standardised incidence ratio (SIR) by comparing with the general population. Subgroup analyses were performed based on the types of immune-mediated diseases and biologic drugs.

Results A total of 2485 patients with immune-mediated diseases were identified (10.6% IBD, 77.7% rheumatology, and 11.8% dermatology). 54 subjects developed active TB during 6921 person-years of follow-up. The mean age was 43 years, and the median follow up duration was 748 days. The overall SIR for TB in patients with included immune-mediated disease was 10.91. Patients with IBD had an over 17-fold increased risk of TB compared to the general population (SIR, 17.53), and patients on infliximab had a nearly 26-fold increased risk of TB compared to the general population (SIR, 25.95). Risk of TB was highest in the age group 50–59 years (SIR, 15.72). The risk of TB with infliximab was higher than etanercept (hazard ratio [HR], 4.10) and adalimumab (HR 2.08). No significant difference in the risk of TB was observed among the subgroups of IBD, rheumatology and dermatology.

Conclusions In the population-based study, biological therapy is associated with higher risk of TB in patients with immune-mediated diseases compared with the general population, and infliximab is associated with the highest risk of TB amongst all biologics. This study suggests patient and biologic selection may be important in balancing the benefit and risk of TB when treating patients with immune-mediated diseases.

IDDF2018-ABS-0062 FUNCTIONAL OUTCOME OF HIRSCHSPRUNG'S DISEASE, POSTSURGICAL TRANSANAL ENODORECTAL PULLTHROUGH AT NATIONAL CHILDREN'S HOSPITAL

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Background Hirschsprung's Disease is a congenital illness secondary to lack of ganglion cells in the intestinal tract leading to mechanical obstruction. In the Philippines, Hirschsprung's Disease ranks 9th over the top 10 cases causing morbidity to Filipino children and the mortality rate can reach up to 50%. The treatment is still surgery, such as Soave procedure.

Design Descriptive cross-sectional study.

Subjects The participants of the study were followed up patients at the Surgery Out Patient Department from March 2016 to August 2017, ages 0–7 years old, diagnosed with Hirschsprung's Disease, post Transanal endorectal pull-through.

Methodology Purposive sampling was used to select participants. The sample size was 40 based on the proportion of good functional outcome among patients who underwent transanal endorectal pull through.

Statistical Analysis Descriptive Analysis using proportion and percentages were used to present the results in all the variables.

Results Out of the 40, 82% were diagnosed with the disease as early as the newborn period, and 55% of the patients were operated at an age from 1 to 3 years old, and about 80% were males. It also showed that postoperatively, 60% had normal z scores, and 65% of the population still had an abnormal stool. Moreover, the study showed that 95% of the subjects returned to schooling or playing post surgery.

Conclusions Comparing it to the 96% result of Dela Merced 2003, this study had 95% of patients who were able to achieve a good functional outcome, 4–6 weeks post-surgery.

IDDF2018-ABS-0063 HERBAL MEDICINE PRESCRIPTION PRACTICE FOR DYSPEPSIA IN THAI PUBLIC HOSPITALS

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Background Herbal medicine have been endorsed by policymaker as the first line treatment for common conditions. This study was aimed to comparatively assess the prescription practice of herbal and non-herbal medicine for dyspepsia in Thailand.

Methods Prescription data of 15 hospitals Surat Thani province during 2014–2016 was extracted from the electronic database by using the ICD-10 code K30. The drug names and quantity were checked for accuracy and completeness. Descriptive statistics were used for data analysis.

Results A total of 1 05 921 dyspepsia visits by 63 249 outpatients were analysed. There were 3 45 489 drugs prescribed for dyspepsia, of which only 4.52% were herbal medicine (4.68% in 2014, 4.84% in 2015, 4.11% in 2016). The top three drugs were omeprazole (21.79%), antacid (18.51%), and simethicone (12.62%) whereas Curcumin capsule ranked ninth (3.54%). For comparison, Curcumin capsule was prescribed for 3.71% in 2014, 3.86% in 2015, and 3.12% in 2016, respectively. Most physicians prescribed only non-herbal medicine (83.57%) while combined herbal and non-herbal drugs were prescribed in only 14.43%, regardless of hospital size.

Conclusions Use of Thai herbal medicine for dyspepsia slightly increased despite the national policy endorsement.

IDDF2018-ABS-0066 THE ADMINISTRATIVE PROJECT OF HELICOBACTER PYLORI INFECTION SCREENING AMONG JUNIOR HIGH SCHOOL STUDENTS IN AN AREA OF JAPAN WITH A HIGH INCIDENCE OF GASTRIC CANCER

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Objective *Helicobacter pylori* infection is a common chronic infection that is closely associated with gastric cancer, known to be decreasing worldwide. We set up an administrative project of screening examination for *H. pylori* infection in junior high school students in Akita prefecture in order to investigate the current prevalence of *H. pylori* infection in childhood in an area where the incidence of gastric cancer is particularly high.

Subjects and methods All students in their second or third year of junior high school (13 to 15 year old) in two cities in Akita prefecture were recruited. First, urine-based enzyme-linked immunosorbent assay and/or stool antigen tests and/or serum antibody test for detection of *H. pylori* infection was performed. Then ¹³C-urea breath test (¹³C-UBT) was carried out in students who tested positive with one of three tests. Written informed consent was obtained from all participants and their parents.

Results A total of 2715 students were included in the *H. pylori* screening study from April 2015 to March 2017. Of these, 2619 students (96.5%) agreed to participate and underwent a screening examination. We administered urine-based

immunochromatography for all students (n=2,619), the stool antigen test for 677 students and serum antibody test for 830 students. Of these, 126 (4.7% 126/2619) tested positive by urine-based immunochromatography, 23 (3.3% 23/677) tested positive by stool antigen test, and 50 (6.0% 50/830) tested positive by serum antibody test. 163 students were positive in the three primary tests (urine-based immunochromatography positive and/or stool antigen enzyme-linked immunosorbent assay positive and/or serum antibody test positive). Finally, 138 (5.2% 138/2619) tested positive for *H. pylori* on ^{13}C -UBT.

Conclusions The current prevalence of *H. pylori* infection among students was low even in an area of Japan with a high incidence of gastric cancer.

IDDF2018-ABS-0070

THE NEW INSERTION METHOD OF THE TRANS-NASAL ILEUS TUBE, THE ANTERIOR BALLOON METHOD, WAS APPLICABLE FOR THE SMALL BOWEL OBSTRUCTION: A RETROSPECTIVE CHART REVIEW OF THE 135 PATIENTS

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Background The gastrointestinal decompression is the initial and effective therapeutic approach for the patients with small bowel obstruction. Our previous pilot case report using the newly developed trans-nasal ileus tube, the anterior balloon method, achieved effective decompression to the small bowel obstruction (Yamaguchi D, et al. Dig Endosc. 2018;30:120–121). The present pilot study was investigated the effectiveness of new insertion method of transnasal ileus tube for small bowel obstruction in around 100 patients.

Methods The anterior balloon method used the ileus tube of 300 cm length with two (anterior and posterior) balloons. After insertion of the tube into the duodenum, the anterior balloon was injected and suctioned repeatedly with 10 mL of air using the 10 mL syringe until the ileus tube reached closer to the obstruction (figure 1).

A total of 135 patients with small bowel obstruction treated from January 2011 to January 2018 were retrospectively reviewed. The patients were divided into two groups: those who used the new insertion method: anterior balloon method in 52 patients (ABM group) versus the ordinary insertion method in 82 patients (OIM group). The patient and causes of ileus; treatment outcomes; and adverse events were compared between the two groups.

Results The patient characteristics and symptoms on admission were not different between ABM and OIM group. Adhesive ileus was the main cause of ileus between two groups.

The ABM group experienced significantly shorter insertion time (28.2 ± 9.1 vs. 33.5 ± 13.0 min; $p=0.008$) and significantly longer length of insertion tube (223.2 ± 32.3 vs. 157.4 ± 31.7 cm; $p<0.001$) compared with OIM group. And ABM group experienced significantly shorter time for relief of clinical symptoms. The mean duration of the overall insertion tube and restarting of the meals in ABM group were significantly shorter than in OIM group. There were no significant differences in adverse events between two groups.

Conclusions The anterior balloon method was shorter insertion time, longer length of the insertion tube and superior to the ordinary insertion method for improvement of clinical symptoms. The anterior balloon method is convenient and worthy to achieve decompression for patients with small bowel obstruction.

Abstract IDDF2018-ABS-0070 Figure 1 The anterior balloon method

IDDF2018-ABS-0071

COMPARISON OF PROPOFOL SEDATION BETWEEN THE ENDOSCOPY ROOM AND OPERATION ROOM DURING ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC TUMOUR: A PROPENSITY SCORE MATCHING ANALYSIS

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Background Propofol, a short-acting sedative characterised by rapid recovery, has several advantages including induction of an appropriate sedation level and relative ease of safely maintaining this level. These advantages have led to a worldwide increase in the application of propofol for standard endoscopic procedures. Previous studies recommended the use of continuous propofol sedation for endoscopic submucosal dissection (ESD), but endoscopists must also give instructions for sedation while carrying out ESD procedures, because of the absence of the anesthesiologist in the endoscopy room in Japan.

The present study was performed to compare the safety of sedation using propofol during ESD in the endoscopy room versus the operation room.

Methods In total, 639 patients with gastric tumours who underwent ESD from January 2011 to August 2017 at Ureshino Medical Centre and Saga-Ken Medical Centre Koseikan were retrospectively reviewed. The patients were divided into two groups: those who underwent ESD in the endoscopy room (Group E; n=534) versus operation room (Group O; n=105). Propensity score matching was used to compensate for the differences in age, sex, tumour size, procedure time, anaesthesia time and total propofol dose. The treatment outcome of ESD and the adverse events (desaturation,