

the baseline ADR <25% (OR=1.55, 95% CI = 1.16–2.07, P=0.003). Moreover, there was a significant difference in the right-side ADR (p=0.002) and borderline statistical significance in the left-side ADR (p=0.04) between the two groups. In addition, adding simethicone to the PEG solution improved bowel preparation and patient acceptability. (figure 1a)

Conclusions In summary, we believe that the addition of simethicone to PEG is a promising bowel preparation method for colonoscopy in clinical practice among Asian populations. Additional large clinical trials are necessary to validate our results.

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PET-CT ENTEROGRAPHY CAN HELP IN PREDICTING A CLINICALLY SIGNIFICANT DIAGNOSIS IN PATIENTS WITH ILEO-CECAL THICKENING

Abhi Kumar Singh*, Pankaj Gupta, Rajender Kumar Basher, Kaushal Kishor Prasad, Harshal Surendra Mandavdhare, Usha Dutta, Vishal Sharma. *Postgraduate Institute of Medical Education and Research, India*

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Background Ileo-cecal thickening is a common, nonspecific imaging finding with often uncertain significance. Role of Positron emission tomography with 18F-fluorodeoxyglucose integrated with computed tomographic enterography (FDG-PET-CTE) in patients with ileo-cecal thickening is unclear.

Methods Consecutive patients with ileo-cecal thickening on USG from July 2017 to October 2018 underwent FDG-PET-CTE followed by colonoscopy. They were divided in to two groups-those with clinically significant diagnosis (intestinal tuberculosis, Crohn's disease, infectious colitis, malignancy) and those with clinically insignificant diagnosis (normal colonoscopy or nonspecific terminal ileitis); Standardized uptake value (SUV)-max values from the ileo-cecal area were compared with the final diagnosis and area under the receiver operating characteristic (AUROC) was made to determine the best sensitivity and specificity to predict a clinically significant diagnosis.

Results Thirty-four patients were finally included, 23(67.6%) were males and the mean age was 40.44 ± 15.40 years. The clinically significant diagnosis was made in 27(79.4%) patients whereas 7(20.6%) patients had a clinically insignificant diagnosis. Presence of mural thickening on CTE was present in 27 (79.4%) patients. The mean SUVmax for cecum was found to be 5.68 ± 4.09 , that for the terminal ileum was 4.19 ± 2.52 and for ileo-cecal valve was 4.62 ± 3.00 . The region with the highest SUVmax value was taken for the purpose of comparisons and labelled as SUVmax (ICT). The mean SUVmax (ICT) for patients with clinically significant diagnosis was 7.162 ± 4.382 while those with clinically insignificant diagnosis was 3.629 ± 0.502 (P<0.001). The area under ROC curve of the PET SUVmax (ICT) values for prediction of clinically significant diagnosis was .741 (95% CI, 0.581–0.901). The SUVmax (ICT) value of more than 4.50 had a sensitivity of 70.4% and specificity of 100% in predicting the presence of clinically significant diagnosis whereas the value of 3.64 had a sensitivity of 74.1% and a specificity of 57.1% for picking a clinically significant diagnosis.

Conclusions PET-CT enterography could be useful in predicting if ileo-cecal thickening is due to a clinically significant underlying diagnosis and guiding the need of colonoscopy.

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THE EFFECT OF BANANA FRUIT (MUSA SAPIENTUM) AS AN ADJUNCT TO OMEPRAZOLE IN THE MANAGEMENT OF UNINVESTIGATED DYSPESIA

January Ramirez*. *Quezon City General Hospital and Medical Center Department of Family Medicine and Community Health, Philippines*

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Background Efficacy, safety, and cost-effectiveness of banana fruit as an adjunct to Omeprazole in the management of Uninvestigated Dyspepsia, (UD.)

To determine the efficacy, safety, and cost-effectiveness of banana fruit as an adjunct to Omeprazole in the management of UD.

Methods This is a therapeutic experimental study on the effectiveness of banana fruit as an adjunct to Omeprazole in the management of Dyspepsia consulting at Quezon City General Hospital Out-Patient Clinic.

The study was conducted from December-February 2018. Out of 100 subjects, 81 were included in the study. Using the systemic sampling method, patients were assigned to either Group I-39 or Group II-42. Omeprazole 20 mg/tab once a day for 2 weeks was given to Group II, whereas, 1 piece of banana fruit 3 times a day was added to the same dose of Omeprazole in Group II for 2 weeks. Talley Dyspepsia Symptoms Questionnaire Mean Global Symptom Index Scoring was used to monitor improvement in the severity of dyspeptic symptoms.

Results There were 81 subjects who completed the study. The mean age of Group I 13 (33%) belonged to 25–30 years old age bracket, most subjects in Group II are from the 19–24 years old age bracket, 12(29%). Both groups had more female than male subjects, Group I 23(59%), Group II 21(50%). Epigastric Pain was the predominant complaint on both groups with a mean of 10.08 in Group I and mean of 9.23 in Group II. As to the resolution of symptoms, Group II subjects had their symptoms resolved by the 3rd and 7th day of follow-up regardless of the MGSI score as compared to Group I subjects whose symptoms on day 7th of follow-up. Treatment in both groups was proven effective based on the resolution of symptoms within the treatment period; however, there was a faster resolution of symptoms in Group II with a mean day of 3.35 compared to 4.23 of Group I. No adverse effects were observed in both groups.

Conclusions Banana fruit as an adjunct in the treatment of UD was proven to be effective, safe and cost-effective.

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COMPARISON OF TWO METHODS FOR ENDOSCOPIC FULL-THICKNESS RESECTION OF GASTROINTESTINAL LESIONS USING OTSC

Wenhai Wang*, Peng Li, Ming Ji, Yongjun Wang, Shengtao Zhu, Lihua Liu, Shutian Zhang. *Department of Gastroenterology, Beijing Friendship Hospital, Capital Medical University, China*

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Background The aim of this study was to compare and analyze the feasibility and safety of two methods of endoscopic full-thickness resection(EFTR) for the management of challenging epithelial and subepithelial neoplasms that are not amenable to resection techniques.

Methods This was a retrospective case series study of patients underwent two methods of EFTR, either of which was