Conclusions It was possible to obtain reliable data under physiological conditions using Fecobionics. Five defecatory phases could be defined by the pressure signature. Orientation and bending could also be assessed.

Abstract IDDF2018-ABS-0174 Figure 1

IDDF2018-ABS-0175 FUNCTIONAL LUMEN IMAGING PROBE ASSESSMENT OF ANAL CANAL DISTENSIBILITY

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Background The mechanism of defaecation and continence is a complex process involving several factors. Identifying the cause of faecal incontinence is often difficult. Assessment of patients currently involve functional assessment with high-resolution anorectal manometry (HR-ARM) and anatomical assessment using Endoanal ultrasound (EAUS) scan, providing limited information. EndoFLIP (Functional Lumen Imaging Probe) allows additional assessment of anal canal distensibility.^{1 2}

Aim To compare anal canal function using EndoFLIP between faecally incontinent patients (FI) and asymptomatic subjects (AS).

Methods All subjects were assessed using HR-ARM, EAUS and EndoFLIP. Using the EndoFLIP, continuous ramp distension was carried out up to 5=bag vol. In second ramp distension, the 5=volume was maintained while the subjects were asked to squeeze their anus. Anal competence of the narrowest area of the anal canal was evaluated using three distinct parameters derived from the EndoFLIP data. Mann-Whitney's U test was used for statistical analysis.

Results Sixteen FI patients (2M/14F, Mean age 61.38 years, SEM +3.34) and 9 AS (3M/6F, Mean age 57.9 years, SEM +3.69) were assessed. The median yield pressure (the pressure when the diameter increased from baseline) was significantly lower in the FI group at 22.99 cmH₂O (17.67–45.49 cmH₂O) compared to 55.95 cmH₂O (36.56–64.82 cmH₂O) in asymptomatic subjects. There was no significant difference in the distensibility between the FI group 0.18 (0.17–0.35) mm/cmH₂O compared to AS group 0.23 (0.12–0.39) mm/cmH₂O calculated as the change in diameter divided by the change in distension pressure. The squeeze strength was significantly higher in the AS group 167.3 (62.0–270.8) mm.cmH₂O compared to FI group 23.6 (8.1–86.1) mm.cmH₂O.

Conclusions EndoFLIP demonstrated that FI patient's anal sphincters yielded at a lower pressure and had lower squeeze strength than in asymptomatic subjects, which may be clinically more relevant than squeeze pressures alone.

IDDF2018-ABS-0177 THE NEW INVESTIGATION OF THE NURSING MEASURES ON ENDOSCOPIC ULTRASONOGRAPHY (EUS) FOR DEEP GASTRIC BIOPSY

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Background To investigate the effect of the nursing measures on endoscopic ultrasonography (EUS) for deep gastric biopsy, in order to improve the success rate and safety of biopsy.

Methods 48 patients that have underwent ordinary gastroscopy more than once. At foreign hospital and the pathological results are negative, underwent endoscopic ultrasonography deep biopsy for diagnosis in our hospital. We retrospectively analysis and summarise the importance of the preoperative perfect preparation, the high quality of nursing in operation, postoperative close observation and nursing, and every step in operation.

Results 48 cases were diagnosed by endoscopic ultrasonography. The procedure was smooth in 46 cases, 2 patients reacted with nausea and coughing. After examination, 19 patients complained of pharynx discomfort, and 1 cases had a small amount of bleeding after the operation and recovered after treatment.

Conclusions Focusing on every step and details and high-quality nursing can effectively relieve pain and improve patient compliance during ultrasonic endoscopic gastric for deep biopsy; Effective coordination of medical and nursing care can improve the positive diagnosis rate and safety of biopsy. Ensuring successful operation.

Abstract IDDF2018-ABS-0177 Figure 1

IDDF2018-ABS-0179 AZATHIOPRINE: WHERE IT STANDS IN ACHIEVING NEWER MUCOSAL HEALING GOAL IN ULCERATIVE COLITIS: A COHORT STUDY

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Background Azathioprine (AZA) is most commonly used drug worldwide for maintenance therapy in moderately severe ulcerative colitis (UC) patients even in today's biologicals era. We aimed to investigate mucosal healing (MH) and deep remission rate in patients with UC on long-term AZA therapy. **Methods** The study included UC patients presenting to KMC Mangalore, India between May 2016 to Feb 2018, who had received AZA for a minimum period of 6 months without discontinuation. All were subjected to colonoscopy and biopsy at baseline and after at least 6 months of treatment. Patients were excluded in case of any concomitant use of other immunomodulator or biological agent. Clinical remission, MH, histologic healing (HH) were defined by partial Mayo score.

Results In the study, 198 patients were screened. Fifty-one [26 male, median age 44 (IQR 53–20) years] patients fulfilled the inclusion criteria. Median disease and AZA therapy duration were 36 (IQR 60–24) and 19 (IQR 36–10) months respectively. At baseline partial Mayo score, UCEIS were 7.3 ± 1.05 and 6.4 ± 0.96 respectively. Twenty-three (45%) patients had extensive colitis (E3), and twenty-eight (55%) had left-sided colitis. Clinical remission was achieved in 68%, MH in 47% and HH in 35% patients. Factors evaluated were demographic features, disease duration, AZA dose and duration, CRP, ESR, albumin, partial Mayo subscores, UCEIS subscores and Geobes score. AZA induced statistically significant ($p < 0.05$) changes in mean partial Mayo score (7.35 vs 1.83), CRP (32 VS 2.10), ESR (40 VS 18), albumin (3.40 vs 3.95) and UCEIS (6.47 VS 1.94). All patients with MH had zero subscores for bleeding in partial Mayo score. At baseline, predictors of MH were absence of deep ulcers (88% vs 58% ; $p = 0.01$) and AZA use > 2 years (50.9% vs 23% ; $p = 0.07$). On follow up partial Mayo score < 1 ($p = 0.001$, 73% sensitivity, 92% specificity) and CRP.

Conclusions Our study showed AZA found to be efficacious in achieving mucosal healing in 47% and deep remission in 35% patients.

IDDF2018-ABS-0180 CARDIAC TAMPONADE IN ACUTE NECROTISING PANCREATITIS

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Background This case report highlights cardiac tamponade as a potentially significant complication of severe acute pancreatitis. This patient was admitted to the Ng Teng Fong general hospital emergency department. He was subsequently admitted to the Intensive Care Unit (ICU) in the same hospital.

Methods A 58-year-old Chinese male presented with a 1 day history of the central chest and epigastric pain radiating to the back, worse after meals and associated with one episode of vomiting without fever. He has past medical history of biliary colic, chronic hepatitis B, alcoholic fatty liver disease, psoriasis and hypertension. Patient's alcohol use is estimated to be 25 units a day for the past 30 years but claims to have stopped alcohol use 6 months prior to admission. He was diagnosed with severe acute gallstone pancreatitis with a Glasgow-Imrie criteria of 3. He was admitted to the ICU for haemodynamic instability and acute respiratory distress syndrome (ARDS). The patient developed new-onset atrial fibrillation, persistent hypotension despite fluid resuscitation and increasing dependence on high inotropic support.

Results A CT scan revealed severe necrotising pancreatitis with a significant peripancreatic fluid collection (figure 1). CT abdomen incidentally discovered an accumulation of pericardial fluid. Bedside echocardiography confirmed the presence of a large pericardial effusion consistent with cardiac tamponade. A repeat CT abdomen showed rapidly accumulating pericardial fluid (IDDF2018-ABS-0180 Figure 2. Ct of the abdomen and pelvis on day 32 pericardial effusion white arrow). An emergency pericardiocentesis was performed, and a pericardial drain was inserted. 80ml of haemoserous pericardial fluid was drained over a period of 2 days. Patient's haemodynamic status improved significantly after drainage of pericardial fluid. The patient was weaned off noradrenaline inotropic support.

Conclusions Cardiac tamponade is one of the rare but clinically significant complications of severe acute pancreatitis and should be treated with a high index of suspicion in cases of acute pancreatitis with hypotension. As a rapidly accumulating pericardial effusion is relatively easy to manage before it develops the above complications, it is important to consider doing serial echocardiograms for patients who have pericardial effusions in acute pancreatitis to ensure there is no rapid accumulation which might further complicate treatment.

Abstract IDDF2018-ABS-0180 Figure 1

IDDF2018-ABS-0181 IMPACT OF INTERNET AND SOCIAL MEDIA COMMUNITY ON PATIENTS WITH INFLAMMATORY BOWEL DISEASES IN CHINA: A MULTICENTER QUESTIONNAIRE SURVEY

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