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