Methods Case 1: A 14 day old term male child, large for gestational age (birth weight- 4.5 kg) presented with recurrent hypoglycaemia. On examination, the child was lethargic and hypoglycemic. The child was started on intravenous fluids. With the urine ketones being negative a critical sample was drawn at the time of hypoglycemia (RBS- 30 mg), which revealed insulin levels of 19.70 uIU/ml, cortisol levels of 11.08 ug/dl hGH levels of 12.90. With inappropriately high insulin and insulin (uIU/ml): glucose (mg/dl) ratio of 0.6 the child was diagnosed with persistent hyperinsulinemic hypoglycemia of infancy (PHIH). DOTA NOC PET CT scan showed mild diffuse DOTA NOC uptake in the pancreas more in the tail region of the pancreas ?nesidioblastosis. The child was started on diazoxide, and near total pancreatectomy was done later.

Case 2: A 5 month old female child was brought with complaints of multiple episodes of multi-focal tonic clonic seizures for the last 1 day. On routine investigations, patient had persistent hyperglycemia. Other investigations including CSF examination, liver and kidney function tests, skull ultrasound and serum electrolytes were within normal limit. Her C-peptide levels were inappropriately low (<0.30 ng/mL). Blood samples were sent to Royal Devon and Exeter NHS foundation trust, Exeter, UK, for genetic testing. She was found to be homozygous for a novel *EIF2AK3* missense mutation, p.R1064Q (c.3191G>A), in exon 17. This mutation has never been reported before, but it affects a highly conserved nucleotide and *in silico* evidence suggest that it is likely to be pathogenic. This result is consistent with a diagnosis of Wolcott Rallison syndrome. Both the parents were found to be heterozygous.

Results Two absolutely contrasting cases of beta cell disorders are being described.

Conclusions Beta cells plays an important role in glucose metabolism in the body, and their defects may produce contrasting clinical conditions.

IDDF2018-ABS-0119 COMPARISON OF FLUOROQUINOLONE INJECTION EFFECT FOR 3 DAYS CONTINUED WITH ORAL CONSUMPTION FOR 4 DAYS, WITH 7 DAYS INJECTION TO WOUND HEALING OF COMPLICATED APPENDICITIS SURGERY

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10.1136/gutjnl-2018-IDDFabstracts.115

Background Fluoroquinolone according to Sanford guide is a recommended antibiotic in cases of perforated appendicitis. Oral Levofloxacin has an almost complete bioavailability ($\geq 99\%$) absorbed by the body, proportional to the intravenous preparation. The aim of this study was to know the difference of injection fluoroquinolone for 3 days was continued orally 4 days with 7 days injection to wound healing operation of complicated appendicitis. There was lack of recommendation about this combination route antibiotics administration.

Methods This study was conducted in Surgery Department, Moewardi General Hospital, Indonesia from June – December 2016. Patients with complicated appendicitis who have performed laparotomy appendectomy, with a total of 16 samples.

Sampling was taken using consecutive sampling technique. After the operation was made two groups, the first group was given antibiotic levofloxacin 750 mg by injection for 3 days, then given antibiotic levofloxacin tablets. The second group was given iv levofloxacin for 7 days. Wound medication was performed on the third, fifth, and seventh day, the clustering was done non-randomly. The data were tested with Fisher exact test.

Results Fisher exact test results obtained $p=1000$ ($p>0,05$) meaning that there is no significant difference between antibiotic fluoroquinolone injection for 3 days continued oral 4 days with injection 7 days on the wound healing. There was only 1 patient on combination route group has poor wound healing. All patients in the intravenous group had good wound healing after discharges from hospital.

Conclusions There was no significant difference in the use of fluoroquinolone antibiotic injection for 3 days followed by 4 day oral by 7 day injection of wound healing of complicated appendicitis. Combination route on fluoroquinolone antibiotics could reduce the length of stay with no significant complications.

IDDF2018-ABS-0127 EARLY GASTRIC MUCINOUS ADENOCARCINOMAS AND SIGNET-RING CELL CARCINOMAS DID NOT SHOW HIGHER INVASION CAPACITY COMPARED WITH CONVENTIONAL ADENOCARCINOMA IN WESTERN POPULATION

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10.1136/gutjnl-2018-IDDFabstracts.116

Background Little was known about the behaviour of early gastric mucinous adenocarcinomas (MAC) and signet-ring cell carcinomas (SRC) in Western populations. The purpose of this study was to investigate whether lymph node metastasis (LNM) and survival were correlated with histology including MAC, SRC and conventional adenocarcinomas (AC) in the Western populations.

Methods The Surveillance, Epidemiology, and End Results (SEER) database were used to identify all patients with surgically resected, histologically diagnosed early gastric cancer (EGC), including AC, MAC and SRC between 2004 and 2014. Logistic regression and competing risk model were used to explore whether LNM and survival differed among the above three subtypes of EGC.

Results Of 2632 patients eventually included in this study, MAC and SRC accounted for 1.13% and 17.31%, respectively. Early gastric MAC or SRC patients had a numerically higher rate of LNM (28.57% and 21.34% respectively) than 18.41% for AC patients without significant difference ($p=0.151$). Patients with MAC and SRC demonstrated similar risk in LNM in relative to those with AC (odds ratio (OR), 1.16; 95% confidence interval (CI), 0.50–2.73, $p=0.728$ and OR, 1.22; 95% CI, 0.92–1.63, $p=0.175$, respectively) in the multivariate logistic regression. The cause-specific survival of the patients with early gastric MAC or SRC was similar as that for AC patients ($p=0.0703$) (figure 1). The cumulative incidence of cause-specific death was not significantly different between MAC, SRC and AC patients ($p=0.1094$). MAC and SRC patients tended to have similar survival as compared

with AC patients (MAC: sub-distribution hazard ratio (SHR), 0.54; 95% CI. 0.13–2.22, $p=0.397$ and SRC: SHR, 0.87; 95% CI, 0.62–1.23, $p=0.435$) in the multivariate competing risk model. When MAC and SRC patients were further compared to AC patients with grade III/IV, LNM and survival were still not correlated with histology.

Conclusions Early gastric MAC and SRC had similar behaviour compared with AC in Western population and histology itself is not an independent predictor of LNM and prognosis.

Abstract IDDF2018-ABS-0127 Figure 1 Kaplan-Meier CSS estimates

IDDF2018-ABS-0128 EFFECTS OF STOOL FORM ON ADEQUACY OF BOWEL PREPARATION DURING COLONOSCOPY: A PROSPECTIVE STUDY

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10.1136/gutjnl-2018-IDDFabstracts.117

Background Early identification of adenomatous polyps is crucial in colorectal cancer prevention. Inadequate bowel preparation results in lower diagnostic yield and is affected by colonic transit. There are insufficient local studies correlating stool form with bowel preparation adequacy. Moreover, there's limited study correlating stool form with colonoscopy outcome. This study aims to test the association between Bristol Stool Form Scale (BSFS), bowel preparation adequacy and colonoscopy outcome.

Methods We studied a prospective cohort of 260 consecutive outpatients at East Avenue Medical Centre (EAMC) undergoing screening colonoscopy who were prescribed similar bowel preparation and diet. BSFS and comorbidities were collected prior to colonoscopy. Patients were grouped according to BSFS: Group 1 for type 1–2; Group 2 for type 3–5; Group 3 for type 6–7. An investigator, blinded to all information, recorded Boston Bowel Preparation Score (BBPS), Polyp detection rate (PDR), cecal intubation and withdrawal time for all patients. Chi-Square, ANOVA and logistic regression were the analysis used.

Results 260 were included in the analysis. Group 1 compared to Groups 2 and 3, was significantly associated with inadequate bowel preparation (24.3% vs 0% vs 9.1%; $p=0.004$),

low cecal intubation rate (87% vs 100% vs 97%; $p<0.001$), low PDR (11% vs 32% vs 24%; $p=0.004$), and prolonged withdrawal time (9.41 min; $p<0.001$). Higher BSFS score (3–7) would have 157% higher odds of adequate bowel preparation. Diabetes have a likelihood of only 24% adequate bowel preparation.

Conclusions It's important to identify patients with constipated stool form to guide proper bowel preparation regimen since they are significantly associated with inadequate bowel preparation, decreased cecal intubation rate, PDR, and increased withdrawal time.

IDDF2018-ABS-0129 EFFECTIVENESS OF REBAMIPIDE IN THE PREVENTION OF ESOPHAGEAL STRICTURE FORMATION IN ADVANCED CORROSIVE ESOPHAGITIS: A PROSPECTIVE RANDOMISED CONTROL STUDY

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10.1136/gutjnl-2018-IDDFabstracts.118

Background Corrosive esophagitis causes significant morbidity with grades 2b and 3 esophagitis developing strictures in 70%–100% of cases. Currently, there's no clear evidence in preventing esophageal stricture. However, animal studies show that suppressing inflammation can prevent stricture formation. Rebamipide, an anti-ulcer agent, has been shown to stimulate prostaglandin generation, increases epidermal growth factor expression, increases blood flow, and scavenges active oxygen radicals thereby reducing inflammation. This study aims to determine the effectiveness of rebamipide in preventing stricture formation in advanced corrosive esophagitis.

Methods We conducted a prospective, assessor-blinded, randomised control study. 37 adult patients with grades 2B–3B corrosive esophagitis admitted in our institution were included. Patients were randomly allocated to two groups. The first group ($n=18$) received conventional proton pump inhibitor (PPI) therapy with rebamipide (PPI+rebamipide group) while the second group ($n=19$) received only conventional PPI therapy (PPI group), both for 3 weeks duration. Endoscopists blinded to group allocations and damage severity before treatment performed upper endoscopy (EGD) on Days 21 and 60. Presence of dysphagia, number, length and stricture location were recorded. Descriptive statistics, Independent sample T-test, Mann-Whitney U test and Chi-square test were the analysis used.

Results 34 patients were included in the final analysis. Dysphagia and esophageal stricture at Day 60 were significantly greater with PPI group versus PPI+rebamipide group (47% vs 5.88%, $p=0.017$). The median length of esophageal stricture in the PPI group at Day 60 is significantly shorter (5 cm vs 8 cm; $p=0.034$) however there were still significantly more patients with stricture formation in the PPI group (8 vs 1; $p=0.017$). Presence of gastric stricture was similar between the two groups.

Conclusions PPI with rebamipide is effective in preventing dysphagia and stricture formation among patients with advanced corrosive esophagitis compared to PPI alone. However, this was not effective in preventing gastric stricture formation.