resection using ESD knives and post-resection closure with OTSC(Group 1), the other was closure with OTSC and secondary EFTR with snare(Group 2).

Results Of 11 patients, 6 cases were in Group 1 and 5 cases in Group 2. The mean time of EFTR procedure was 76.83 ± 34.97 minutes in Group 1 which is significantly longer than that of Group 2 ($P=0.0128$). The mean time of OSTC closure and length of hospital stay of Group 1 were also longer compared to Group 2, but the difference was not significant. Complete resection (R0) and technical success rate of Group 1 and Group 2 were 83.3% and 100% ($P=0.338$). VAS scores of Group 1 after operation and 24 hours are significantly higher than those of Group 2 ($P=0.047$ and $P=0.009$, respectively). In Group 1, One patient had delayed perforation which led to fever and pneumoperitoneum, and one patient developed abdominal pain. No complications associated with endoscopic procedure was observed in Group 2.

Conclusions EFTR of pre-resection closure is potentially faster and safer compared with the concept of applying closure after EFTR. Larger prospective controlled studies comparing these two techniques are warranted in the future.

IDDF2019-ABS-0044 UTILITY OF INTESTINAL TISSUE BIOPSY XPRT-MTB/RIF IN EVALUATION OF PATIENTS WITH ILEO-CAECAL ULCERS

Balaji L Bellam*, Harshal Mandavdhare, Kusum Sharma, Siddharth Shukla, Hariom Soni, Praveen Kumar, Harjeet Singh, Kaushal Prasad, Usha Dutta, Vishal Sharma. *Postgraduate Institute of Medical Education and Research, India*

10.1136/gutjnl-2019-IDDFabstracts.126

Background Ileo-cecal ulcers could result from a number of conditions including intestinal tuberculosis and Crohn's disease. We report the use of GeneXpert Mtb/Rif in the diagnosis of ITB in patients with ileo-cecal ulcers.

Methods One year retrospective study involving patients with ileo-cecal ulcers who underwent GeneXpert Mtb/Rif from the intestinal biopsies taken from ulcers. The results of the test were compared with the final diagnosis. We divided the patients into two groups: those with a final diagnosis of ITB and those with a final diagnosis other than ITB (OTH).

Results Of the 40 patients with ileo-cecal ulcers included, 23 (57.5%) were females and the mean age was 32.92 ± 12.78

years. Abdominal pain was present in 33 (88.5%) patients and diarrhea in 12 (30%). Out of 40 patients, 25 had ITB and 15 patients were in the OTH group. The sensitivity, specificity, negative predictive value, the positive predictive value and accuracy of GeneXpert-Mtb/Rif for diagnosis of ITB was 32% (CI: 14.95–53.50%), 100% (78.2–100), 46.88% (40.27–53.59%), 100 & 57.50 (40.89–72.89)% respectively.

Conclusions A positive GeneXpert-Mtb/Rif is helpful in the diagnosis of ITB but the sensitivity is low.

IDDF2019-ABS-0053 COMPARISON OF OUTCOMES OF COLORECTAL POLYPECTOMY USING TRADITIONAL SNARE AND ROTARY SNARE: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL

¹Lu Xu*, ¹Zhixing Zhang, ¹Jiarong Xie, ²Lei Xu, ²Weihong Wang. *¹Ningbo University, College of Medicine, Ningbo, China; ²Department of Gastroenterology, Ningbo First Hospital, Ningbo, China*

10.1136/gutjnl-2019-IDDFabstracts.127

Background The aim of the current study was to compare the efficacy and safety of polypectomy by using rotary snare vs. traditional snare during colonoscopy.

Methods A single-center randomized controlled trial, which included consecutive participants who were ≥ 18 years old and detected with polyp(s) during routine colonoscopy between July and September 2018, was conducted. Participants with colorectal polyps were randomized to receive polypectomy using rotary snares or traditional snares. The primary outcome measure was the comparison of the average time of removing a polyp between those two groups. The secondary outcome measure was to compare the polyp resection time by using SMSA (Size, Morphology, Site, and Access) scores.

Results A total of two hundred participants were included in this study. Of them, 100 participants were randomly assigned to the rotary snare group (214 polyps) and the other 100 participants were randomly assigned to the traditional group (232 polyps). The mean resection time was significantly shorter in the rotary snare group than in the traditional snare group ($24.41[\text{SD}:18.14]\text{seconds}$ vs. $29.53[\text{SD}:25.74]\text{seconds}$, $P=0.021$). In the subgroup analysis, the resection time was also shorter in the rotary snare group than the traditional

Abstract IDDF2019-ABS-0053 Figure 1 Comparison of polypectomy procedure times in size morphology site and access SMSA score between the traditional snare group and rotary snare group

snare group in SMSA level 1(18.51[SD:8.26]seconds *vs.* 23.84 [SD:15.07] seconds, $P=0.013$) and in SMSA level 2 (25.03 [SD:15.32] seconds *vs.* 29.15[SD:24.82] seconds, $P=0.009$), respectively. (figure 1)

Conclusions Colorectal polyps could be removed more efficient by using rotary snares than traditional snares in SMSA level 1 and SMSA level 2.

IDDF2019-ABS-0054

PREVALENCE OF PERIAMPULLARY DIVERTICULUM AND ITS ASSOCIATION WITH PANCREATOBILIARY DISEASE IN PATIENTS WHO UNDERGO ENDOSCOPIC RETROGRADE CHOLANGIO PANCREATOGRAM (ERCP): A SINGLE CENTER EXPERIENCE IN SRI LANKA

Karthiha Balendran*, Meththananda Nawarathne, Vadivelu Vijitharan, Sharafaath Shariff.
National Hospital of Sri Lanka, Sri Lanka

10.1136/gutjnl-2019-IDDFabstracts.128

Background Periapillary diverticulum is an outpouching of the duodenum arising within the radius of 2–3 cm from the ampulla of Vater. It is usually asymptomatic and discovered incidentally during ERCP. The prevalence of this finding widely varies from 1% to 32.8% and its association with pathological conditions has been recognized in various studies. The aim of this study was to evaluate the prevalence of periampullary diverticulum and its association with pancreatobiliary diseases in the studied population.

Methods The study group of 2350 patients who underwent ERCP between 2014 and 2018 at the gastroenterology unit of the National Hospital of Sri Lanka was analyzed. The prevalence of patients with periampullary diverticulum was calculated. The demographic features and its association with pancreatobiliary diseases were analyzed in patients with periampullary diverticulum.

Results 132 patients with periampullary diverticulum with a mean age of 62 (range 25–89) were identified. Out of 132 patients, 72% were males. The prevalence rate of periampullary diverticulum was 5.6% in the studied population. Successful biliary or pancreatic cannulation was achieved in 97% of patients with periampullary diverticulum. The presence of choledocholithiasis was diagnosed in 73 (55.3%) patients. 13 (9.8%) patients had benign common bile duct stricture and cholangiocarcinoma was found in 11 (8.3%) patients. In addition, a small number of patients had chronic calcified pancreatitis (6, 4.5%) choledochal cyst (4, 3%) pancreatic carcinoma (4, 3%) and ampullary neoplasm (3, 2.3%). However, 14 (10.6%) patients had no structural lesion as a cause for biliary obstruction.

Conclusions The prevalence of periampullary diverticulum in our study population is lower than most previous reports. The presence of periampullary diverticulum is found more commonly in the elderly population with male preponderance. A significant association between choledocholithiasis and periampullary diverticulum is observed in this study

IDDF2019-ABS-0055

WHAT IS THE CAUSE OF THIS PORTAL HYPERTENSION CASE?

RuiTing Ma*. The General Hospital of *NinXia Medical University*, Yinchuan, China

10.1136/gutjnl-2019-IDDFabstracts.129

Background The most common diseases that cause isolated gastric varices (IGV) are pancreatic diseases, such as pancreatic cancer, pseudocyst, or pancreatitis. In this case, surgical pathology eventually proved to be pancreatic cancer.

Methods A 56-year old man who presented intermittent abdominal pain and abdominal distension was admitted to our hospital. The pain was located in the upper abdomen. These symptoms persist for about a year and become

Abstract IDDF2019-ABS-0055 Figure 1

Abstract IDDF2019-ABS-0055 Figure 2

Abstract IDDF2019-ABS-0055 Figure 3