Conclusions EUS with FNA is effective and safe for diagnosis of biopsy negative malignant esophageal strictures.

**IDDF2019-ABS-0115** ENDOSCOPIC ULTRASOUND GUIDED THROMBIN INJECTION- AN EMERGING THERAPY FOR VISCERAL ARTERY PSEUDOANEURYSM

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**Background**
Visceral artery pseudoaneurysm is a rare and potentially life-threatening vascular entity with a high mortality rate, conventionally managed with digital subtraction angiography with coil embolization or surgery. However, in cases where angiographic coil embolization is not possible due to technical reasons, computerized tomography/ultrasonography-guided thrombin injection remains a viable option. In our study, we intend to highlight the role of endoscopic ultrasound (EUS)-guided thrombin injection in the management of abdominal visceral artery pseudoaneurysm, which is either inaccessible by endovascular route or has a high surgical risk of complication.

**Aim**
To assess the efficacy of EUS guided thrombin injection in visceral artery pseudoaneurysm.

**Methods**
A prospective study was conducted at SMS Hospital, Jaipur from June 2015 to January 2019. All patients with pseudoaneurysm with a history of gastrointestinal bleed were consecutively enrolled. Data relating to demography, laboratory parameters, radiological imaging, pseudo aneurysm and endotherapy were analyzed.

**Results**
Sixteen patients with age 40 (25–58) years, 15 male and one female were studied. Etiology of pseudo aneurysm was chronic pancreatitis in 9 (56%), acute pancreatitis in 2 (12.5%), chronic liver disease in 2 (12.5%), Blunt trauma abdomen in 2 (12.5%) and idiopathic in 1 (6%) patients. The site of pseudo aneurysm was splenic artery in 9 (56%), hepatic artery in 4(25%) and gastroduodenal artery in 3 (19%) patients. Median size of pseudo aneurysm was 2.2x2.2 cm (1.2x1.8 - 3.5x5.5 cm) and neck size of artery was 2.6mm (2.1–3.2mm). All patients presented with a history of hematemesis and/or melena, two patients had hemobilia. Thrombin requirement was 400(300–1000) IU for loss of Doppler signals (figure 1). Computed tomography and EUS after 2 weeks, one month and 3 months showed an obliterated pseudo aneurysm. One patient required repeat thrombin injection after 2 weeks as there was an appearance of Doppler signal in pseudoaneurysm. One patient developed symptomatic splenic abscess after three weeks of procedure and required splenectomy. Technical success of procedure was 100%.

**Conclusions**
EUS-guided thrombin injection provides a new option for management of pseudoaneurysm especially in inaccessible by endovascular route and in patients having a high surgical risk.

**IDDF2019-ABS-0116** SELF-COMPLETION METHOD OF ENDOSCOPIC SUBMUCOUS DISSECTION USING A NOVEL ENDO-KNIFE: AN EX VIVO PIG MODEL STUDY

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**Background**
Endoscopic submucosal dissection (ESD) is a standard treatment for gastrointestinal tract tumors. Various endoscopic devices have been developed to improve the ESD procedure. We invented a self-completion ESD method using an Endosaber, which is a novel needle-type endo-knife for ESD (figure 1). Only one Endosaber was used without any additional device. In addition, ESD could be performed only by one operator without any assistance during the procedure. The aim of the study was to evaluate the technical outcomes of this method in an ex vivo pig training model.