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

patients. In addition, about 11 cases of mild to moderate dysplasia were identified.

Conclusions Early identification and curative resection still seem to be the best bet for a successful outcome in gallbladder cancer. Incidental gallbladder cancer should be suspected in elderly patients with thickened Gall Bladder. Imaging forms a very important component of preoperative diagnosis. Patients with T stage of T1b and above should be offered resection to give the advantage of improved survival.

IDDF2018-ABS-0046 DIRECT ACCESS ENDOSCOPY BOOKING BY FAMILY PHYSICIANS: EVALUATING A NEW SERVICE MODEL AND CLINICAL PREDICTORS OF POSITIVE ENDOSCOPY FINDINGS AT PRIMARY CARE SETTING

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Background Dyspepsia is a common clinical problem in the Asia-Pacific region and can have a variety of presentations. Patients who have dyspepsia and need an oesophagogastroduodenoscopy (OGD) are referred by their primary care doctor to surgeons or gastroenterologists, who would perform the OGD. In order to shorten the waiting time for patients indicated for an endoscopy (GOPC-to-endoscopy time), a mode of open-access was first available in HK in the 1990s. At the Kowloon West Cluster (KWC), five GOPCs implemented direct access endoscopy since late 2015 in collaboration with Department of Surgery, Caritas Medical Centre. OGDs, which were performed by designated surgeons, were arranged by GOPC doctors directly. Post-OGD follow-up care would be offered by GOPC.

Objectives To evaluate direct access endoscopy model and GOPC-to-endoscopy waiting time.

To review endoscopic outcomes of patients under direct access endoscopy programme.

To identify clinical predictors for positive OGD findings for patients presenting at primary care setting.

Methods A retrospective cohort study from 1 st Oct 2015 to 31st Dec 2016. Adult patients who had OGD booked under the programme were included. Demographics and clinical characteristics variables were compared. Variables with $p < 0.1$ in the simple logistics regression analysis were included in the multiple regression models. Adjusted odds ratio and 95% CI were calculated. A P-value of < 0.05 was considered statistically significant.

Results 198 patients were arranged direct access endoscopy. 173 patients completed OGD. The mean GOPC-to-endoscopy time was 14 weeks (23.7% within 8 weeks). 26 patients had positive OGD findings including ulcer and neoplastic conditions, one of which was stomach adenocarcinoma. Clinical predictors for a positive OGD included ever smoking status (adjusted OR 3.15; 95% CI 1.00–9.86; P 0.049), presence of epigastric pain on history (adjusted OR 3.32; 95% CI 1.19–9.26; P 0.022) and a positive H Pylori status (adjusted OR 3.60; 95% CI 1.39–9.36; P 0.009).

Conclusions Direct assess endoscopy in primary settings may have a role in early detection of significant pathologies. Clinical

predictors may be useful for triage purpose as the patient may not present classical red flags symptoms in primary settings.

IDDF2018-ABS-0047 ACUPUNCTURE AND RELATED THERAPIES FOR TREATING IRRITABLE BOWEL SYNDROME: OVERVIEW OF SYSTEMATIC REVIEWS AND NETWORK META-ANALYSIS

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Background Although existing clinical evidence has suggested potential effectiveness of acupuncture and related therapies for improving irritable bowel syndrome (IBS) symptoms, comparative effectiveness of different acupuncture modalities is unclear. An overview of systematic reviews (SRs) and a network meta-analysis (NMA) were conducted to evaluate the comparative effectiveness of acupuncture and related therapies used either alone, or as an add-on to other IBS treatments.

Methods Eight international and Chinese databases were searched for SRs of randomised controlled trials (RCTs) that investigated the effectiveness of acupuncture and related therapies among IBS patients. Data from eligible RCTs were extracted for random effect pairwise meta-analyses. NMA was used to evaluate the comparative effectiveness of different treatment options.

Results From 15 SRs, 28 RCTs ($n=2314$) assessing acupuncture and related therapies used either alone or as an add-on to other IBS treatments were included. Results from pairwise meta-analysis showed that needle acupuncture was superior in improving global IBS symptoms, compared with both pinaverium bromide and trimebutine maleate. Electroacupuncture was found to have significantly stronger effects in alleviating global IBS symptoms when compared with pinaverium bromide. Needle acupuncture plus moxibustion was significantly more effective than loperamide in improving global IBS symptoms. Significant add-on effect was also observed in the pooled results of needle acupuncture plus Chinese herbal medicine (Geshanxiaoyao formula) when compared with Geshanxiaoyao formula alone. Results from NMA showed a combination of needle acupuncture and Geshanxiaoyao formula had the highest probability of being the best option for improving global IBS symptoms among 14 included treatment options. No serious adverse events associated with acupuncture and related therapies were reported.

Conclusions Amongst reviewed treatment options, the combination of needle acupuncture and Geshanxiaoyao formula had the highest probability of being the most effective treatment for global IBS symptoms. Patients who are contraindicated for current conventional pharmacological or non-pharmacological therapies may use acupuncture and related therapies. Future SRs should investigate the potential combination effect of other Chinese herbal medicine plus acupuncture and related therapies for treating IBS.