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

1Anurag Shetty*, 2Ganesh Pai, 3Shiran Shetty, 4Grisha Balanaju, 5BV Tantry, 6Nagesh Kamath, 7Sandeep Gopal, 8Surend Shenyoy. 1KMC Mangalore, Manipal Academy of Higher Education, India; 2KMC Manipal, Manipal Academy of Higher Education, India

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.

Conclusions
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.

USEFULNESS OF ENDOSCOPIC ULTRASONOGRAPHY FEATURES IN PREDICTION OF MALIGNANT GASTRIC GASTROINTESTINAL STROMAL TUMOUR

Wei Chih Sun*, Tzung Jian Tsai, Ping I Hsu, Hoi Hung Chan, Kwok Hung Lai, Wen Chi Chen, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Taiwan

Methods
We retrospectively reviewed patients who had surgically resected gastric GISTs with high-risk EUS features such as non-oval shape, ulceration, irregular border, heterogeneity, echogenic foci, hypoechoic foci, cystic spaces, and calcification. The malignant risk of GISTs was based on the criteria of 2013 World Health Organisation classification and 2008 National Institutes of Health consensus. The correlations of high-risk EUS features with the malignant gastric GISTs were evaluated.

Results
A total of 31 patients, including 20 males and 11 females, were enrolled. The mean age was 61.6±10.9 years old. The mean tumour size was 3.4±2.9 cm. With regards to the malignant risk, 7 (23%) tumours had a very low risk, 10 (32%) tumours had a low risk, 1 (3%) tumour had an intermediate risk, 10 (32%) tumours had an intermediate or high risk, and 3 (10%) tumours had a high risk. Twelve (39%) patients were diagnosed of malignant GISTs and had a larger proportion of tumour size >2 cm (92%–53%), irregular border (75%–26%), and cystic change (33%–0%) than those with benign GISTs (p<0.05). In multivariate logistic regression...
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 USE OF MAGNETIC RESONANCE IMAGING IN PATIENTS WITH STEROID DEPENDENT ACTIVE ULCERATIVE COLITIS

Ramit Mahajan*, Vandana Midha, Varun Mehta, Arshdeep Singh, Husanpreet Khattra, 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.

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 Khattra, 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, Xiaoxu 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 factor (tumour necrosis factor) antagonist therapies is limited.

Methods In this cohort study, we evaluated 10 patients with perianal fistulizing Crohn’s disease. All patients underwent magnetic resonance imaging (MRI) before and after treatment. Deep clinical remission was defined as grade 0, 1, and 2. MRI findings were used to assess fistula healing.

Results MRI findings showed improvement in all patients after treatment. At 6 months, all patients had deep clinical remission and 90% of the patients had fistula healing. The median time to fistula healing was 2 months.

Conclusions MRI is effective in evaluating the response of perianal fistula to treatment.