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

biomarkers as predictors for postoperative aspiration pneumonia and in-hospital mortality.

Results Mean age of patients was 81.4 ± 8.6 (SD) years old. 26 patients (14%) developed aspiration pneumonia and 19 patients (10%) died before discharge. Preoperative biomarkers/parameters: Body mass index (BMI) 18.5 ± 9.2 kg/m², Serum albumin (Alb) 2.8 ± 0.5 g/dL, BUN 22.8 ± 16.7 mg/dL, Total lymphocyte count (TLC) $1498 \pm 744/\mu\text{L}$, Onodera's Prognostic Nutritional Index (O-PNI) 35.7 ± 6.8 , Geriatric Nutritional Risk Index (GNRI) 76.7 ± 18.6 . AUC (Area under the curve) for the outcome of aspiration pneumonia after PEG: BMI 0.593 (95%CI: 0.490–0.695), Alb 0.656 (95%CI: 0.567–0.746), BUN 0.676 (95%CI: 0.565–0.787), TLC 0.612 (95%CI: 0.507–0.717), O-PNI 0.687 (95%CI: 0.585–0.789), GNRI 0.683 (95%CI: 0.580–0.787). AUC for postoperative in-hospital mortality: BMI 0.626 (95%CI: 0.482–0.770), Alb 0.642 (95%CI: 0.528–0.757), BUN 0.835 (95%CI: 0.750–0.921), TLC 0.652 (95%CI: 0.525–0.778), O-PNI 0.685 (95%CI: 0.576–0.794), GNRI 0.680 (95%CI: 0.557–0.804). A cut-off value of 24.5 mg/dL yielded a sensitivity of 78.9% and a specificity of 78.4% for in-hospital mortality.

Conclusions Higher preoperative BUN levels predict aspiration pneumonia after PEG reasonably well and is a superior prognostic factor for in-hospital mortality when compared to other traditionally used biomarkers or even widely used risk indices such as O-PNI and GNRI. As BUN is also a frequently measured biomarker, clinicians should take it into account during preoperative assessment of patients undergoing PEG.

IDDF2018-ABS-0187 JEJUNAL TUMOUR – A PARADIGM SHIFT FROM OPEN TO MINIMALLY INVASIVE APPROACH

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Background Jejunal tumour is a rare, uncommon tumour of the gastrointestinal (GI) tract. The symptoms and signs are vague, non-specific and frequently confused with other GI manifestations, for instance, GI bleed or obstruction. Due to its rarity, we are facing diagnostic dilemma and variation in management jejuna tumour.

Methods We are reporting a case series of five patients with jejunal tumours with various presentations, for instance, obscure gastrointestinal bleed (OGIB), by far the commonest presentation follows by obstruction and abdominal pain. Presentation of OGIB and diagnosed via capsule endoscopy whereby ulcer was seen at jejunum in two patients and tumour was seen in one patient. Two patients diagnosed with jejunal tumours via contrasted CT abdomen with the presentation of abdominal pain and distension post-prandial in one patient and intestinal obstruction another patient.

Push enteroscopy was used as diagnostic tool in all patients except in patient with obstruction and biopsy of lesions/ulcers taken for histology examination.

Subsequently, all patients underwent laparoscopic segmental small bowel resection and intracoporeal primary anastomosis.

Results The average operating time was 2.3 hours with the length of stay of 3.33 days. Patients were allow orally 24 hours postoperatively. The analgesia requirement was minimum. There were no significant complications recorded, i.e. no postoperative ileus and surgical site infection.

Conclusions Traditionally, a patient with jejunal tumour often being diagnosed during laparotomy and intraoperative enteroscopy for overt GI bleed. In this modern era of medicine, we are going towards a minimally invasive approach in term of patient's management. Push enteroscopy should be considered in cases of overt GI bleed whereby gastroscopy and colonoscopy revealed normal findings. It's a diagnostic tool as well as an adjunct tool to tattoo for laparoscopic jejunal resection and intracoporeal primary anastomosis.

Push enteroscopy expedites the diagnosis and management of jejunal tumour.

Minimally invasive surgery has a minimal interruption of the patient's physiology which offers quicker recovery after surgery as compared to open surgery.

IDDF2018-ABS-0188 EFFECT OF NURSING INTERVENTION ON ACETIC ACID CHROMOENDOSCOPY FOR DETERMINING CHRONIC ATROPHIC GASTRITIS

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Background To investigate the effect of the nursing intervention on acetic acid chromoendoscopy (AAC) for determining chronic atrophic gastritis.

Methods 60 patients with chronic atrophic gastritis were enrolled in our study from January 2016 to August 2017. Patients were randomly divided into AAC group (n=30) and non-AAC group (n=30). After endoscopic management and nursing intervention, SAS and SDS scores, clinical characteristics, individual tolerance and endoscopic diagnosis were collected and analysed both groups.

Results No statistical significance between ACC group and non-ACC group in SAS and SDS scores, clinical characteristics and individual tolerance ($p > 0.05$). DBP, SBP and pulse were much lower in ACC group than non-ACC group ($p > 0.05$). The accuracy, sensitivity and specificity were 91.33%, 76.82% and 97.38% respectively in the ACC group, while they were 86.24%, 75.26% and 95.41% in the non-ACC group.

Conclusions Acetic acid chromoendoscopy is valuable for the diagnosis of chronic atrophic gastritis. And nursing intervention could safely and vastly improve SAS and SDS scores, DBP, SBP and pulse, even the tolerance during gastroscopy.

IDDF2018-ABS-0192 THE ASSOCIATION BETWEEN GASTRIC POLYPS AND COLORECTAL NEOPLASIA: A LARGE PROSPECTIVE CROSS-SECTIONAL STUDY

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Background Today, it is not clarified whether patients with gastric polyps without any alarming symptoms for colorectal neoplasia need colonoscopy screening. The objective of this study is to prospectively determine the association between gastric polyps and colorectal neoplasia.