

**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  $7.3 \pm 1.05$  and  $6.4 \pm 0.96$  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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**Background** Nowadays internet and social media community have provided a great amount of information for patients with inflammatory bowel disease (IBD). We aimed to assess the sources and needs of Chinese IBD patients through the internet and their impact on disease management.

**Methods** Between November 24, 2017 and March 1, 2018. Totally 414 questionnaires were recruited online from seven different large urban hospitals in China. Internet usage, IBD knowledge and medication adherence were examined. One-way ANOVA, student t-tests and multivariate regression were used for statistical analysis.

**Results** In all, 382 surveys were used for analysis, in which 291 (76.2%) had Crohn's disease (CD), 74 (19.4%) ulcerative colitis (UC) and 17 (4.5%) undetermined colitis. The most common IBD-specific information sources were gastroenterologists (81.7%), Internet (58.6%), and *WeChat* or other social media (48.7%). Patients most frequently visited *Baidu* (65.2%), *WeChat* (58.9%) and *Haodaifu* network platform (33.2%) for personal information searching of IBD. Among ten *WeChat* public accounts of IBD, the China Crohn's and Colitis Foundation (CCCF) (69.1%) and *Changzaixin* (20.2%) were most popular. A significant association was found between education ( $PP=0.003$ ), frequent internet use in IBD-related information ( $PPP=0.003$ ) and also had better medication adherence than undetermined patients ( $p=0.009$ ). The majority of patients preferred obtaining information mainly through communication with (77.7%) or reference in the paper from IBD specialists (73%), only 18.6% patients preferred mainly from internet searching by themselves. They were interested in information about diet and daily life health care of IBD (81.2%), disease aetiology and course (80.1%), and medication advances and side effects (78.5%) from the Internet.

**Conclusions** Internet and social media like *WeChat* have become the major information source for IBD education in China. This is beneficial to gain disease-related knowledge and improve future self-management for patients. Future initiatives should focus on providing more high-quality IBD information and increase interaction in patient education and disease organisation.

**IDDF2018-ABS-0182** **ULTRATHIN ESOPHAGO-GASTRO-DUODENOSCOPY: A USEFUL AND EFFECTIVE TOOL IN THE ENDOSCOPY SUITE**

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**Background** Ultrathin endoscopy has been reported to be highly acceptable by patients even without sedation. The modality is underutilised with reported usage in <1% of the hospitals in countries around the world. Our aim is to review our experience with the use of ultrathin endoscopy at a tertiary care facility.

**Methods** Prospectively collected data on consecutive patients undergoing ultra-thin Endoscopy with Olympus GIF XQ160, outer diameter 5.9 mm, channel 2 mm between Jan 2009 and October 2017 were analysed. Trans-nasal route was used in patients with restricted mouth opening/cervical spine injury, oro-pharyngeal corrosive injury/malignancy, nasogastric or naso-enteral tube placement to avoid mouth to nose transfer (rail-road) or unsedated endoscopy in high-risk patients.

**Results** A total of 293 procedures were performed. Trans-nasal route was used in 235 (80.2%) patients; oral route was in 56 (19.1%) and trans-stomal route in 2 (0.7%) of patients. Esophageal strictures were the most common indication for either evaluation or placement of nasogastric tube in 106 (36.2%) patients. In 7 (2.4%) patients the modality was used for infants below 1 year (table 1). Trans-nasal route could be used when intended for all patients except two patients (one with bilateral epistaxis and another with markedly deviated nasal septum and large nose-ring).

**Abstract IDDF2018-ABS-0182 Table 1** Indications for using Ultra thin endoscopy

Indication	Number
Restricted mouth opening/cervical spine injury or surgery	29
Oro-pharyngeal-laryngeal corrosive injury/malignancies	31
Esophageal benign and malignant strictures	106
Naso-enteral tube placement in neurological disorders	61
Gastro-duodenal benign and malignant strictures	17
Infants below 1 year	7
PEG placement	18
Esophageal SEMS placement/evaluation	4
Trans-gastrostomal endoscopy	2
Unsedated trans-nasal endoscopy in high-risk patients	18
Total	293

**Conclusions** Despite the potential advantages of ultrathin endoscopy in difficult situations, it is underutilised around the world. In our data, we have enumerated different difficult situations where availability of ultrathin endoscopy resulted in excellent outcomes, which were not possible with conventional endoscopes. We believe that ultrathin endoscopy is a useful modality in the endoscopy suite and can be a saviour in several difficult situations.

**IDDF2018-ABS-0185** **BLOOD UREA NITROGEN (BUN) IS A PREDICTOR OF ASPIRATION PNEUMONIA AND IN-HOSPITAL MORTALITY AFTER PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)**

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**Background** Percutaneous Endoscopic Gastrostomy (PEG) is the preferred route for long-term enteral nutrition in dysphagic patients. However, in-hospital mortality after PEG is still a major concern with aspiration pneumonia reported as the major cause of death. Higher levels of blood urea nitrogen (BUN) have been associated with poor prognosis in patients with cardiovascular as well as cerebrovascular diseases. In this study, we investigated the prognostic utility of BUN in patients undergoing PEG.

**Methods** 190 patients (88 men and 102 women) who received PEG for enteral nutrition at our hospital between September 2013 and September 2016 were included in this study. ROC analysis was used to evaluate BUN and other commonly used