through TNF-a inhibition. However, its benefit in acute pancreatitis in human remains unclear.

**Subjects** To study clinical outcomes of pentoxifylline in APACHE II score in acute pancreatitis patients at 72 hours after treatment and to study the effects of pentoxifylline on inflammatory markers level.

**Methods** 54 acute pancreatitis patients with associated risk factors of severe pancreatitis development were evaluated for the severity of disease and inflammatory markers prior to treatment. Participants were allocated within 48 hours of diagnosis into pentoxifylline or control arm. The severity of disease, as well as inflammatory markers, were re-evaluated at 72 hours after treatment.

**Results** Pentoxifylline did not decrease the severity of disease determined by a reduction in APACHE II score and a percent reduction of APACHE II compared with control group (0 Vs. 2; p-value = 0.27 and 0% reduction vs. 32% reduction; p-value =0.3, respectively). Interestingly, the incidence of the systemic inflammatory syndrome (SIRS) after 72 hours of treatment was significantly lower than those without pentoxifylline. (7.7% Vs. 29.2%; p-value = 0.048)(table 1.). Noticeably in subgroup analysis, patients who enrollment time less than 24 hours after onset of symptoms show mean proinflammatory marker tended to respond to pentoxifylline group better than the control group.

**Conclusions** Pentoxifylline seems to reduce the inflammatory process of the early phase of acute pancreatitis, particularly in patients presented within 24 hours of onset. However, the overall severity of the disease and clinical benefit was similar to the control group.

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**DEMOGRAPHIC PROFILE AND CLINICAL PRESENTATION OF IBD AMONG INPATIENTS SEEN FROM 2012–2018: A UERMMMC EXPERIENCE**

Millette Castro*, University of the East Ramon Magsaysay Memorial Medical Center, Philippines

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**Significance** In the past, there has been a paucity of clinical and demographic information on inflammatory bowel disease in the Philippines. At the UERMMMC, there was a growing trend for IBD diagnosis for the last 6 years.

**Objective** To provide clinical and demographic data of IBD among patients seen in our hospital.

**Methods** Review of histopathology logbook and endoscopy reports of diagnosed cases of inflammatory bowel disease at the UERMMMC from 2012–2018.

**Results** A total of 24 patients with a diagnosis of IBD were included. 15 patients have Crohn’s disease (62.5%) and 9 has Ulcerative Colitis (37.5%). An average of 2–3 patients was diagnosed every year with 5–6 new cases diagnosed over the last 2 years. The mean annual incidence was new cases with more males than females (19 vs. 5). Mean age was 40 years old with bimodal peak in the age at presentation among 21–40 years old and 40–60 years old. Common symptoms included diarrhea (58.3%), abdominal pain (20.8%), lower GI bleeding (12.5%) and recurrent perianal fistula (8.3%). 2 cases were negative at the onset. 2 cases had MTB co-infection and 1 case with HIV co-infection but had a biopsy suggestive only for Crohn’s. 1 case had esophageal fistula. Of the UC cases, 90% had rectosigmoid colitis and 10% had pancolitis. Among CD, 60% had pure colitis, 35% had ileo-colitis and 5% had terminal ileitis.

**Recommendations** IBD is an emerging disease. More males were affected with histology consistent with Crohn’s disease. Diarrhea remains to be the predominant symptom and it is very important to identify if there has been any co-existing infection like HIV and TB as this will greatly impact the treatment.

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**REAL WORLD ANALYSIS ON THE DIAGNOSIS, TREATMENT PATTERNS AND OUTCOMES FOR PATIENTS WITH GASTRO-ESOPHAGEAL REFLUX DISEASE IN CHINA (GRAND CHINA STUDY): DESIGN AND METHOD**

Xiaohua Hou*, Xiaoyun Yu, Li Xie. 1Division of Gastroenterology, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China; 2Medical affairs, Takeda china, China

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**Background** Gastro-oesophageal reflux disease (GERD) is a long-term condition where stomach contents come back into the esophagus resulting in either symptoms or complications. Real-world studies on GERD mainly focus on the...