have paradoxically prolonged OCTT excluding the role of small bowel in diarrheal symptoms.

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**Efficacy and Safety of Artificial Ascites Effusion in the Treatment of Hepatocellular Carcinoma Tumors with Percutaneous Radiofrequency Ablation**

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**Background**

1. Hepatocellular carcinoma (HCC) is a common disease in the world as well as in Vietnam. Radiofrequency ablation (RFA) is a local therapy to destroy tumor tissue by heat. In cases with difficult locations near other organs, artificial ascites is a feasible and effective technique.

2. This study was to evaluate the safety and efficacy of artificial ascites technique in the treatment of HCC tumors with percutaneous RFA.

**Methods**

1. An interventional longitudinal study on HCC patients having RFA indications (≤ 3 tumors with each tumor size ≤ 3 cm or one tumor up to 5 cm; Cirrhosis grading Child-Pugh class A or B) and the tumor location is near diaphragm or vital organs such as kidney, gastrointestinal tract and gallbladder (with distance < 0,5 cm).

2. The study was conducted in the Hepatology Department of Bach Mai hospital from October 2013 to June 2017.

**Results**

61 patients were performed percutaneous RFA sessions with artificial ascites.

- The mean age of patients is 57,1 ± 10,2; the male: female ratio is 9,2/1.
- There are 54 Child–Pugh A patients (88,5%), 7 Child–Pugh B patients (11,5%). The mean tumor size is 3,1 ± 0,9 cm (1 – 4,9 cm). There are 49 patients with 1 tumor (80,3%), 10 patients with 2 tumors (16,4%), 2 patients with 3 tumors (3,3%).
- The mean volume of fluid for artificial ascites is 1691 ± 535,1 ml (500 – 2700 ml).
- The mean time to be discharged is 3,16 ± 0,9 days (2 – 6 days).
- Mild fever and abdominal pain occurred in 31,1% cases. After the procedure, 6 patients had right pleural effusion and 1 patient had post-peritoneal fluid, all were treated well by internal medicine.
- After 1 month, 53 patients had a complete response (86,9%), 8 patients had partial responses (13,1%) according to mRECIST criteria and 96,7% had weight gain or stable weight.
- During follow – up time (20,6 ± 11,8 months): 8 patients (13,1%) died with the mean survival time being 17,8 ± 12,6 months; 19 patients (31,1%) had a recurrence with the mean progression time being 7,5 ± 5,7 months.

**Conclusions**

RFA with artificial effusion is a feasible and effective technique for HCC patients having tumors with difficult locations.

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**Long-term Outcomes of Limited Endoscopic Sphincterotomy Plus Large-Balloon Dilation Versus Endoscopic Papillary Large-Balloon Dilation Alone for Removal of Bile Duct Stones**

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**Background**

Limited endoscopic sphincterotomy with large balloon dilation (ES-LBD) and endoscopic papillary large balloon dilation (EPLBD) have been proven safe and effective for removal of common bile duct (CBD) stones. However, few reports exist regarding the long-term outcomes of these techniques. The aim of this study was to assess the long-term outcomes of ES-LBD compared with EPLBD for retrieval of CBD stones.

**Methods**

Patients with EPLBD or ES-LBD referred for CBD stones removal between June 2008 and August 2015 in our center were retrospectively reviewed. The main outcomes of complete stone clearance, ERCP-related adverse events, late