**Results** Among 168 patients with ASUC, 54 (32.1%) required surgery and 114 (67.9%) received intravenous corticosteroids or rescue treatment. CT scan showed 121 (72.0%) patients had sarcopenia. Patients with sarcopenia had longer disease duration, more total parenteral nutrition, higher CRP level and lower quality of life. Although patients who required surgery had lower SMA, no significant differences were found in medical and surgical therapy between patients with and without sarcopenia. Patients with postoperative complications had higher preoperative white blood cell level and C-reactive protein, and a higher incidence of sarcopenia. Multivariate analysis showed that sarcopenia (odds ratio, 53.07; 95% confidence interval, 2.79–1010.03; p=0.008) was a negative predictor of postoperative complications in ASUC patients (table 1).

Conclusions The prevalence of sarcopenia was high in patients with ASUC. Sarcopenia was not a predictor of surgery, but a risk factor of postoperative complications in severe ulcerative colitis patients.

**Abstract IDDF2019-ABS-0162**

**Multivariate analyses of risk factors associated with postoperative complications for ASUC patients.**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>OR</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1.163</td>
<td>0.232–5.835</td>
<td>0.855</td>
</tr>
<tr>
<td>Preoperative white cell</td>
<td>17.666</td>
<td>2.036–153.274</td>
<td>0.009</td>
</tr>
<tr>
<td>Preoperative C-reactive protein</td>
<td>2.456</td>
<td>0.259–23.310</td>
<td>0.434</td>
</tr>
<tr>
<td>Sarcopenia</td>
<td>53.069</td>
<td>2.788–1010.032</td>
<td>0.008</td>
</tr>
</tbody>
</table>

**Conclusions** Multivariate analyses of risk factors associated with postoperative complications for ASUC patients.

**Abstract IDDF2019-ABS-0163**

**PRELIMINARY RESULTS OF HIGH-RESOLUTION MANOMETRY IN DIAGNOSIS AND CLASSIFICATION FOR ACHALASIA**


**Methods** A case-series study was conducted at the Institute of Gastroenterology and Hepatology on patients suspected achalasia on upper endoscopy or esophageal barium X-ray. Symptom severity was assessed by the Eckardt score before and after treatment. Achalasia was diagnosed and classified by HRM using the Chicago Classification version 3.0.

**Results** From April to December 2018, we recruited 20 patients (7 males and 13 females; the mean age were 35.9 ± 15.4). There were 4 patients (20%) diagnosed with absent contractility on HRM. In 16 achalasia confirmed patients, the percentage of type I, II, and III was 12.5%, 75%, and 12.5%, respectively. The mean Eckardt score before treatment was 6.6 ± 2.6 and there was no difference between achalasia and absent contractility groups. The integrated relaxation pressure within 4s (IRP4s) in achalasia group was high with the mean value being 24.6 ± 6.3 mmHg and there was no difference among three types. There was a significant improvement of clinical symptoms with pre and post-treatment Eckardt score being 6.8 ± 2.8 and 2.1 ± 1.9, respectively (p < 0.05). In 2 cases after surgery and balloon dilation, the LES pressure was normal but absent contractility and distal esophageal spasm were present on HRM.

**Conclusions** High-resolution manometry is a valuable exploratory test for definitive diagnosis, classification as well as follow-up after treatment on achalasia patients.

**Abstract IDDF2019-ABS-0164**

**THE MODIFIED PROGNOSTIC NUTRITIONAL INDEX (mPNI): A NEW RISK INDEX FOR PREDICTING CLINICAL OUTCOMES AFTER PERCUTANEOUS ENDOSCOPIC GASTROSTOMY**

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**Methods** Onodera’s Prognostic Nutritional Index (O-PNI) is a screening tool derived from serum albumin levels (Alb) and total lymphocyte count (TLC). C-reactive protein (CRP) and blood urea nitrogen (BUN) levels were added to create the modified Prognostic Nutritional Index (mPNI). In this study, the utility of mPNI in predicting clinical outcomes after percutaneous endoscopic gastrostomy (PEG) was investigated.

**Results** Derivation group 306 patients, mean age 82.6 ±10.0 years old, Alb 3.2±0.5 g/dL, TLC 1357±586/µL, CRP 2.5±2.9 g/dL, BUN 26.9±22.0 mg/dL, O-PNI 38.5±6.3 and mPNI 15.1 ±2.6. Postoperatively, 69 patients developed aspiration pneumonia and 49 died before discharge, 22 within 30 days. AUC (area under the curve) for clinical outcomes summarized in table 1.

**Validation group**: 190 patients, mean age 81.4±8.6 years old, Alb 2.8±0.5 g/dL, TLC 1498±744/µL, CRP 2.1±2.7 mg/dL, BUN 22.8±16.7 mg/dL, O-PNI 35.7±6.8 and mPNI 15.0 ±2.5. Postoperatively, 26 patients developed aspiration pneumonia, 19 died before discharge and 25 within 90 days. AUC for clinical outcomes summarized in table 2.