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

diagnosed as CD, whose initial diagnostic workup suggested TB.

Methods A 23 year young female presented in 2013 with complaints of abdominal pain of one year duration and weight loss of 5 kg and anorexia since one month. She was a known case of β thalassemia minor. General and abdominal examination were unremarkable. Investigations revealed microcytic hypochromic anaemia, ESR- 14, normal albumin and chest roentgenogram. Colonoscopy was suggestive of ileocaecal valve deformity with ulcers and terminal ileal ulcers and normal colonic mucosa. Histopathological examination of ileal biopsy was reported as severe typhilitis, and mycobacterial DNA PCR of ileal biopsy had detected M. Tuberculosis complex. She was started on four drugs first line antitubercular therapy in 2013 for ileocaecal tuberculosis. At 4 months follow up, abdominal pain was present but with reduced frequency and she had gained 3 kg weight. She again came for follow up in 2014 after taking antitubercular therapy for 9 months with complaints of abdominal pain and significant weight loss. She had undergone colonoscopy and laparoscopy at our centre for the diagnostic dilemma of tuberculosis/Crohn's disease.

Results Colonoscopy had revealed oedematous ileocaecal valve with terminal ileum nodularity and ulceration. Laparoscopy had revealed creeping fat and a diseased terminal ileal segment with mesenteric lymphadenopathy without evidence of omental thickening or peritoneal nodularity. Histopathology of terminal ileum had revealed moderate ileitis with non-caseating epitheloid cell granuloma without giant cell. She was started on immunosuppressive therapy for Crohn's disease and responded to treatment. She was in remission after 3 years of follow up.

Conclusions Distinguishing between TB and CD is difficult because of varied clinical features, similar pathological, imaging and endoscopic appearances. This case represents CD misdiagnosed as TB in a young lady as tissue TB PCR was false positive and it has low sensitivity than previously described.

IDDF2018-ABS-0044 ENTERIC PATHOGENS AND PREDICTORS FOR ACUTE DIARRHOEA IN CHILDREN LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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Background Understanding the aetiology of diarrhoea in Human immunodeficiency virus (HIV) infected children and its predictors can help reduce mortality in this vulnerable group.

Aims

1. To compare the prevalence of enteric pathogens in HIV-infected children with acute diarrhoea and without diarrhoea
2. To assess the association between carriage of enteric pathogens in HIV-infected children and the aetiology/frequency of diarrheal episodes within the next 3 months.

Methods We evaluated HIV-infected children with acute diarrhoea (cases) and without diarrhoea (controls) aged 18 months

–12 years attending the anti-retroviral clinic at a tertiary hospital in Delhi. Children who had received any antimicrobial therapy within the previous 2 weeks were excluded. A single stool sample was collected for microscopic examination, bacterial culture and microscopic examination including modified acid-fast staining (oocysts of *Cryptosporidium*, *Isospora* and *Cyclospora*) and Trichrome 1staining (for oocysts of *Microsporidia*). Serology for *Cryptosporidium parvum* was determined. All children were followed up for three months for the occurrence of diarrhoea.

Results Enteric pathogens were isolated in 48.8% cases (n=41) and 42% controls (n=52). The common pathogens isolated in the diarrheal and non-diarrheal groups were *Cryptosporidium* (29.3% Vs 17.3%), *E. coli* (29.3% Vs 17.3%), *Giardia* (14.6% Vs 5.8%), and Yeast (4.8% Vs 0); (p<0.05). During follow up, 8 cases (19.1%) and 8 controls (15.3%) had a diarrheal recurrence. The pathogen isolated in subsequent episodes matched with the isolate in 3 controls and 3 cases. Severe thinning (BMIZ<-3), severe underweight (WAZ<-3), and severe immunodeficiency (CD4 <15%) were significant predictors for acute diarrhoea. Co-trimoxazole prophylaxis did not offer any significant protection from acute diarrhoea but prevented infection with *Microsporidia* and *Isospora*.

Conclusions *Cryptosporidium parvum* is harboured commonly in asymptomatic HIV-infected children and predisposes to future diarrheal occurrence in them. A longer duration of treatment for acute diarrheal episodes may be needed in HIV-infected children. Children with severe thinning, underweight and immunodeficient must be screened for the presence of enteric pathogens and treated pre-emptively.

IDDF2018-ABS-0045 INCIDENTAL GALL BLADDER CANCER IN LAPAROSCOPIC CHOLECYSTECTOMY

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Background Carcinoma of the Gall Bladder (GBC) is the most common malignancy of the biliary tract and sixth most common gastrointestinal malignancy worldwide. Laparoscopic cholecystectomy has now become the most commonly performed major surgery worldwide, and an increasing number of pathological specimens are said to be showing incidental malignancy. The overall incidence is around 0.2%–2.9%.

Methods A retrospective study was done by reviewing records of patients who underwent Laparoscopic cholecystectomy at our centre between 2012–2016 (5 years). A total of 2758 cases were included in the study. Their mode of presentation, duration of symptoms, pre-operative imaging, intraoperative findings and histopathological reports were analysed.

Results A total of 6 cases of incidental GBC were identified. The overall incidence was around 0.2%. The mean age of the group was 60 years of which 4 were females and 2 were males. On pathological analysis, one patient had a background of acute cholecystitis, one had chronic cholecystitis, one had a polyp, and the remaining had unremarkable histology in the remainder of the gallbladder. The staging was T2N1M0 in two patients, T1bNM0 in two patients and T3N1M0 in two