Conclusions We report the largest case series of FMT using frozen stools to treat refractory or recurrent CDI in Hong Kong, showing that it is a safe, efficacious and feasible intervention. Efforts should be made to raise the awareness of this important treatment, with earlier use in difficult-to-treat cases.

IDDF2019-ABS-0192 COMPLIANCE TO PROBIOTIC THERAPY IN IRRITABLE BOWEL SYNDROME IN CLINICAL PRACTICE: A REAL-LIFE STUDY

¹Lucrezia Laterza*, ¹Marco Napoli, ¹Franco Scaldaferrì, ¹Valentina Petito, ²Stefano Colombo, ¹Antonio Gasbarrini. ¹Gastroenterological Area, Gastroenterology And Oncology Department, Fondazione Policlinico Gemelli IRCCS, Catholic University of Rome, Italy; ²Beigpharma, Milan, Italy

10.1136/gutjnl-2019-IDDFabstracts.190

Background Probiotics have been evaluated in multiple clinical trials on irritable bowel syndrome (IBS) showing efficacy on different IBS-related symptoms. Among them, the multistrain probiotic VSL#3 has been the object in clinical trials evaluating its administration for 4 to 8 weeks. However, in real-life long term compliance could be low. Furthermore, in many country probiotics are fully paid by patients and the cost of therapy could further limit the compliance to probiotic therapy.

Methods This is a single-center, observational, prospective study to evaluate the compliance to prescription of probiotic therapy in real life and to identify factors able to influence adherence to therapy. Patients diagnosed with IBS (either diarrhea, constipation or mix-type) according to Rome IV criteria and receiving a clinical prescription of VSL#3 for their IBS symptoms were evaluated for eligibility. Patients providing informed consent, were evaluated after 2 months to assess compliance and eventual reasons for discontinuation.

Results Thirty-four patients, twenty-four women (70.6%) and ten male (29.4%), have been enrolled. Thirteen of them (38.2%) were IBS-D patients, fourteen (41.2%) were IBS-C patients and six (17.6%) were IBS-mix patients. The average age was 40.5 years. Twenty-seven of thirty-four patient received a 4 weeks prescription of VSL#3, whereas five patients received a 2 weeks prescription and two patients an 8 week prescription. All the 34 patients completed the 2 month-follow up for outcomes evaluation. Twenty-one patients (61.8%) assumed the therapy as prescribed. Among the thirteen patients (38.2%) who referred to reduced compliance, nine (64.3%) of them assumed at least 50% of probiotic doses prescribed. The main reasons for discontinuation were low palatability (n=3), bloating (n=3) and price of the product (n=6). One patient enrolled forgot to take the medication. Among AE, bloating has been reported in six (17.6%) cases. No SAE was reported.

Conclusions According to our results, about 60% (61.8) of patients assumed all the prescribed probiotic therapy in a real life setting, despite a good safety profile. The main reasons for lack of compliance were palatability, bloating and price of the product.

IDDF2019-ABS-0193 EXPRESSION OF AUTOPHAGY PROTEINS IN THE DUODENUM OF PATIENTS WITH FUNCTIONAL DYSPEPSIA

Lijun Du*, Binrui Chen, Mengsha Cen. Gastroenterology, Sir Run Run Shaw Hospital, School of Medicine, Zhejiang University, China

10.1136/gutjnl-2019-IDDFabstracts.191

Background Functional dyspepsia (FD) is considered as an idiopathic disorder with undefined mechanisms. Autophagy plays a role in regulating inflammation, which has been proposed to be associated with the development of FD. In present study, we sought to gain a knowledge on the level of autophagy proteins (beclin1, p62/SQSTM1) in FD patients.

Methods Ten newly diagnosed FD patients and 10 age- and sex-matched asymptomatic controls were consecutively recruited at outpatient gastroenterology clinic of Sir Run Run Shaw Hospital. Endoscopic examination was performed in all participants and mucosa tissues were obtained from the duodenal bulb (D1) and the second portion of the duodenum (D2). Quantitative real-time polymerase chain reaction (qRT-PCR) and immunohistochemistry (IHC) were used to evaluate autophagy proteins (beclin1, p62/SQSTM1) at transcriptional and translational levels, respectively.

Results 1. Immunostaining of duodenal tissues revealed a significantly decreased beclin1 protein expression both in D1 (4.9 ± 2.7 vs. 8.0 ± 3.6 , $P=0.038$) and D2 (5.7 ± 2.3 vs. 9.2 ± 2.4 , $P=0.003$) of FD patients compared with asymptomatic controls.

2. When stained for p62, the number of positive cells was significantly higher in D1 (8.1 ± 3.2 vs. 3.7 ± 2.0 , $P=0.001$), but similar in D2 (10.3 ± 5.0 vs. 9.1 ± 4.3 , $P=0.661$) of FD patients compared with asymptomatic controls.

3. There was no difference of beclin1 mRNA expression in D1 (0.01 ± 0.01 vs. 0.02 ± 0.02 , $P=0.50$) and D2 (0.05 ± 0.03 vs. 0.07 ± 0.05 , $P=0.42$) between FD patients and asymptomatic controls.

4. No difference of p62 mRNA expression in D1 (0.03 ± 0.02 vs. 0.05 ± 0.04 , $P=0.22$) and D2 (0.02 ± 0.01 vs. 0.03 ± 0.03 , $P=0.33$) was observed between FD patients and asymptomatic controls.

Conclusions The findings of this study provided that autophagy protein beclin1 was down-regulated in the duodenum and p62 was up-regulated in D1 of patients with FD, which indicated abnormal autophagy is potentially related to FD development.

IDDF2019-ABS-0195 EFFICACY AND SAFETY OF ENDOSCOPIC ULTRASOUND-GUIDED BILIARY DRAINAGE IN PATIENTS OF FAILED ERCP

Chun-Tao Liu*, Peng Li, Shu-Tian Zhang. Department of Gastroenterology, Beijing Friendship Hospital, Capital Medical University, China

10.1136/gutjnl-2019-IDDFabstracts.192

Background Endoscopic retrograde cholangiography (ERCP) is widely used as a first-line intervention for biliary obstruction.

However, ERCP occasionally fails owing to surgically altered anatomy or duodenal stenosis. Endoscopic ultrasound-guided biliary drainage (EUS-BD) has emerged as an alternative biliary drainage method after failed ERCP. We report our practices of EUS-BD, including its technical success rate, clinical success rate, and occurrence of adverse events.

Methods We retrospectively reviewed 19 patients who underwent EUS-BD between February 2017 and July 2018 in Beijing Friendship Hospital.

Results In total, 19 patients underwent EUS-BD (median age 70). The reasons for EUS-BD were altered anatomy after surgery in 7/19, failed ERCP in 7/19, and duodenal stenosis in 5/19. Causes of biliary obstruction included pancreatic cancer (7/19), cholangiocarcinoma(6/19), choledocholithiasis(3/19), postoperative anastomotic stenosis(2/19), and gallbladder cancer(1/19). Biliary drainage was completed by EUS-transmural stenting in 15/19, by EUS-rendezvous technique in 3/19, and by EUS-antegrade stenting in 1/19. Overall technical success was achieved in 18/19, while clinical success was achieved in 16/19. Adverse events included abdominal pain(5/19), cholangitis(4/19), bile leak(1/19), and death(1/19), most of which improved with conservative treatment. Of the three unsuccessful patients, two developed pan-peritonitis and improved after percutaneous transhepatic biliary drainage (PTBD) or surgery, respectively. Another patient died of pancreatic cancer shortly after EUS-BD (table 1).

Abstract IDDF2019-ABS-0195 Table 1 Outcomes of endoscopic ultrasound-guided biliary drainage(EUS-BD)

Stenting technique, n(%)	
Transmural stenting	15(78.9)
Rendezvous technique	3(15.8)
Antegrade stenting	1(5.3)
Punctured site, n(%)	
Duodenum	10(52.6)
Stomach	9(47.4)
Deployed stent, n(%)	
Plastic stent	17(89.5)
Metal stent	2(10.5)
Technical success rate	94.7%(18/19)
Clinical success rate	84.2%(16/19)
Adverse events, n(%)	
Abdominal pain	5(26.3)
Cholangitis	4(21.1)
Bile leak	1(5.3)
Death	1(5.3)

Conclusions EUS-BD has a high technical and clinical success rate, and a low adverse events rate.

IDDF2019-ABS-0197

RISK FACTORS AND CLINICAL CORRELATES OF NEOPLASTIC TRANSFORMATION IN GASTRIC HYPERPLASTIC POLYPSIN CHINESE PATIENTS

¹Haiyi Hu*, ¹Qian Zhang, ¹Guangyong Chen, ²D Mark Pritchard, ¹Shutian Zhang. ¹Beijing Friendship Hospital, Capital Medical University, China; ²Department of Cellular and Molecular Physiology, Institute of Translational Medicine, University of Liverpool, UK

10.1136/gutjnl-2019-IDDFabstracts.193

Background Gastric hyperplastic polyps (GHPs) have a potential risk of neoplastic transformation, but the responsible mechanisms have not yet been established.

Methods We conducted a study involving 55 patients (33 female) who had undergone endoscopic or surgical resection of GHPs. We compared 16 patients who had GHPs showing neoplastic transformation with 39 patients who had non-neoplastic GHPs. We analyzed differences in serology, gastroscopic manifestations and pathology between the two groups in order to establish risk factors that may be associated with neoplastic transformation.

Results The mean age of the cohort was 61.73±9.024 years. The prevalence of positive serum gastric parietal cell antibody (PCA) was 61.8%. 30 of the GHPs with neoplastic formation had a "strawberry-like" appearance with erosions of polyps ($P = 0.000$). A history of anemia was a risk factor for GHPs which demonstrated neoplastic transformation (odds ratio [OR], 3.729; 95% confidence interval [CI], 1.099–12.649; $P = 0.035$). Although the differences were not significant, our data showed higher prevalences of positive serum PCA ($P = 0.057$), hypergastrinemia ($P = 0.062$) and female gender ($P = 0.146$) in the GHP patients who had neoplastic transformation. Multiple polyps in the corpus ($P = 0.024$), iron deficiency anemia ($P = 0.036$), hypergastrinemia ($P = 0.000$) and female gender ($P = 0.041$) occurred more frequently in serum PCA positive patients. Hypergastrinemia occurred more frequently in *Helicobacter pylori* negative patients and of these 20/22 patients had a positive PCA ($P = 0.007$).

Conclusions GHPs are associated with autoimmune metaplastic atrophic gastritis (AMAG). AMAG is probably one of the risk factors for GHPs to undergo neoplastic transformation. Hypergastrinemia may contribute towards gastric carcinogenesis in these patients.

IDDF2019-ABS-0198

DOUBLE BALLOON ENTEROSCOPY: EXPERIENCE FROM A TERTIARY CARE CENTRE IN SOUTHERN CHINA

Yi Lu*, Chu-jun Li, Wei-Jie Zhong, Jia-Chen Sun. Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, China

10.1136/gutjnl-2019-IDDFabstracts.194

Background Literature on the experience of double balloon enteroscopy (DBE) is relatively rare, and we conducted this research to share our experience in a tertiary care centre in southern China.

Methods From November 2013 to August 2018, consecutive patients who had a suspicion of small bowel diseases and underwent DBE in our hospital were included in this study. A manual chart review was performed to acquire the following data: age, gender, symptoms, medical histories, laboratory tests, imaging results, endoscopic findings, pathology results, therapeutic interventions, insertion route, length of insertion, procedure time, complications after DBE, the final diagnosis, treatments.

Results After a thorough search, 630 procedures (472 patients) were chosen. The median age of the patients was 31.5 years and 337 (71.40%) were males, while 135 (28.60%) were females. The main chief complaints of the patients included abdominal pain (167 patients, 35.38%), diarrhea (57 patients, 12.08%), gastrointestinal bleeding (121 patients, 25.64%), weight loss (75 patients, 15.89%), perianal diseases (33