Methods Patients at Shanghai Ruijin Hospital from 2014 to 2016 were consecutively enrolled. They were divided into UGI+ group and UGI- group based on endoscopy and pathology results. Features of UGI-CD were analyzed and the prognosis was followed-up.

Abstract IDDF2019-ABS-0154 Table 1

	Ulcer	Protruding lesions	Bamboo joint-like appearance	Stenosis	Fistula
Esophagus	4				1
Gastric fundus			14(20.6%)		
Gastric body	1	1			
Stomach Angle	1				
Gastric antrum	5	6			1
Pylorus	4			2	
Duodenal bulb	12 (17.6%)	10(14.7%)		2	
Duodenal descendent	4				
Total	31 (45.6%)	17(25%)	14(20.6%)	4(5.8%)	2(2.9%)

Results 76 subjects were enrolled in this study. (1) 46 cases (60.5%) had 68 positive endoscopic manifestations. Endoscopic features were diverse and the bamboo joint-like appearance of the gastric fundus had the highest incidence, followed by duodenal ulcers and bamboo joint-like appearance of the duodenal bulb (table 1 and figure 1). According to the UGI-SESCD, patients with a score of 5 and above accounted for only 23.9%.

(2) Male sex and presence of ileocolon lesions were independent risk factors for UGI-CD ($p < 0.05$).

(3) No significant difference between the UGI+ group and the UGI- group in the 3-year no surgery and the 3-year no complication rates ($p > 0.05$). Further subgroup analysis showed

that the 3-year event-free survival rate in the UGI+DB+ group (68.0%) was significantly lower than that in the UGI- (88.9%) and UGI+DB- (87.9%) groups ($p = 0.015$).

Conclusions Upper gastrointestinal tract involvement in newly diagnosed CD patients is not rare. UGI+ patients with duodenal bulb involvement had significantly higher rates of surgery or complications. Therefore, active treatment should be promptly provided to this subgroup of patients to improve their prognosis.

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THE CLINICAL FEATURES AND PROGNOSTIC FACTORS OF PRIMARY GASTROINTESTINAL DIFFUSE LARGE B-CELL LYMPHOMA: A SINGLE CENTER STUDY OF 312 PATIENTS

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Background To investigate the clinical features and prognostic factors of patients with primary gastrointestinal diffuse large B-cell lymphoma (PGI-DLBCL).

Methods De novo PGI-DLBCL patients treated in Shanghai Ruijin hospital from January 2000 to January 2017 were enrolled. Clinical data, endoscopic profiles, imaging, pathological features were retrospectively analyzed.

Results 312 PGI-DLBCL patients were included. The median age of onset was 59 years. (1) Clinical manifestations: abdominal pain (58.7%) and B symptoms (34.3%) were the most common clinical manifestations. Other manifestations included gastrointestinal bleeding, intestinal obstruction, abdominal mass and perforation. (2) The involved areas: The most involved areas were the stomach, 58.3%, colon, 28.2%, duodenal and small intestine, 20.2% and esophagus (0.6%), among which 23 cases (7.4%) presented multiple

Abstract IDDF2019-ABS-0155 Figure1 Endoscopic features of PGI-DLBCL