A SINGLE CENTRE PROSPECTIVE STUDY ON FACTORS PREDICTING MALIGNANCY IN PATIENTS WITH DYSEPSIA

Background Cultural, local dietary and social factors, the frequency of malignancy in the population studied are known to affect the epidemiology of dyspepsia. Clinical features are highly unreliable in determining the aetiology of dyspepsia. Alarm features are known to help in identifying underlying malignancy in patients with dyspepsia. However, very few studies are available from Asia validating the role of alarm features in dyspepsia.

Methods 900 consecutive patients with dyspepsia were included in the study after recording relevant clinical details such as symptoms, duration, age, weight and alarm features. All patients underwent standard upper gastrointestinal endoscopy, and the findings were recorded. All suspected malignancies were confirmed with histopathology. All malignancies and alarm features were statistically analysed using chi-square test for non-parametric data while ANOVA and students T-test were used for parametric data.

Results On endoscopy, malignant lesions were seen in 5.5% of our subjects whereas alarm features were present in 22.9% of our subjects. Among the malignant lesions, esophageal malignancy was seen in 2.2%, gastric malignancy in 3.1% with the rest being a duodenal malignancy. All the alarm features put together had a sensitivity and specificity of 92% and 81.2% respectively for predicting malignancy. Highest sensitivity and specificity was for weight loss (76%) and supraclavicular lymph nodes (99.8%) respectively. Based on ROC curve the optimal age to begin malignancy screening was 46.5 years. Alarm features are a reasonable and effective tool for identifying upper gastrointestinal malignancies in patients with dyspepsia. Amongst all the alarm features weight loss is the best screening tool. The appropriate age to begin screening for malignancy appears to be 46.5 years.
analysis, tumour size >2 cm (odds ratio: 49.1, 95% CI: 1 2 to 1990.1, p=0.04) and irregular border (odds ratio: 27.5, 95% CI: 1.0 to 747.0, p=0.05) were independent factors of malignant GISTs.

Conclusions Tumour size >2 cm and irregular border on EUS can be used to predict the malignant gastric GISTs.

**IDDF2018-ABS-0218**

**EFFICACY OF FAECAL MICROBIOTA MAINTENANCE WITH FAECAL MICROBIOTA USE OF MAGNETIC RESONANCE IMAGING**

Ramit Mahajan*, Vandana Midha, Varun Mehta, Arshdeep Singh, Husanpreet Khatrtar, Yogesh Gupta, Vikram Narang, Ajit Sood. Dayanand Medical College and Hospital, India

10.1136/gutjnl-2018-IDDFabstracts.161

**Background** Faecal microbiota transplantation (FMT) has been shown to be effective in active ulcerative colitis (UC) by targeting gut dysbiosis. We assessed the role of FMT in steroid-dependent UC patients.

**Methods** In this trial, patients with steroid-dependent active UC were treated with FMT using random unrelated donors, by the colonoscopic approach, at weeks 0, 2, 6, 10, 14, 18 and 22. Patients with steroid-dependent UC treated who were treated without FMT in past, with azathioprine as a steroid-sparing agent were taken as historical controls. The primary outcome was the achievement of steroid-free clinical remission (Mayo score=30% and ≥3 points compared to baseline) and endoscopic remission (Mayo score 0 or 1). 16s rRNA gene sequencing was done for analysing changes in microbial composition after FMT.

Results Between September 2015 – September 2017, 41 patients with steroid-dependent UC underwent FMT, 33 completed seven sessions over 22 weeks while 8 discontinued treatment (non-response: 5, lost to follow up: 2, fear of side effects: 1) (figure 1). At week 22, the primary endpoint (steroid-free clinical remission) was achieved in 46.3% (19/41) patients treated with FMT compared to 26.3% (10/38) in historical controls treated with azathioprine (p=0.065). Clinical response (31/41, 75.6%) and endoscopic remission (26/41, 63.4%) with FMT were significantly higher than controls (55.3% and 39.5% respectively, p=0.005) (IDDF2018-ABS-0218 Figure 2). Adverse events necessitating discontinuation were noted in 3/38 (7.89%) controls treated with azathioprine, but not with FMT.

Conclusions A multi-session FMT by a colonoscopic route is a promising therapeutic option for steroid-dependent UC patients, as it induces clinical remission and withdrawal of steroids in 46.3% and 75.6% patients respectively.

**IDDF2018-ABS-0221**

**MAINTENANCE WITH FAECAL MICROBIOTA TRANSPLANTATION ENHANCES DEEP REMISSION IN PATIENTS WITH ULCERATIVE COLITIS IN CLINICAL REMISSION**

Vandana Midha*, Arshdeep Singh, Ramit Mahajan, Varun Mehta, Husanpreet Khatrtar, Vikram Narang, Ajit Sood. Dayanand Medical College and Hospital, India

10.1136/gutjnl-2018-IDDFabstracts.162

**Background** Faecal microbiota transplantation (FMT) is beneficial in patients with active ulcerative colitis (UC), but its role in the maintenance of clinical remission and mucosal healing has not been assessed.

**Methods** This was a prospective, double-blind, randomised placebo-controlled trial conducted at Dayanand Medical College and Hospital, India. Twenty-eight patients with UC in clinical remission (Mayo Score=1) and histological remission (Nancy grade 0, 1) at 48 weeks.

**Results** Twenty-eight patients (50% males, aged 37.21±15.25 years) with UC in clinical remission were randomised to groups A and B. At the end of 48 weeks, none of the patients in either group suffered a clinical relapse (p=1). Deep remission was noted in significantly higher number of patients with FMT (n=12, 85.71%) when compared with placebo (n=4, 28.57%) (p=0.002). Histological remission was twice as high in patients treated with FMT (n=8, 57.14%) vs placebo (n=4, 28.57%; p=0.13). Rate of endoscopic response was also higher with FMT (n=8, 57.14%) when compared to placebo (n=0, zero%) (p=0.001). No serious adverse events were noted.

**Conclusions** Maintenance with FMT can enhance achievement of deep remission and histological remission in patients with UC in clinical remission.

**IDDF2018-ABS-0222**

**USE OF MAGNETIC RESONANCE IMAGING TO EVALUATE THE EFFECTIVENESS OF TREATMENT FOR PERIANAL FISTULIZING CROHN’S DISEASE**

Xiaohan Yan*, Qi Feng, Yunqi Yan, Xitao Xu, Mingming Zhu. Division of Gastroenterology and Hepatology, Key Laboratory of Gastroenterology and Hepatology, Ministry of Health; Shanghai Inflammatory Bowel Disease Research Center; Renji Hospital, School of Medicine, Shanghai Jiao Tong University; Shanghai Institute of Digestive Disease, China; Department of Radiology, Renji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China

10.1136/gutjnl-2018-IDDFabstracts.163

**Background** Data on the radiologic evaluation of perianal fistulizing Crohn’s disease (PFCD) naive to anti-tumour necrosis factors (anti-TNF) agents are scarce.

**Results** Ninety patients with perianal fistulizing Crohn’s disease (PFCD) naive to anti-TNF agents were enrolled. Symptom severity improved after 6 months of anti-TNFs (57.4% vs 32.1%, p<0.001). Healing was demonstrated by magnetic resonance imaging (MRI) characteristics in 9 patients (10%). Of these patients, 6 patients were concordant with histological remission (Nancy grade 0, 1) at 6 months. MRI characteristics were as follows: 1) higher signal intensity in the perianal skin and subcutaneous fat; 2) hypertrophic subcutaneous fat on T1-weighted imaging; 3) hyperintense signal in the perianal skin on T2-weighted imaging; 4) increased fat-fluid level on fatsuppressed T2-weighted imaging; 5) marked loss of rectal wall fat, or/and fat-backed plicae on T2-weighted imaging; 6) fluid accumulation in the rectal wall or psoas muscle on T2-weighted imaging; 7) reduction of perirectal fat thickness on T2-weighted imaging; 8) non-enhancement of the perirectal fat on contrast-enhanced T1-weighted imaging.

Abstract IDDF2018-ABS-0218 Figure 1 Patient flow diagram uc ulcerative colitis aza azathioprine fmt faecal microbiota transplantation