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 ¹³C-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.

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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

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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,