challenging epithelial and subepithelial neoplasms that are not amenable to conventional resection techniques.

Methods This was a retrospective case series study of patients underwent two methods of endoscopic full-thickness resection (EFTR), either of which was deep resection using ESD knives and post-resection closure with OTSC (Group 1), the other was pre-resection closure with OTSC and second EFTR with snare (Group 2).

Results Of all 21 patients, 11 cases were in Group 1 and 10 in Group 2. The mean time of EFTR procedure was 76.83 ±34.97 min in Group 1 which was significantly longer than that of Group 2 (p=0.0128). The mean time of OTSC closure and length of hospital stay of Group 1 were also longer compared to Group 2, but the difference was not significant. Both of complete resection (R0) and technical success rate of Group 1 were 83.3% and were both 100% for Group 2.

Conclusions EFTR for pre-resection closure is potentially faster compared with the concept of applying closure after EFTR. Larger prospective controlled studies comparing those two techniques are warranted in the future.

IDDF2018-ABS-0102 RELATIONSHIP BETWEEN HISTOLOGICAL CHARACTERISTICS AND BRAF MUTATION, P53, KI67 IMMUNOEXPRESSION IN PATIENTS WITH COLORECTAL POLYP IN THAI NGUYEN

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Background Changes in immune expression of BRAF, P53, and Ki67 proteins are part of the colorectal carcinogenic mechanisms associated with colorectal polyps.

Aims To analyse the relationship between histological characteristics and BRAF mutation, P53, Ki67 immunoexpression in patients with a colorectal polyp.

Methods A total of 81 non-cancerous colorectal polyp patients were randomised to the study. Patients undergoing endoscopic, histopathological and immunohistochemical analyses.

Results BRAF mutation in the dysplasia area showed an average of 1±0.69, non-dysplasia 0.33±0.49, p=0.001; P53 expression in dysplasia was found to be 1.74±1.38, non-dysplasia 1.22±1.05, p=0.001. Ki67 expression in dysplasia was found to be 1.33±1.18, non-dysplasia 1.20±0.97, p=0.002. The BRAF mutation in dysplasia area detected 50% of the traditional serrated polyps. BRAF mutation in dysplasia had 25% level ++, in pervasive samples, p<0.001. P53 expression in dysplasia was 68.6% level +++in adenoma polyps group, in non-dysplasia area rate 33.3% level +++in non-neoplastic polyp, p<0.001. P53 expression were mainly found in the bottom samples, the dysplasia area was 44.3% level +++, non-dysplasia 15.7% level +++, p=0.02. Ki67 expression in dysplasia area was 35.3% in the level of +++adenoma polyps, non-dysplasia at 20% level +++non neoplastic polyps, p<0.001. Ki67 expression of dysplasia 28.6% level +++was mainly found in the bottom samples, p<0.001.

Conclusions BRAF mutation is more common in serrated polyps, P53, Ki67 expression are more common in adenomatous polyps. Immunohistochemical changes of these proteins are more common in the dysplasia area and there are differences between cell layers.

IDDF2018-ABS-0103 RELATIONSHIP BETWEEN ENDOSCOPIC CHARACTERISTICS AND BRAF MUTATION, P53, KI67 IMMUNOEXPRESSION IN PATIENTS WITH COLORECTAL POLYP IN THAI NGUYEN

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Background Co-results of endoscopy and BRAF mutation, P53, Ki67 immunoexpression increase sensitivity and specificity in the early diagnosis of colorectal cancer.

Aims To analyse the relationship between endoscopic characteristics and BRAF mutation, P53, Ki67 immunoexpression in patients with a colorectal polyp.

Methods A total of 81 non-cancerous colorectal polyp patients were randomised to the study. Patients undergoing endoscopic, histopathological, and immunohistochemical analyses.

Results Gender ratio: male 69.1%, female 30.9%. Highest age group 41–60 was 58%. There are a total of 175 polyps, an average number per patient 2.16±1.14. The proportion of multiple polyp patients was 61.7%, single polyp 38.3%. Sessile polyp was highest: 38.3%. The size of polyps<1 cm was the highest rate, with 46.9%,>2 cm with only 7.4%. Colon polyps accounted for 67.9%, rectal 32.1%. BRAF mutation in single polyp accounted for 22.8%, multiple polyps 22%. BRAF mutation in flat-elevated polyp were lowest with 20%, pedunculated polyps had the highest rate of 26.9%. Mutation of BRAF polyp size >2 cm accounted for 50% as the highest. P53 expression was similar in the single and multiple polyp. P53 expression level +++in pedunculated polyp with 57.7%, subpedunculated 57.1%, sessile 32.3%. In terms of size, 100% polyps>2 cm express P53, p=0.03. Ki67 expression was similar in the single and multiple polyp. Polyp size >2 cm accounted for the highest Ki67 expression rate of 66.6%. Pedunculated polyp had the highest rate of Ki67 expression in the dysplasia of level +++with 42.3%, subpedunculated and sessile polyp 16.1%, p=0.04.

Conclusions P53 immunoexpression are usually manifested in large pedunculated and subpedunculated polyps. Ki67 immunoexpression in the dysplasia area, manifested in pedunculated and subpedunculated polyps.

IDDF2018-ABS-0115 THE ASSOCIATION BETWEEN ELECTRONIC CIGARETTE SMOKING AND GASTROESOPHAGEAL REFLUX DISEASE IN ADULT URBAN POPULATION

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Background This study was aimed to investigate the association between electronic cigarette (e-cig) smoking and gastroesophageal reflux disease (GERD) among the adult urban population.

Methods A cross-sectional study was conducted among 267 adult people in Cirebon City, West Java, Indonesia. A self-administered questionnaire based on earlier validated GERD

questionnaire (GERDQ) was given. The questionnaire consisted of demographic characteristics and the symptoms score for GERD. A symptoms score of at least 8 was considered as GERD. Data were analysed using descriptive statistics and chi-square test.

Results The median age of the subjects was 24.0 years old. E-cig smoking was frequent (74.2%) among the subjects with median duration 2.0 years. The median of its dose was 30.0 ml weekly. The prevalence of GERD in this study was 9.4%. According to e-cig smoking status, the prevalence of GERD among smokers was 6.6%, while the prevalence of GERD among nonsmokers was 17.4%. The e-cig smoking was negatively associated with GERD (PR=0.334; 95% CI: 0.144–0.772; p=0.008) (table 1).

Abstract IDDF2018-ABS-0115 Table 1 The association between e-cig smoking and GERD

	GERD status		PR (95% CI)	p
	Yes n (%)	No n (%)		
E-cig smoking status				
•Smoker	13 (52.0)	185 (76.5)	0.334 (0.144–0.772)	0.008
•Nonsmoker	12 (48.0)	57 (23.5)	1	

e-cig: electronic cigarette; GERD: gastroesophageal reflux disease.

Conclusions This population-based study showed that there is a statistically negative association between e-cig smoking and GERD in adult urban population. Further studies are needed to evaluate the association between e-cig smoking and GERD.

IDDF2018-ABS-0116 | **A RARE CASE OF LOCALISED SMALL GASTRIC LANGERHANS CELL HISTIOCYTOSIS IN ADULT**

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Background Langerhans cell histiocytosis (LCH) is characterised by a clonal proliferation of pathologic cells with the characteristics of Langerhans cells, in single or multiple organs.

Methods A 43 years old man was visited to our hospital for a routine health check-up. He had no symptoms, and his vital signs were normal. Physical examination revealed no abnormalities. He denied any past medical history and was not taking any medications. Laboratory examination findings also mostly were normal. Esophagogastroduodenoscopy showed a superficially elevated reddish polypoid lesion, less than 5 mm at the posterior wall, in the region of the fundus of the stomach, suggestive of fundic gland polyp, Yamada type I (figure 1a, b).

Results A cold biopsy was performed, and the histopathologic findings revealed many histiocytoid cells with indented nuclei and abundant eosinophilic infiltration in the deep mucosa (figure 1c, d). Immunohistochemically, the majority of the cells were strongly and diffusely positive for CD1a (figure 2a), S-100 (figure 2b), CD68 (figure 2c) and negative for cytokeratin (figure 2d). We, therefore, made the diagnosis of LCH of the stomach. Following the establishment of the diagnosis of

LCH, a comprehensive workup was carried out to determine the extent of the disease, but there was no evidence of multi-system involvement. We performed ESD for complete removal of the lesion. But ESD specimen showed no remnant LCH lesion. The patient's 6 month follow-up visit revealed without local or systemic recurrence, and the patient remained in good health.

Conclusions This is a rare case of localised small gastric LCH detected by esophagogastroduodenoscopy, with the diagnosis confirmed by immunohistochemistry. The clinical characteristics of this disease remain unknown, and further detailed studies of a larger number of patients are needed.
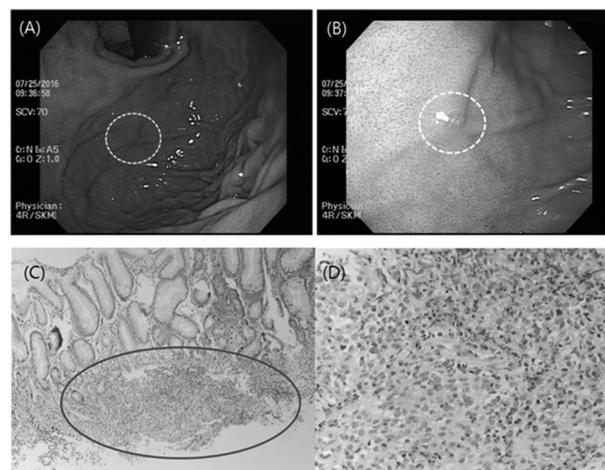
Abstract IDDF2018-ABS-0116 Figure 1 a, b, c, d
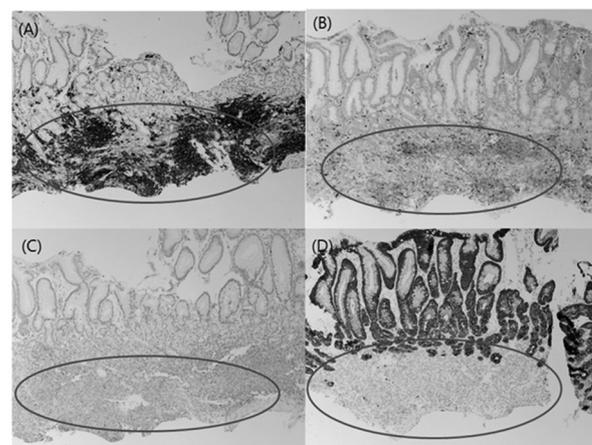
Abstract IDDF2018-ABS-0116 Figure 2 a, b, c, d

IDDF2018-ABS-0118 | **CONGENITAL PANCREATIC BETA CELLS DISORDER – TWO CONTRASTING CASES**

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Background Beta cells are unique cells in the pancreas that produce, store and release insulin. Here, we are reporting two contrasting cases, involving these beta cells, where at one end of the spectrum there is decrease insulin production, while on the other hand there is excessive insulin production.