms, type and location of the colonic polyp, and histopathology were investigated. SPSS v20 was used for statistical analysis.

Results: There were 1204 patients who underwent successful total colonoscopy. There were 383 (31.811%) who had colonic polyps; with 162 (42.3%) females and 221 (57.7%) males. Age, gender, and BMI were significantly correlated with the risk of developing colonic polyps (p<0.018). Colonic polyps present at the 6th decade of life. They are mostly incidental findings on routine checkup, with change in bowel habit the second most common presenting symptom (p=0.000). Most colonic polyps are left sided, particularly at the sigmoid colon (p=0.000). The most common histologic type are hyperplastic and adenoma (p=0.000).

Conclusions: Colonic polyps are associated with increasing age, BMI and male gender. These factors should be accounted for in screening patients for colorectal cancer.
OUTCOME OF PER ORAL ENDOSCOPIC MYOTOMY IN CHILDREN WITH ACHALASIA WITH A MEDIAN FOLLOW-UP OF 540 DAYS

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Background Achalasia cardia (AC) is rare in children, and optimum endoscopic management options are not well known. Per oral endoscopic myotomy (POEM) is a novel treatment modality for AC with excellent results in adult patients. However, the long-term outcomes of POEM are not known in children. In this study, we aim to evaluate the outcome of POEM in AC.

Methods We analysed the data of all the children (£18 years) with AC who presented to our hospital from September 2013 to January 2018. The outcomes of POEM that were assessed included – technical success, clinical success and adverse events. Post-POEM, gastroesophageal reflux (GERD) was assessed with 24 hour pH-impedance, and esophagogastroduodenoscopy (EGD).

Results A total of 43 children (boys-22, girls-21) with mean age, 14.5±3.41 years (4–18) with AC underwent POEM during the study period. The subtypes of achalasia according to Chicago classification were – type I- 11, type II- 29, III- 2 and unclassified-1. Eighteen children (41.9%) had a history of prior treatment including – pneumatic dilatation (15), laparoscopic Heller’s myotomy (1) and both dilatation and Heller’s myotomy (2). POEM was successfully performed in all the children (technical success-100%). Intra-operative adverse events occurred in 11 (25.6%) children including retroperitoneal CO2 (7), capnoperitoneum (3) and mucosal injury (1). At a median follow-up of 540 days (66–1594), the clinical success was 95.3% (39/41). Clinical success was 92.8% (26/28), 94.4% (17/18), 92.3% (12/13), 83.3% (5/6) at 1, 2, 3, and 4 years follow-up respectively. GERD was assessed in 20 children. Erosive esophagitis was detected in 55% (11/20). On 24 hour pH study, high De-Meester score was detected in 53.8% (7/13) children.

Conclusions POEM is safe and effective for the management of achalasia in children. However, GERD is a potential concern and therefore, randomised comparison with Heller’s myotomy combined with fundoplication is warranted in future trials.

EFFICACY OF LOW RESIDUE DIET VERSUS CLEAR LIQUID DIET FOR COLONOSCOPY BOWEL PREPARATION IN SPECIAL POPULATIONS (ELDERLY, DIABETICS, CHRONIC KIDNEY DISEASE AND CHRONIC LIVER DISEASE PATIENTS): A SINGLE-BLINDED RANDOMISED NON-INFERIORITY CONTROLLED TRIAL

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Background Ineffective bowel cleansing for colonoscopy results in missed precancerous lesions and increased cost related to early repeat procedures. Better tolerability of bowel preparation may improve patient’s compliance and experience and may potentially improve their future participation in colorectal cancer prevention programs without compromising examination quality. The study aims to determine the efficacy and tolerability of low residue diet (LRD) on colonoscopy bowel preparation on special populations compared with the traditional clear liquid diet (CLD).

Methods This study was a prospective single-blinded, randomised controlled non-inferiority trial. A total of 150 patients were included in the analysis. Patients were randomised to receive a low residue diet or a clear liquid diet. The primary outcome is the efficacy or adequacy of bowel preparation and was measured by the Boston Bowel Preparation Score (BBPS). Patient’s tolerability, hunger score and overall satisfaction were assessed as secondary outcomes.

Results Low residue diet (LRD) bowel preparation was non-inferior to Clear liquid diet (CLD) bowel preparation (LRD 7.00 vs CLD 6.9 p=0.7724). Overall, patient’s tolerability and satisfaction were better in the LRD group than the CLD group. The present study showed that the proportion of patients having abdominal pain/cramping/discomfort and bloatedness were significantly lower in the LRD group (16% and 26.7%) compared to CLD group (34.7% and 44%).

Conclusions Patients on an LRD for bowel preparation achieved an adequate bowel preparation that is non-inferior to patients on a CLD. Furthermore, the study showed that patients’ tolerability and overall satisfaction were better on the LRD and more willing to repeat the same bowel regimen as compared to CLD.

ILEOECAECAL CROHN’S DISEASE MISDIAGNOSED AS TUBERCULOSIS IN YOUNG LADY- A CASE REPORT

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Background Large number of patients with Crohn’s disease (CD) are initially misclassified as intestinal tuberculosis (TB) in TB endemic areas, and some patients develop activation of latent TB during treatment for CD with biologics and immunosuppressants, we present a case of young lady who was