Abstract IDDF2019-ABS-0055 Figure 4

increasingly severe and unbearable. But no obvious abnormality was found in physical examination except varicose veins in the lower extremities. His gastroscopy found severe gastric varices with a red-color sign and no active bleeding (figure 1.). So what causes the Severe gastric varices? For the isolated gastric varices (IGV), he was first suspected of liver cirrhosis, but he had no medical history of viral hepatitis, and the liver fibrosis determination was normal. Laboratory findings were as follows: white blood cells: $5.11 \times 10^9/L$; hemoglobin: $156g/L$; platelets: $180 \times 10^9/L$; CEA: $185ng/ml$ and CA199: $1000.00U/ml$. Due to the increase of CA199 and no evidence of liver cirrhosis, we did more examinations. The investigation revealed multiple low-density foci occur in the pancreas on computed axial tomography(CT) of the portal vein (figure 2.). These low-density foci are multiple cystic lesions of the pancreas, with the largest lesions about 1.6 cm in diameter.

Results This patient was taken to the operation. After laparotomy, a 4*5 cm tumor was found in the body of the pancreas (figure 3.). The tumor was hard, adherent to the surrounding tissues, and the para-aortic lymph nodes were enlarged. The general surgical team resection the para-aortic lymph nodes and the freezing results are reported as adenocarcinoma. So they decided to perform distal pancreatectomy and splenectomy. After the operation, the specimens were sent to the pathology examination to be confirmed as moderately/poorly differentiated pancreatic ductal adenocarcinoma, and partly mucinous adenocarcinoma (figure 4.).

Conclusions So we should pay attention to the possibility that IGV may be caused by pancreatic lesions, as well as the possibility of malignant transformation of PCN.

IDDF2019-ABS-0056 MINIMALLY INVASIVE ESOPHAGECTOMY AFTER NEOADJUVANT CHEMORADIO THERAPY USING CROSS REGIMEN FOR LOCALLY ADVANCED ESOPHAGEAL CANCER

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Background Neoadjuvant therapy followed by surgery is the current recommended treatment for esophageal cancer. Since the publication of the landmark trial on neoadjuvant

chemoradiotherapy (NACTRT), CROSS regimen has been commonly used for locally advanced esophageal cancer. However, the safety of CROSS regimen; the feasibility and short-term outcomes of minimally invasive esophagectomy (MIE) with total mediastinal lymphadenectomy after CROSS regimen has not been studied in Indian population where squamous cell carcinoma remains the predominant histological subtype and presentation with locally advanced tumor and severe malnutrition is common.

Methods A retrospective analysis of a prospectively collected database of patients with histologically proven esophageal cancer and eligible for NACTRT (cT1-3, N0-1, M0). All patients underwent thoracoscopy or robot-assisted MIE with total mediastinal lymphadenectomy including dissection along the bilateral recurrent laryngeal nerve. The parameters analyzed were clinicopathological features, dropout rate with NACTRT, postoperative complications, and pathological response rate. The pathological response rate was analyzed by TRG (Tumor Regression Grading) system.

Results During the study period between August 2013 and March 2018, a total of 150 patients with esophageal cancer were admitted and evaluated. Of the 150 patients, 67 (44.6%) were eligible for NACTRT by CROSS protocol. Of these, 37 (55.2%) patients completed NACTRT followed by surgery. Thirty (44.7%) patients did not complete NACTRT due to complications or poor compliance. Of the patients who underwent surgery majority underwent thoracoscopic assisted MIE (n=33, 89.1%) and four patients underwent Robotic-assisted MIE. Most common postoperative complication was pneumonia (n=14, 37.8%) followed by hoarseness secondary to recurrent laryngeal nerve palsy (n=12, 32.4%). Complete pathological response (TRG 1 and 2) of the primary tumor was observed in 20 patients (55.5%) and 11 patients (30.5%) had a partial response (TRG 3 and 4). Of the 20 patients with the complete pathological response of the primary tumor 5 (25%) had a node-positive disease.

Conclusions NACTRT followed by MIE is feasible in patients with locally advanced esophageal cancer. The nodal disease is common even in patients with the complete pathological response of the primary tumor. The dropout rate with NACTRT is high in Indian population.

IDDF2019-ABS-0057 THE CLINICAL FOLLOW-UP ANALYSIS OF 127 PANCREATIC CANCERS PATIENTS

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Background Pancreatic cancer (PC) is one of the most lethal malignant diseases with the worst prognosis. This study was to observe the PC patients clinical characters and followed-up 3 years, to discuss the factors that affect the prognosis of PC.

Methods The study was retrospective of 127 PC patients and followed-up 3 years. The data included the gender, age, PC family history, the onset symptoms, cancer metastasized and treatment.

Results The PC patients mean survival were 10.54 ± 8.53 months and 3-year survival rate was 3.14%. The stage of tumor, the serum of CA199 were main factors of survival.

Abstract IDDF2019-ABS-0057 Table 1 Single factor analysis on survival of 127 PC patients

	n	Mean survival $\bar{x} \pm s$	P	One-way ANOVA P Exp(B)	Kaplan-Meier $\chi^2 P$
male	92	10.84±9.58	0.51	0.595 1.114	0.322 0.57
female	35	9.71±4.84			
<63 years	61	11.3±9.7	0.32	0.082 1.016	0.953 0.329
≥63 years	66	9.8±7.3			
location			>0.05	0.018 1.444	8.382 0.015
pancreas head	81	11.60±9.48			
pancreas body and tail	38	9.26±6.50			
all pancreas	8	5.87±3.48			
pancreatitis			0.806	0.807 1.133	0.068 0.794
yes	4	10.57±8.64			
no	123	9.50±4.20			
TNM stage			0.001	0.000 2.108	16.91 0.00
I-III	86	12.19±9.29			
IV	41	7.07±5.28			
CA199			0.005	0.006 1.639	8.65 0.003
>542U/ml	63	8.45±6.42			
≤542U/ml	64	12.65±9.86

Abstract IDDF2019-ABS-0057 Figure 1 Survival curve of different treatment

The higher stage of tumor, the higher CA199 (≥ 542), no radical surgery PC patients have lower survival. The survivals of the different group were compared: age, gender, tumor location, drinking, smoking, diabetes, pancreatitis and the serum of CEA (table 1). There was no significant difference in survival. 65 PC patients have surgical treatment, including pancreatoduodenectomy (n=13), palliative surgery (n=20) and endoscopic retrograde cholangiopancreatography (ERCP) + stent implantation (n=32). The survival of patients after pancreatoduodenectomy was longer than that after palliative surgery and ERCP + stent implantation (figure 1).

Conclusions The stage of TNM, CA199, and different treatment affected the prognosis of PC patients.

IDDF2019-ABS-0059

PERCUTANEOUS TRANSESOPHAGEAL GASTRO-TUBING (PTEG) FOR LONG TERM GUT ACCESS WHEN ENDOSCOPIC GASTROSTOMY IS UNSUITABLE

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Background Percutaneous endoscopic gastrostomy (PEG) is often considered the route of choice for long-term access to the gut. However, it may not be feasible in some patients, such as patients with a previous gastric resection or severe hiatal hernia. Percutaneous transesophageal gastro-tubing (PTEG) is a minimally invasive technique developed in Japan to access the gut via an esophagostomy. This technique is usually performed with the aid of ultrasonography under radiological guidance. PTEG can be used for either long term enteral nutrition or bowel decompression when PEG is contraindicated.

Methods This observational study was conducted to evaluate our experience with PTEG. Twenty four patients (17 males and 7 females) who underwent the procedure at our hospital from 2012 to 2018 were included and analysed in this study.

Results Average patient age was 81.8 (71 - 93) years. Indications for PTEG were previous gastric resection in 17 patients, left diaphragm disorder in 3 patients, interposing transverse colon between the abdominal wall and anterior gastric wall in 3 patients, and severe gastrostomy site leakage in one patient. Twenty-three patients underwent the procedure for enteral