

**Conclusions** LSTs were predominant in the proximal colon, but a greater proportion of LST-GM, greater mean-size, and greater presence of submucosal cancer found in rectal LST. LST-GM and LST-NGPD had a higher incidence of intramucosal carcinoma and submucosal carcinoma, in particular, LST-NGPD was highest rates of submucosal invasion, should be noticed by endoscopic physicians.

**IDDF2018-ABS-0160** **ENDOSCOPIC CHARACTERISTICS, TREATMENT AND FOLLOW-UP OF COLORECTAL LATERALLY SPREADING TUMOURS**

Zilin Kan\*, Peng Jin. PLA Army General Hospital, China

10.1136/gutjnl-2018-IDDFabstracts.134

**Background** To analyse the endoscopic characteristics and therapeutic methods of colorectal laterally spreading tumours.

**Methods** Colorectal laterally spreading tumours were collected from digestive endoscopy centre of PLA army general hospital from Mar 2010 to May 2016. Their relationship between morphology, predilection site, pit patterns and histopathology were analysed retrospectively. And compared the follow-up results of different endoscopic treatment.

**Abstract IDDF2018-ABS-0160 Table 1** Comparison of LST-G and LST-NG

	N	LST-G (%)	LST-NG (%)	x <sup>2</sup> value	P value
Total		280	335		
Locations				59.99	<0.001
Rectum	139	93 (33.21)	47 (14.02)		
Ileocecal junction	76	51 (18.21)	25 (7.46)		
Colon	399	136 (48.57)	263 (78.51)		
Pit patterns				65.68	<0.001
Type I	8	1 (0.75)	7 (6.03)		
Type II	32	3 (2.24)	29 (25.00)		
Type III <sub>s</sub>	5	0 (0.00)	5 (4.31)		
Type III <sub>l</sub>	77	37 (27.61)	40 (34.48)		
Type IV	82	65 (48.51)	17 (14.66)		
Type V <sub>I</sub>	34	23 (17.16)	11 (9.48)		
Type V <sub>N</sub>	12	5 (3.73)	7 (6.03)		
Pathological types				110.454	<0.001
Serrated lesions*	78	26 (5.71)	118 (18.51)		
LGIN					
Tubular adenoma	223	86 (30.71)	137 (40.90)		
Villous adenoma	126	90 (32.14)	36 (10.75)		
HGIN	102	72 (25.71)	30 (8.96)		
SMC	20	6 (2.14)	14 (4.18)		

\*Serrated lesions: a group of lesions characterised by serrated epithelium, including hyperplastic polyp(HP), traditional serrated adenoma (TSA) and sessile serrated adenoma/polyps (SSA/PS). LGIN, low grade intraepithelial neoplasia; HGIN, high grade intraepithelial neoplasia; SMC, submucosal carcinoma.

**Results** A total of 615 colorectal laterally spreading tumours (551patients) were collected. Granular (LST-G) was detected more frequently in the ileocecal region and rectum (75/140, 53.7%);

Non-granular (LST-NG) were preferentially located in the rest part of the colon. Pit patterns type IV has large proportion in the LST-G and type III<sub>l</sub> in the type LST-NG. On histopathology, LST – NG in the majority with tubular adenoma (40.9%), while the LST – G than LST – NG more villiform than LST – NG (32.14% vs 10.75%). LST-G and LST-NG had a higher incidence of intramucosal carcinoma and submucosal carcinoma, 27.86% (78/280) and 13.13% (44/250), respectively. LST-NG was highest rates of submucosal invasion: 4.18%. To follow-up after treatment 330 cases of patients, 285 cases of lost to follow-up. Follow-up time span of 1~76 months, the median for 15 months. A total of 10 cases of recurrence, endoscopic piecemeal mucosal resection (EMPR) higher recurrence rate was 13.79% (4/29), compared to nearly 3 years after the ESD treatment, there is no recurrence of LST.

**Conclusions** Had a higher incidence of intramucosal carcinoma and submucosal carcinoma, in particular, LST-NGPD was highest rates of submucosal invasion, should be noticed by endoscopic physicians. The endoscopic submucosal dissection (ESD) is safe and effective treatment.

**IDDF2018-ABS-0164** **THE TEMPORAL RELATIONSHIP OF DAILY LIFE STRESS, EMOTIONS AND BOWEL SYMPTOMS IN IRRITABLE BOWEL SYNDROME: A SMARTPHONE-BASED EXPERIENCE SAMPLING STUDY**

<sup>1</sup>Yawen Chan\*, <sup>1</sup>Suzanne Ho-wai So, <sup>2</sup>Arthur Dun Ping Mak, <sup>2</sup>Kewin Tien Ho Siah, <sup>1</sup>Wai Chan, <sup>3</sup>Justin Che-yuen Wu. <sup>1</sup>Department of Psychology, The Chinese University of Hong Kong, Hong Kong; <sup>2</sup>Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong; <sup>3</sup>Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong

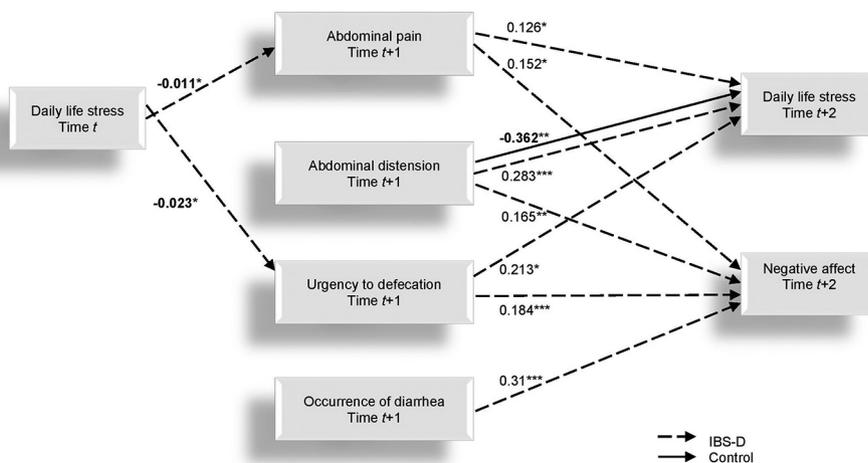
10.1136/gutjnl-2018-IDDFabstracts.135

**Background** The current study aimed to model the moment-to-moment relationship between daily life stress, negative emotions and bowel symptoms among patients with irritable bowel syndrome – diarrhoea subtype (IBS-D) in the flow of daily life using a smartphone-based experience-sampling method (ESM).

**Methods** Patients with IBS-D (n=27) and healthy controls (HC) (n=30) completed ESM ratings of their real-time daily life stress, which was defined as the subjective stress related to daily activities, negative emotion and bowel symptoms 8 times a day for 14 consecutive days, following a baseline interview measuring bowel and mood symptoms. Moment-to-moment association between ESM variables was tested within and between groups using multilevel regression modelling.

**Results** Patients with IBS-D reported more severe bowel symptoms (*ps* <0.01) than HCs, but levels of daily life stress and negative affect were comparable between groups (*ps* >0.05). Time-lagged analysis of ESM data revealed that, among patients with IBS-D, daily life stress predicted a decrease in abdominal pain and urgency to defecation at a subsequent time point (*ps* <0.05), whereas severity of bowel symptoms and occurrence of diarrhoea predicted a subsequent increase in negative affect and daily life stress (*ps* <0.05). The above associations were not found among HCs (figure 1).

**Conclusions** ESM unveiled the dynamic relationship between bowel symptoms, stress and emotionality. Patients with IBS-D responded to bowel symptoms with more stress and distress momentarily. Counter-intuitively, daily life activity stress served as a protective factor for bowel symptoms. Our data informed the psychological understanding of IBS.



\*  $p < 0.05$ ; \*\*  $p < 0.1$ ; \*\*\*  $p < 0.001$

Note: The numbers are Beta coefficients of MLM models, each line representing one model. Bold numbers represent negative predictions. The direction of arrow denotes the direction of temporal predictions. Only significant predictions are shown in the figure.

Abstract IDDF2018-ABS-0164 Figure 1

IDDF2018-ABS-0169

**CLINICAL CHARACTERISTICS OF ENTEROPATHY-ASSOCIATED T-CELL LYMPHOMA (EATL) WITH INTRACRANIAL METASTASIS: AN ANALYSIS OF PUBLISHED CASE REPORTS**

<sup>1</sup>Yoen Young Chuah\*, <sup>2</sup>Cheng Chung Tsai, <sup>3</sup>Ting Ying Fu, <sup>4</sup>Yeong Yeh Lee, <sup>5</sup>Chih An Shih. <sup>1</sup>Division of Gastroenterology and Hepatology, Department of Internal Medicine, Ping Tung Christian Hospital, Ping Tung, Taiwan; <sup>2</sup>Division of General Surgery, Department of Surgery, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; <sup>3</sup>Department of Pathology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; <sup>4</sup>Department of Medicine, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia; <sup>5</sup>Division of Gastroenterology and Hepatology, Department of Internal Medicine, Antai Medical Care Corporation Tian-Sheng Memorial Hospital, Ping Tung, Taiwan

10.1136/gutjnl-2018-IDDFabstracts.135

**Background** To describe the clinical characteristics of EATL with intracranial metastasis from cases published in literature. **Subjects** EATL is a rare disease of the gastrointestinal tract. Intracranial metastasis associated with EATL is even rare. Six cases including one of ours were recruited in the study. Five reported cases were found between 1997 and 2012 in the English literature (table 1).

**Methods** Ours was a 35-year-old man who presented initially with diarrhoea, and he was later confirmed to have EATL from biopsy at jejunum that showing positive in CD3, CD8 and CD56 with negative in CD4. Since diagnosis, he had received 11 cycles of adjuvant chemotherapy. He underwent laparotomy with resection and anastomosis of jejunum due to the acute abdomen. An episode of left-sided weakness after having received his 11th cycle of chemotherapy led to brain

Abstract IDDF2018-ABS-0169 Table 1

Cases	Age	Sex	Celiac Disease	Primary lesion	Symptoms and Sign	Tx	Location of intracranial metastasis	Neurological symptoms	Tx	Overall survival after initial diagnosis
(1) Tutt et al*	45	M	(+)	Small bowel	Abd pain, diarrhoea;	Supportive	Supratentorial (Rt ventricle)	Headache, confusion, memory impairment,	C/T, radiotherapy	11 M
(2) Shams et al*	54	M	(-)	Jejunum	Perforation	OP(+), C/T	Infratentorial (Lt cerebellum)	Ataxia, slurred speech	Nil	3 M
(3) Gobbi et al*	56	F	(+)	Stomach Duodenum	Perforation	OP(+), C/T	Supratentorial (Subcortical and periventricular)	Headache, Depression, Cognitive decline	C/T, radiotherapy	9 M
(4) Berman et al.	70	M	(-)	Jejunum	Abd pain, weight loss	OP(+), C/T	Supratentorial (Bil occipital and temporal)	Seizure	Steroid (+), radiotherapy	16M
(5) Defillo et al.	65	F	(-)	Jejunum	Abd pain, Obstruction	OP(+), C/T	Supratentorial (Rt frontal- parietal)	Change in MS; Left facial brachial weakness;	OP (+)	Nil
(6) Chuah et al.	35	M	(-)	Jejunum	Diarrhoea	OP(+), C/T	Supratentorial (Frontal and corpus callosum)	Change in MS; Left sided weakness;	Steroid (+)	9M