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

Kyoung Min Sohn*. *Hansol Hospital, Korea, South*

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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

Vikram Bhaskar*. *Lady Hardinge Medical College, India*

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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.