free radicals are generated during acute pancreatitis (AP). It has been suggested that free radical generation is an important factor in the pathogenesis of AP. There is a convincing body of evidence that antioxidant blood levels diminish during severe AP.

Aims The study aims to estimate the changes in the serum levels of Total Antioxidant Status (TAS), erythrocyte enzymatic antioxidants: Superoxide Dismutase (SOD) and Glutathion peroxidase (GPx) in AP disease and assess whether TAS is a useful biomarker to prognosis AP patients.

Methods This study was conducted in General Medicine Department of Thai Nguyen Nation Hospital, in Vietnam. TAS, SOD and GPx were measured in 83 cases of AP and 62 healthy volunteers which were regarded as the control group. Using ELISA kit supplied by Wkea Med Supplies Corp, China. The severity of pancreatitis was scored using Computerised Tomography (CT) severity index, modified severity index and revised Atlanta classification and classified into mild, severe categories.

Results A significant decrease ($p < 0.001$) in the level of TAS was observed in the study group as compared to that in the control group. A significant decrease ($p < 0.05$) in the level of SOD was observed in the study group as compared to that in the control group. A significant decrease ($p < 0.05$) in the level of GPx was observed in the study group as compared to that in the control group. TAS levels of severe AP patients were statistically lower than mild AP (10.14 U/ml vs 14.06 U/ml, $p < 0.01$).

Conclusions Reduced antioxidants suggest that oxidative stress plays a vital role in the pathogenesis of AP. The results of this study demonstrated changes in antioxidant biomarker associated with the prognosis AP patients. TAS could be used as a antioxidant biomarker of disease severity.

IDDF2018-ABS-0032 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 of 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 ($p = 0.000$).

Abstract IDDF2018ABS0032 Table 1

	With Polyp 31.811% N=383	Control 68.189% N=821	p value
Age	60.56±12.604	54.82±15.461	
<50 yo	18.02% (n=69)	36.22% (n=297)	0.000
>50 yo	81.98% (n=314)	63.78% (n=354)	
Gender			
female	42.3% (n=162)	56.88% (n=467)	0.000
male	57.7% (n=221)	43.12% (n=354)	
Symptom			
screening	40.78% (n=146)	26% (n=197)	
hematochezia	17.88% (n=64)	23.06% (n=175)	0.000
bowel habit	18.72% (n=67)	18.2% (n=138)	
BMI	19.183±11.65	18.804±14.56	
underweight	2.42% (n=7)	6.65% (n=41)	
normal	37.37% (n=108)	42.79% (n=264)	0.018
overweight	28.37% (n=82)	25.45% (n=157)	
obese	31.83% (n=92)	25.12% (n=155)	

Conclusions Colonic polyps are associated with increasing age, BMI and male gender. These factors should be accounted for in screening patients for colorectal cancer.

IDDF2018-ABS-0034 HIGH AGE-SPECIFIC PREVALENCE OF INFLAMMATORY BOWEL DISEASE AMONGST THE ELDERLY IN THE CITY OF CANADA BAY AREA, SYDNEY: A METROPOLITAN, POPULATION-BASED STUDY

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Background Knowledge of Inflammatory Bowel Disease (IBD) prevalence allows health care administrators to understand disease burden and appropriately plan for research and medical care. Young IBD subjects often migrate from rural to urban areas for education and work opportunities, necessitating metropolitan prevalence studies to reduce under-representation. Also, the impact of urbanisation on IBD prevalence requires further exploration. Unlike IBD incidence, where young age-groups dominate, we hypothesised that the elderly age-groups would have the highest IBD prevalence given mortality rates being equivalent to the general population. We aimed to determine the first IBD prevalence rates for New South Wales, Australia.

Methods This was an observational, population-based epidemiological study which captured disease information of people living with IBD within the metropolitan City of Canada Bay Local Government Area on the 1st of January 2016. The diagnosis was according to the Copenhagen Criteria. Age-standardisation was according to the WHO Standard Population.

Results We identified 330 cases of IBD (49.1% male, median age 47, IQR=27, crude point prevalence rate of 371.5 per 100,000). Full diagnostic confirmation was achieved in 100%. The age-standardised point prevalence rate was 359.2 per 1 00 000. The crude point prevalence rates were 167.8, 158.8 and 45.0 per 1 00 000 for Crohn's disease (CD), ulcerative colitis (UC) and IBD Unspecified (IBDU), respectively. The age-standardised rates were 171.6, 148.1 and 39.5 per 1 00 000 for CD, UC, and IBDU respectively. IBD prevalence steadily increased with age, peaking at 1061 per 1 00 000 in patients older than 85 years. A trend was observed between prevalence and socioeconomic status between suburbs.

Conclusions Sydney exhibited the highest prevalence of IBD in Australasia. The extrapolated estimate for Australia was 89 000 people with IBD. Higher socioeconomic status and urbanisation may be contributing factors. The ageing IBD population accounts for the highest prevalence, peaking at greater than 1000 per 1 00 000. Safer therapies, cancer screening strategies and greater attention towards comorbidities are therefore of increasing importance in managing IBD patients.

IDDF2018-ABS-0038 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.

IDDF2018-ABS-0040 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.

IDDF2018-ABS-0043 ILEOCAECAL 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