Results 130 patients received endoscopic resection for rectal neuroendocrine tumor (ESD, 45; EMR, 43; EMR-C, 42). The en bloc resection rate was 100% in all three groups. In the ESD, EMR, and EMR-C groups, R0 resection occurred in 93.3%, 60.5%, and 83.3%, respectively (EMR vs. EMR-C, $p = 0.019$; EMR vs. ESD, $p < 0.01$), while the median procedure times were 35.2, 7.1, and 6.9 min, respectively (ESD vs. EMR-C, $p < 0.01$; ESD vs. EMR, $p < 0.01$). Postoperative bleeding occurred after ESD in two patients, EMR-C in 1 patient, but not after EMR. One patient with tumor-positive margin after EMR underwent an additional surgery, and lymph node metastasis was seen. No local recurrences or distant metastatic lesions were identified in any of the patients during the follow-up period.

Conclusions EMR-C was a safe and effective treatment for rectal neuroendocrine tumors.

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OVERLAPPING SYMPTOMS OF PEPTIC ULCER AND GASTROESOPHAGEAL REFLUX DISEASE OF PATIENTS PRESENTING WITH DYSPESIA SYNDROME IN KARAWACI, BANTEN, INDONESIA

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Background The dyspepsia symptoms including epigastric pain, throbbing pain, fullness, bloating, tenderness, colicky pain, mouth bitterness, heartburn, abdominal pain, vomit and decreased appetite. The dyspepsia symptoms of peptic ulcer and gastroesophageal reflux disease often overlap. Dyspepsia symptoms and disease subtypes in Asian countries were different compared to Western countries. The aim of this study is to discover the association between dyspepsia symptoms in Karawaci, Banten, Indonesia as one of the Asian countries and the diagnosis of peptic ulcer and gastroesophageal reflux disease based on endoscopy.

Methods This retrospective study used medical records of patients admitted with complaints of dyspepsia in Siloam General Hospital in Karawaci, Banten, Indonesia. Risk factors associated with peptic ulcer and gastroesophageal reflux disease such as epidemiological and clinical data collected were gender, age, symptoms, and results of endoscopy. Association between risk factors and peptic ulcer or gastroesophageal reflux disease were analyzed using Chi-Square Test and Fisher Test(bivariate analysis) and Logistic Regression (multivariate analysis).

Results A total of 199 patients with dyspepsia symptoms were admitted on the period of 2017–2018, which 51 patients undergoing upper gastrointestinal endoscopy. The dyspepsia symptoms were the complaints the patients reported, including epigastric pain, throbbing pain, fullness, bloating, tenderness, mouth bitterness, heartburn, abdominal pain, vomit and decreased appetite. There were 33 patients with upper gastrointestinal endoscopy findings in accordance with peptic ulcer and gastroesophageal reflux disease. Bivariate analysis showed risk factors associated with peptic ulcer disease were epigastric pain (OR=1.778, 95% CI 0.889 - 3.555, $p = 0.135$), bloating (OR=0.419, 95% CI 0.277 - 0.635, $p = 0.199$), and abdominal

pain (OR=2.560, 95% CI 0.774- 8.809, $p = 0.064$). Multivariate analysis showed a risk factor associated with peptic ulcer disease was abdominal pain (OR=5.333, 95% CI 0.885-32.156, $p = 0.068$).

Conclusions Abdominal pain was the only risk factor associated with peptic ulcer disease and it was not statistically significant. There were overlapping dyspepsia symptoms among patients with peptic ulcer or gastroesophageal reflux disease in Karawaci, Banten, Indonesia.

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PREVALENCE OF SERRATED LESIONS IN AVERAGE-RISK POPULATION RECEIVING COLONOSCOPY SCREENING: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Serrated lesions are precursors of approximately one-third of colorectal cancers (CRCs). They can be classified into hyperplastic polyps, sessile serrated polyps (SSPs), and traditional serrated adenomas (TSAs). Despite increasing knowledge on the histological categorisation of serrated lesions, the detection rate was highly variable and endoscopist dependent. This study aims to perform a systematic review and meta-analysis to determine the overall prevalence of serrated lesions and their subtypes in average-risk population undergoing CRC screening.

Methods MEDLINE and Embase were searched to identify population-based studies that reported the prevalence of serrated lesions. Studies on average-risk populations using colonoscopy as a screening tool were included. The histologic classification of serrated lesions followed the criteria recommended by the World Health Organization. Metaprop was applied to model within-study variability by binomial distribution and Freeman-Tukey double arcsine transformation was adopted to stabilise the variances. The prevalence figures were presented by proportions and their 95% confidence intervals (CIs) using random-effects models.

Results This meta-analysis included 17 studies involving 129,001 individuals. The overall prevalence rates of serrated lesions (19.0%, 95% CI=15.3%-23.0%), SSPs (2.5%, 95%

Abstract IDDF2019-ABS-0243 Figure 1 Prevalence of serrated lesions in average risk population