conclusion

Conclusions We hereby present a rare case of gastric mass with bowel ischaemia changes, Gastroduodenal Intussusception in an elderly lady presenting with ascites, edema, pain abdomen and vomiting. It can be gastric carcinoma, less likely gastric lymphoma or aggressive leiomyosarcoma. Ascites cytology needs to be repeated two times to exclude malignancy, while exploratory laparotomy will make things very clear, a larger specimen can be sent for histopathology. The patient will need some palliation for gastric outlet obstruction.

**Abstract IDDF2019-ABS-0276**

A RARE CASE OF DUODENAL GIST WITH ENTEROCUTANEOUS FISTULA

Supreeth Kumar Reddy Kunuru*, Mayank Kumar Gujar, Thirunavukkarasu Sampath, Varun Palanati, Rakesh Raja Reddy. Department of Surgical Gastroenterology, Narayana Medical College, India

10.1136/gutjnl-2019-IDDFabstracts.219

**Background** Gist accounts for 0.1% to 0.3% of all gastrointestinal malignancies and duodenal gist is even more rarer. This is an interesting case of duodenal gist with enterocutaneous fistula managed successfully.

**Methods** A 40-year-old female, operated for misdiagnosed appendicular lump 3 weeks back, presented to us with fecal fistula from scar site and mass in right hypochondrium extending to right iliac fossa region underwent all the investigations followed by exploratory laparotomy + enbloc resection of duodenal mass + right hemicolectomy + excision of fistulous tract + duodenoejunostomy was done.

**Results** Post surgery period was uneventful

- Biopsy: spindle cell type gist, margins free of tumor, mitotic index - 5/50 HPF, high grade, pT4N0Mx
- The patient received imatinib therapy post operatively

**Conclusions** This is a rare case of large duodenal gist infiltrating hepatic flexure and ascending colon with enterocutaneous fistula managed successfully with wedge resection of duodenum avoiding Whipple procedure. Gist when enblock resection done with negative margins without any metastasis, show good prognosis post operatively

**Abstract IDDF2019-ABS-0282**

TICKING TIMEBOMBS DUE TO PANCREATITIS

Tripuraneni Venkata Aditya Chowdary*, CH Madhusudhan, R Pratap Reddy. 1Gleneagles Global Hospital, India, 2Osmania Medical College, India

10.1136/gutjnl-2019-IDDFabstracts.220

**Background** Visceral arterial pseudo aneurysms are rare and usually involve the splenic artery. They mostly occur in the background of pancreatitis, with trauma being the second most common cause. The detection of the pseudoaneurysm has increased with our lowered threshold of using high-resolution imaging (CT/MRI/Doppler). Most of them are symptomatic and present a dilemma for management. The aim of the study was to identify all patients with abdominal visceral arterial pseudo aneurysms, analyze their clinic-pathological features, management and outcome.

**Methods** The study was conducted in the Surgical Gastroenterology Department of Osmania Medical College and Hospital. All patients who were diagnosed to have a splenic artery pseudo aneurysm from the January 2012 to July 2016 were included in the study.