hypotension, bradycardia and arrhythmia) of sedation during ESD were evaluated between two groups.

Results Propensity score matching analysis created 91 matched pairs. Adjusted comparisons between Group E and O showed similar treatment outcomes of ESD (en bloc resection rate: 98.9% vs. 100%, $p=1.000$; perforation rate: 4.4% vs. 1.1%, $p=0.368$; delayed haemorrhage rate: 8.8% vs. 2.2%, $p=0.100$). In adverse events, desaturation occurred significantly more often in Group E than O (16.5% vs. 3.3%, $p=0.005$). There were no significant differences in other adverse events between the two groups (hypotension rate: 13.2% vs. 7.7%, $p=0.333$; bradycardia rate: 5.5% vs. 1.1%, $p=0.211$, and arrhythmia rate: 0% vs. 0%, $p=1.000$).

Conclusions Whereas a decrease in the desaturation rate was the only advantages of sedation with propofol in the operation room, sedation in the operation room might be required to ensure safer application of ESD for gastric tumours.

IDDF2018-ABS-0075 MANAGEMENT OF ANAEMIA IN INFLAMMATORY BOWEL DISEASE

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Background Anaemia is the most common extraintestinal manifestation of IBD. It has a substantial impact on patients' morbidities and healthcare costs.

Methods We conducted a retrospective observational study on all our patients (total numbers: 224) suffering from IBD to determine whether anaemia was addressed during their clinic visits and whether treatment(s) were appropriately given. The haemoglobin, mean cell volume (MCV), ferritin, total iron binding capacity (TIBC), iron saturation (in%) and CRP were reviewed.

Results Among the total 132 (59%) Ulcerative colitis (UC) patients and 92 (41%) Crohn's disease (CD) patients, 91 (40%) patients suffered from anaemia at diagnosis. 93 (42%) patients had ferritin, TIBC and iron saturation reviewed and documented. 71 (32%) patients received iron supplements at some point since the diagnosis of IBD was made. All patients with iron deficiency anaemia were correctly identified and were offered iron supplements. However, of those suffered from iron deficiency anaemia, only 24 (34%) patients had their ferritin, TIBC and iron saturation monitored every three months after adequate replacement to prevent recurrent iron deficiency. 25/91 (28%) of IBD patients suffered from non-iron deficiency anaemia (NIDA): 9 patients suffered from B12 deficiency and were all offered a parenteral replacement, 16 patients were given the diagnosis of anaemia of chronic disease (ACD), who demonstrated clinical or biochemical evidence of inflammation. During their most recent clinic visits, all patients had their haemoglobin reviewed and 47 (21%) patients still suffered from anaemia. 10/47 (22%) were non-compliant with their iron supplements; 16/47 (34%) were due to active inflammation; the rest did not have a clear diagnosis.

Conclusions The aetiology of anaemia in IBD patients were mainly categorised into iron deficiency anaemia and NIDA. Adequate iron replacement and compliance are important in the treatment of iron deficiency. Recurrence of iron deficiency can be prevented by monitoring blood counts, ferritin, TIBC and iron saturation every three to six months. NIDA requires

further work-up, and optimisation of IBD treatment should be first considered especially in ACD. In patients with persistent anaemia despite iron replacement and optimised IBD treatment, one should consider the use of erythropoiesis-stimulating agents.

IDDF2018-ABS-0084 RECURRENT ACUTE PANCREATITIS IN A CHILD – AETIOLOGY BEING A RARE PANCREATIC DUCT ANOMALY

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Background Acute pancreatitis is an emerging problem in paediatrics. Although the cause is unclear, it may be explained by a heightened awareness of AP in children. Although magnetic resonance cholangiopancreatography (MRCP) is seldom required for the first attack of AP, it constitutes a valuable tool in the evaluation of pancreaticobiliary abnormalities. Congenital anomalies and normal variants of the pancreatic duct are often detected as incidental findings in asymptomatic patients. Occasionally it produces symptoms in childhood and here is a patient presented to us with recurrent episodes of abdominal pain and MRCP helped us in diagnosing the condition and directed us for therapy.

Methods 13-year-old male presented to us with complaints of upper abdominal pain since 5 days, vomitings since 4 days. His abdominal pain is radiating to back. He had similar episodes for three times in the past 2 years but were treated conservatively at a local hospital and not been investigated. On examination, vitals were stable and abdominal examination was normal. In view of the history of recurrent acute pancreatitis, MRCP was done. It showed bifid duct of wirsung with duct of santorini opening into its anterior division with bulky body and tail of the pancreas. The patient was conservatively treated, and he recovered well.

Results It was a case report showing pancreatic duct anomaly causing recurrent acute pancreatitis.

Conclusions Congenital variants of the biliopancreatic ductal system provide interesting challenges when discovered during the diagnostic workup of idiopathic acute recurrent pancreatitis. However, most of these variants are clinically irrelevant. Methods for the selection of patients most likely to benefit from invasive therapy need to be refined.

IDDF2018-ABS-0086 NON-ALCOHOLIC FATTY PANCREAS DISEASE AS AN INDEPENDENT PREDICTOR OF ACUTE PANCREATITIS: A RETROSPECTIVE STUDY OF 264 PATIENTS

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Background This study is aimed to investigate the relationship between non-alcoholic fatty pancreas disease (NAFPD) and the severity of acute pancreatitis (AP) and to assess the significance of pancreas attenuation in the prognosis and mortality of AP patients.

Methods Among 1662 AP patients admitted between August 2010 and August 2017, 88 eligible subjects suffering from moderately severe and severe AP (SAP) were selected. Meanwhile, a well-balanced cohort of mild AP (MAP) patients was generated by propensity score matching at a ratio of 1:2. NAFPD was assessed by attenuation of the pancreas via unenhanced computed tomography (CT). In the end, 264 patients were analysed.

Results In all, 176 patients had MAP, 48 patients had moderate SAP, and 40 patients had SAP. Among them, the more severe the AP, the lower the mean pancreatic attenuation and the pancreas attenuation/spleen attenuation (P/S) ratio (both $p < 0.001$) (figure 1). Pancreas attenuation decreased with increases in the rate of intensive care unit (ICU) transfer, the severity of AP, the systemic complications and the prognostic factors of AP (APACHE-II score ≥ 8 ; $p < 0.001$). A decreased P/S ratio was positively correlated with the increased mortality of patients with AP (HR, 0.000; 95% CI, 0.000–0.008, $p < 0.001$) according to Cox proportional hazard models adjusted for creatinine, calcium and albumin levels (table 1). Pancreas attenuation and the P/S ratio exhibited high areas under the receiver operating characteristic (ROC) curves for the prediction of AP severity (pancreas attenuation: 0.932, 95% CI, 0.893–0.972; P/S ratio: 0.891, 95% CI, 0.846–0.936).

Abstract IDDF2018-ABS-0086 Table 1

Variables	All the participants (n=264)			
	Model 1		Model 2	
	HR (95% CI)	p value	HR (95% CI)	p value
P/S ratio	0.000 (0.000–0.008)	<0.001		
Pancreas attenuation			0.865 (0.816–0.918)	<0.001
Creatinine	1.003 (1.000–1.006)	0.033	1.003 (1.000–1.006)	0.025
Calcium	0.920 (0.165–5.117)	0.924	0.769 (0.153–3.853)	0.749
Albumin	0.963 (0.887–1.046)	0.375	0.969 (0.895–1.049)	0.440

Conclusions The pancreas attenuation level and the P/S ratio are valuable predictors of the severity, mortality, and systemic complications in patients with AP.

Abstract IDDF2018-ABS-0087 Figure 1

IDDF2018-ABS-0087

SERUM METABOLITE PROFILING OF FAMILIAL ADENOMATOUS POLYPOSIS USING UPLC-MS/MS

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Background Familial adenomatous polyposis (FAP) is an autosomal dominantly inherited intestinal polyposis syndrome accounts for about 1% of all colorectal cancers (CRC). Despite increasing awareness of its molecular pathogenesis? over the past two decades, there is still a lack of reliable biomarkers for the screening, monitoring and treatment of FAP? In this study, based on metabolomics analysis, we aimed to identify candidate biomarkers that can be used for FAP detection with high sensitivity and specificity by using human serum samples.

Methods Serum metabolites from FAP patients (N=25) and healthy subjects (n=14) were profiled using Ultra Performance Liquid? Chromatography and Tandem Mass Spectrometry (UPLC-?MS/MS).

Results 125 metabolites (down-regulated 78 and up-regulated 47) were identified with statistical tests of? orthogonal partial least-squares-discriminant analysis (OPLS-DA), with the conditions of variable importance in projection (VIP) >1, $p < 0.05$ using the Mann-?Whitney U test, and fold change (FC) ≥ 2 or.

Abstract IDDF2018-ABS-0087 Table 1 The serum metabolites showing statistical significance

Group name	All significant difference	Down-regulated	Up-regulated
group1_vs_group2	125	78	47

Conclusions We observed a distinct metabolic signature in FAP patients including tricarboxylic acid (TCA) cycle, amino acids metabolism, fatty acids metabolism, and bile acids (BAs) metabolism. Our results demonstrated that a panel of serum metabolite markers is of great value as a non-invasive diagnostic method for detecting FAP, and can be further used to study new therapeutic strategies.