patients, 7.0%), and others (19 patients, 4.03%). Among the 630 procedures, 230 procedures (36.51%) had no positive finding in the intestine, and the positive finding was more often through the anal route (60.88% VS 52%, $P < 0.001$). In all, 333 procedures (52.86%) detected erosion, ulcer, inflammation, or scar, 16 procedures (2.54%) detected polyps, 19 procedures (3.02%) detected tumor or mass, 2 procedures (0.32%) detected vascular anomaly, 16 procedures (2.54%) detected diverticulum, 47 procedures (7.46%) detected strictures, 1 procedure (0.16%) detected parasite, 19 procedures (3.02%) detected flat lesions, white spot, or yellow spot, and 1 procedure (0.16%) detected blue colored mucosa. The therapeutic interventions included biopsy (109 procedures, 17.30%), polypectomy (10 procedures, 1.59%) extraction of retained capsule endoscopy (2 procedures, 0.32%), balloon dilation (2 procedures, 0.32%) localization for further surgery (1 procedure, 0.16%), and endoscopic hemostasis (1 procedure, 0.16%). Just a number of mild to moderate complications occurred, which included bradycardia (1 patient, 0.21%), acute cholangitis (1 patient, 0.21%), abdominal discomfort (10 patient, 2.12%), sore throat (4 patient, 0.85%), bloody watery stool (1 patient, 0.21%), chills and fever (1 patient, 0.21%).

Conclusions DBE is helpful and safe for diagnosing and treating some intestinal disease.

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THE CLINICAL ANALYSIS OF ENDOSCOPIC TREATMENT FOR NON-VARICOSE UPPER GASTROINTESTINAL BLEEDING

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Background To investigate the application value of endoscopic hemostatic therapy in treating nonvariceal upper gastrointestinal bleeding (NVUGIB).

Methods 90 patients with NVUGIB were selected in this research. According to the order of admission, 45 patients in the conventional group (January to June 2017) and 45 patients in the endoscopic group (July to December 2017) were respectively treated with conventional hemostasis and endoscopic hemostasis. Compare the therapeutic effects of the two treatment regimens.

Results The hemostatic efficiency of the endoscopic group was 97.78% higher than that of the conventional group ($X^2 = 6.352$, $P < 0.05$). The length of hospital stay 9.56 d was shorter than that in the conventional group 15.94d, ($t = 14.005$, $P < 0.05$). The rate of rebleeding was 2.22% lower than that of the control group, ($X^2 = 8.607$, $P < 0.05$).

Conclusions Endoscopic hemostasis for patients with NVUGIB can improve hemostasis efficiency, shorten the length of hospital stay, and effectively prevent re-bleeding.

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A RARE CASE OF URETEROILEAL FISTULA PRESENTING FROM INDIAN TERTIARY CARE CENTER AFTER LAPAROSCOPIC CHOLECYSTECTOMY

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Background We present a very rare case of a sixteen-year-old girl who reported to Gastroenterology, after earlier visits at Manipal hospital Jaipur with a history of chronic diarrhea. The watery diarrhoea was there for 3 months, and it started after laparoscopic cholecystectomy. It had no relation to food intake, all times of day, not relieving with medication. Normal duodenoscopy and full colonoscopy. No ileoscopy has done.

Methods sixteen-year-old girl was managed by surgeon and gastroenterologist as bile acid diarrhoea, treated conservatively, bile acid binding agent did not work, course of anthelmintic, antidiarrheal, modified diet did not work, there was no weight loss, family was distressed, due to watery diarrhoea day and night, unable to sleep, with pain in right iliac fossa.

As we suspected some kind of spurious diarrhea due to the surgical complication, we sent stool sample of the patient for stool urea and stool creatinine measurement, stool creatinine was 30 mg/dl and stool urea was 700 mg/dl. It supported the diagnosis of spurious diarrhea. The patient underwent contrast-enhanced Computed tomography of the abdomen; it revealed communication of ileum lower end with right ureter lower one third. Now the diagnosis of Ureteroileal fistula was confirmed. (figure 1)

Abstract IDDF2019-ABS-0205 Figure 1 Ureteroileal fistula clearly visible at the lower one-third of the right ureter

Results The patient was referred to the Urologist, she underwent cystoscopy, urinary bladder was normal, right ureteric stent was placed, Foleys catheter placed to decrease pressure in the bladder for one month, diarrhoea stopped, patient improved, later on, follow up after removal of Foleys catheter she was doing fine and she was satisfied with the treatment.

Discussion Fistula's which communicate between the Urinary system and intestine are rare, and among them, fistulas that involve the urinary and intestinal tracts means Vesicointestinal fistulas are the most common, vesicoureteric fistulas are

caused by diverticulitis, carcinoma colon. Ureterocolonic fistulas are caused by the inflammatory condition of the urinary system or colon like an untreated perinephric abscess, calculus pyonephrosis.

Conclusions It was a very rare case of Ureteroileal fistula which developed post laparoscopic surgery trauma in a young girl, Patient responded well to conservative treatment.

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CARCINOMA PENIS WITH UNUSUAL SITE OF METASTASIS TO LIVER AND AT TIP OF NOSE

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Background Carcinoma of the penis is an uncommon malignancy in Western countries, representing 0.4% of male malignancies, while in Asia, Africa, and South America 10% of all malignancies. The most common distant metastatic sites are the lung, bone, and liver. Local recurrence after a properly planned and executed partial or total penectomy is rare. However local recurrences may occur at the remaining shaft of the penis or at neomeatus or in subcutaneous nodules in nearby skin of groin after groin node dissection. However, recurrences in subcutaneous nodules at distant sites have not been seen in literature. We present here a case of carcinoma penis, treated with total penectomy and bilateral ilio-inguinal block dissection presenting with jaundice, the suggestion of liver metastasis and subcutaneous recurrence.

Methods 60 years old, non-smoker male with no co-morbid conditions presented with a history of a small ulcer over penis for 3–4 months, underwent circumcision. He underwent total penectomy with bilateral ilio-inguinal block dissection. Biopsy & Histopathology was suggestive of moderately differentiated squamous cellcarcinom. Few inguinal and pelvic nodes were positive for metastasis. He was advised adjuvant treatment (radiotherapy) but defaulted for 3 months. Then he presented with multiple small nodules in left grow in region suggestive of recurrence. Palliative radiotherapy was started to inguinal region. During radiotherapy, a subcutaneous nodule developed over the tip of the nose. (figure 1) Biopsy from the nodule was positive for metastatic squamous cell carcinoma.

Abstract IDDF2019-ABS-0206 Figure 1 Metastasis at tip of nose

Results Cases of cutaneous metastasis to penis have also been mentioned in literature from various organs like urothelial carcinomas, colorectal adenocarcinomas, pulmonary carcinomas, squamous cell carcinoma of the base tongue, cutaneous malignant melanoma and acute myeloid leukemia. A case of distant cutaneous metastasis from penis has not been mentioned in literature to the best of our knowledge.

Conclusions This patient developed local recurrence in the form of subcutaneous groin nodule, liver metastasis and a distant metastatic subcutaneous nodule at the tip of the nose. This case is presented because of the unusual and rare presentation in the form of distant subcutaneous metastasis.

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PAIN REDUCTION IN LICHTENSTEIN OPEN INGUINAL HERNIA REPAIR USING LIGHT WEIGHT PROLENE MESH GRAFT ON UNILATERAL GROIN HERNIA

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Background More than 20 million patients undergo groin hernia repair annually. The many different approaches, treatment indications and a significant array of techniques for groin hernia repair warrant guidelines to standardize care, minimize complications, and improve results. Surgical treatment is successful in the majority of cases, but recurrences necessitate reoperations in 10–15% and long-term disability due to chronic pain (pain lasting longer than 3 months) occurs in 10–12% of patients. Approximately 1–3% of patients have severe chronic pain. There were not enough guidelines recommended on choosing the type of prolene mesh for Lichtenstein open inguinal hernia repair.

Methods This was a prospective study, which evaluated 25 cases of a unilateral inguinal hernia on both sex whose performed Lichtenstein open inguinal hernia repair using heavy and light weight prolene mesh from January till December 2018, divided into 2 groups. Post operative pain, chronic pain, time of return to daily activity and the evidence of recurrence were evaluated and recorded. 3 months follow up was done, the subject whose can not evaluate during this period of time was being excluded.

Results During 3 months follow up between 2 groups (13 cases using heavy weight mesh and 12 cases using light weight prolene mesh), there was no recurrence found on those groups. Post operative pain was the same between 2 groups. Chronic pain was less on light weight mesh hernia repair with VAS (visual analog score) 1–2 after 3 months compared with heavy weight mesh group ($p < .005$). Return to daily activity was shorter on light weight mesh group (2 vs 5 days, $p < .005$).

Conclusions Light weight prolene mesh associated with a reduction in post operative pain after Lichtenstein Open Inguinal Hernia Repair and earlier time of return to daily activity.

Pain, light weight prolene mesh, unilateral groin hernia