Abstract IDDF2019-ABS-0085 Figure 1 Proportion of patients according to phenotypic group

hemospray as monotherapy and another 4 (50%) as salvage therapy after argon plasma coagulation, endoclippping or epinephrine sclerotherapy did not achieve hemostasis. All patients (100%) achieved immediate hemostasis. Only 1 (12.5%) patient rebled within the 7 days post-hemospray application for which he underwent surgery 5 days after hemospray due to persistent hematochezia.

Conclusions Hemospray is a novel endoscopic technique that has advantages of being non-traumatic, noncontact and can cover large areas of mucosa. This report supports existing studies and demonstrates that hemospray is a safe and effective endoscopic therapy in achieving initial hemostasis, both as primary and salvage therapy in different etiologies of bleeding.

IDDF2019-ABS-0085 THE YIELD OF COMBINED MULTICHANNEL INTRALUMINAL IMPEDANCE AND PH MONITORING (MII-PH MONITORING) AMONG PATIENTS WITH SUSPECTED REFRACTORY GASTROESOPHAGEAL REFLUX DISEASE: A SIX-YEAR EXPERIENCE IN A MULTICENTER, TERTIARY LEVEL HOSPITALS IN THE PHILIPPINES

Marc Julius Navarro*. *St. Luke's Medical Center, Quezon City, Philippines*

10.1136/gutjnl-2019-IDDFabstracts.139

Background Multichannel intraluminal impedance used in combination with pH-metry (MII-pH) has been shown to allow accurate recording of gastroesophageal reflux at all pH levels. In the Philippines, there is no local data on the yield of these tests in the investigation of the patients with suspected refractory GERD as well as on the phenotypic profiles of Filipino patients being referred for esophageal reflux monitoring. The main objective of the study is to determine the yield of combined multichannel intraluminal

impedance and pH monitoring among patients with suspected refractory GERD at St. Luke's Medical Center, Quezon City and Global City.

Study design Retrospective, Cross-sectional, Chart Review.

Participants Suspected Refractory GERD patients who underwent MII-pH.

Statistical analysis Descriptive statistics.

Results There is a total of 150 subjects included in the study. Majority of the patients was in their 4th to 5th decade of life, presented with typical symptoms of reflux, specifically heartburn (44.00%) and regurgitation (40.00%). In terms of EGD findings, 52.00% of patients have no signs of esophagitis. The manometric findings most commonly revealed normal esophageal motor function (52.00%). It can be noted that patients with phenotypic group of **persistent acid reflux**, revealed an overall prevalence of 20.00%. Around 40.00% of patients presented with esophagitis on EGD, alongside with normal manometric findings (60%), and positive SI (60.00%)/positive SAP (100%). Whereas those patients under the phenotypic group of **hypersensitive esophagus**, revealed an overall prevalence of 18.00%. Patients mostly presented without esophagitis on EGD (77.78%), 55.56% with normal esophageal motor function on manometry, and all patients have positive SAP (100%)/negative SI (100%). On the other hand, in patients labeled under the group of **functional heartburn**, revealed an overall prevalence of 62.00%. Most patients presented with normal manometric findings (48.39%). All of the patients presented with negative esophagitis, negative SAP (100%)/negative SI (100%). (figure 1)

Conclusions Among suspected refractory GERD patients, MII-pH study diagnosed the majority of them with functional heartburn (62.00%) followed by persistent acid reflux (20.00%) and hypersensitive esophagus (18.00%). Hence, MII-pH monitoring is helpful in the work-up of patients with suspected refractory GERD as it will redirect the course of management.