

patients with fatal outcome had higher rates of moderate to gross ascites, baseline IAP and lower reduction in IAP after 48 hrs. There was no difference in mortality between patients with high (>1000U/L) and low (<1000 U/L) amylase values. On multiple logistic regression analysis, moderate to gross ascites (OR-5.84, CI- 1.08 to 32.01) and grades of intra-abdominal hypertension [Grade 1 vs grade 0 (OR-5.32, CI- 1.63 to 17.41), Grade II vs Grade 0 (OR- 7.5, CI- 1.39 to 40.64)] were significant predictors of mortality. (figure 1)

Conclusions AP patients with ascites have a more severe disease course with a poorer outcome as compared to those who do not have ascites. A higher degree of ascites and IAH grades are significant predictors of mortality.

IDDF2019-ABS-0181 ENDOSCOPIC AND MICROBIOLOGICAL CHARACTERISTICS OF PATIENTS WITH FUNGAL ESOPHAGITIS

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Background Fungal esophagitis is an uncommon condition which is usually found in patients with an impaired immune system. Patients with normal immune system could also develop fungal esophagitis. In Vietnam, there have not been many researches on fungal esophagitis with details of endoscopic findings and culture results. This study aimed to evaluate the severity of fungal esophagitis by Kods classification and identify types of fungi.

Methods An observational study was conducted at the Institute of Gastroenterology and Hepatology from November 2017 to October 2018. Biopsy specimens of patients with suitable endoscopic findings and positive direct microscopic detection were sent to the National Hospital of Dermatology and Venereology for fungal culture and identification. The study collected endoscopic findings, the severity of fungal esophagitis assessed by Kods classification and fungal culture results.

Results The prevalence of fungal esophagitis in the total number of upper endoscopies during the study time was 1.4%. 165 patients (86 males and 76 females) were included in the study with the mean age of 51.8 ± 11.9 (50–59 years old group was predominant). 44.2% of patients had other esophageal lesions. The proportions of patients with fungal esophagitis grade I, II and III according to Kods classification were 47.3%, 47.3%, and 5.4%, respectively. 155 patients had positive fungal culture results, among them: 143 (92.3%) were *Candida albicans*, 11 (7.1%) were other species of *Candida*, and 1 was *Fusarium oxysporum* (table 1).

Abstract IDDF2019-ABS-0181 Table 1

Fungi species	N	%
<i>Candida albicans</i>	143	92.2
<i>Candida glabrata</i>	2	1.3
<i>Candida krusei</i>	3	1.9
<i>Candida spp</i>	6	3.9
<i>Fusarium oxysporum</i>	1	0.7

Conclusions Fungal infection coexisted with other esophageal lesions. Most patients had mild fungal esophagitis. The proportion of positive fungal culture was high with the predominance of *Candida albicans*.

IDDF2019-ABS-0186 CORRELATION BETWEEN SEROLOGICAL BIOMARKERS AND DISEASE ACTIVITY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

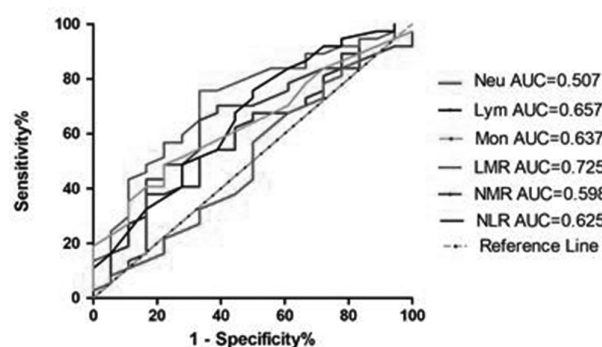
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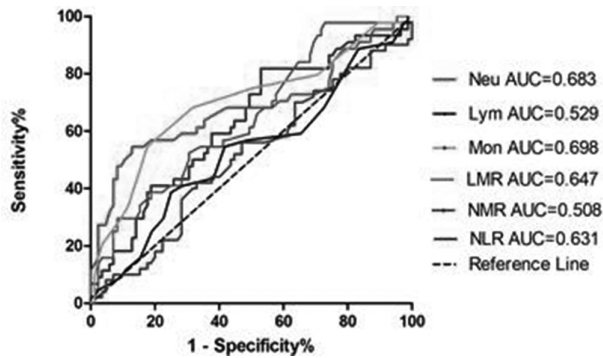
Background Current biomarkers have been routinely non-invasive methods for assessing disease activity of inflammatory bowel disease (IBD), but none of them are specific. This study was aimed to determine the performance of the serological biomarkers for detecting disease activity in patients with IBD.

Methods A prospective study that included 73 ulcerative disease (UC) subjects, 141 Crohn's disease (CD) subjects, and 30 of them were complicated with *C. difficile* infection (CDI), randomly selected from a single-institution IBD database. Disease activity was assessed using by Truelove and Witts criteria for UC and Harvey Bradshaw Simple Index for CD. Serological inflammatory biomarkers were compared in different severity groups. Receiver operator curve analyses assessed the performance of each biomarker in discriminating disease states.

Results For UC patients, elevated monocyte counts, C reactive protein (CRP) and decreased lymphocyte counts, lymphocyte/monocyte ratio (LMR) significantly differed between subjects with active UC and UC in remission, and LMR performed better than the other leukocyte profiles. LMR of 3.1 was 76% sensitive and had a specificity of 67% for active UC (figure 1). CRP and fibrinogen were significantly elevated in UC with CDI compared to inactive UC without CDI patients. For CD patients, higher values of white blood cells, neutrophils, monocytes, neutrophil/lymphocyte ratio, CRP fibrinogen, and low values of LMR and hemoglobin were significantly different between subjects with active CD and CD in remission. None of the biomarkers included had a good correlation with disease activity (Area Under the ROC curve [AUC] < 0.70) (figure 2). CD with CDI patients compared with CD patients in remission showed significantly higher CRP.



Abstract IDDF2019-ABS-0186 Figure 1 Biomarker performance. Receiver operator curves of the various leukocyte subtypes and ratios in UC active compared with UC remission



Abstract IDDF2019-ABS-0186 Figure 2 Biomarker performance. Receiver operator curves of the various leukocyte subtypes and ratios in CD active compared with CD remission

Conclusions A low LMR represents an inexpensive, readily available test with a promising value to identify disease activity in UC patients. Whereas none of the inflammatory biomarkers showed a discriminative value in disease activity of CD.

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YOGA-ENHANCED COGNITIVE BEHAVIOURAL THERAPY (Y-CBT) VERSUS RIFAMIXIN-PROBIOTIC SEQUENTIAL TREATMENT FOR IRRITABLE BOWEL SYNDROME (IBS): A RANDOMISED CLINICAL TRIAL

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Background Irritable bowel syndrome (IBS) is a common and disabling gastrointestinal disorder. It adds to immense morbidity. Recent theories implicate visceral hypersensitivity, stress and psycho-social factors in the causation of IBS. Kundalini Yoga affects the body homeostatis and cognitive behavioural therapy (CBT) when used in conjunction, reverse stress-induced underactivity of the parasympathetic nervous system. Rifamixin (a poorly absorbed antibiotic) and probiotics are common treatments of IBS used sequentially, altering gut flora. The primary objective here was to examine the effect of Yoga-enhanced CBT (Y-CBT) versus Rifamixin-probiotic treatment on patients with IBS.

Methods Sixty patients diagnosed as IBS entered a single-blind randomised controlled trial involving Y-CBT or rifamixin-probiotic sequential treatment for 12 weeks. The study was approved by the Institute Ethics Board. The Y-CBT group had 2 weekly sessions of (Kundalini Yoga + CBT) by trained professionals while the other group was treated with tablet Rifamixin 550 mg three times a day for 6 weeks followed by a probiotic capsule (containing *B. infantis* and *L. rhamnosus*) daily for next 6 weeks. Both groups received a total of three sessions of Mediterranean diet counselling for uniformity. The primary outcome was changed in gastrointestinal symptoms (IBS-SSS). Secondary measures were quality of life (IBS-QOL), depression (HAM-D), anxiety (HAM-A), perceived health status (PHSQ) and safety of interventions. Outcomes were assessed at 12 and 24 weeks, being blinded to allocation.

Results NO statistically significant difference was found between intervention groups with regard to IBS-SSS score at either 12 (Diff=34.2, 95%CI=-12.9, 76.6, P=0.121) or 24 weeks (Diff=32.9, 95%CI=-5.31, 70.14, P=0.071). Within group comparisons showed statistically significant effect for both the interventions. However, the Y-CBT group fared better in quality of life, anxiety and perceived health status. Drop-outs were more in the rifamixin-probiotic group (P=0.9). No serious adverse effects were reported.

Conclusions Yoga, being a traditional and simple intervention when used with CBT, can be as effective as the commonly used medicines in IBS. More research is warranted about their combined use.

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INITIAL EXPERIENCE OF FAECAL MICROBIOTA TRANSPLANTATION WITH FROZEN STOOLS FOR THE TREATMENT OF RECURRENT OR REFRACTORY CLOSTRIDIODES DIFFICILE INFECTION – A RETROSPECTIVE REVIEW FROM A QUATERNARY REFERRAL CENTRE IN HONG KONG

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Background *Clostridioides difficile* infection (CDI) is a major cause of nosocomial infection leading to significant morbidity and mortality. Faecal microbiota transplantation (FMT) has emerged as a promising option for recurrent and refractory CDI. This study aims to assess the safety, efficacy and feasibility of FMT using frozen stools from a newly established stool biobank for the treatment of CDI in Hong Kong.

Methods We conducted a single-centre, retrospective study for all consecutive cases of recurrent/refractory CDI who had FMT with frozen stools performed from 2017 to present. Clinical demographics, outcome, and safety parameters were collected from the Clinical Management System of the Hospital Authority, Hong Kong or from the review of case notes.

Results A total of 19 patients with recurrent or refractory CDI and FMT performed using frozen stools from the CUHK stool biobank were identified [median age 70 years (interquartile range of 58.5 - 77.5 years); 68.4% males]. Almost half of the cases were in a bedridden or chair-bound state, a surrogate of a poor functional status. The majority (> 80%) of patients were hospitalized within the recent 3 months or were long-term care facility residents. FMT was delivered via feeding tube in 1 (5.3%), esophagogastroduodenoscopy (OGD) in 12 (63.2%), or colonoscopy in 6 (31.6%) of the patients. Resolution of diarrhoea without relapse within 8 weeks was achieved in 16 out of 19 patients (84.2%). The procedure was generally well tolerated with no serious adverse events attributable to FMT. The most common complication after FMT was abdominal pain (n = 3, 15.8%). Bloating was reported in 1 patient (5.3%). These results suggest that the cure rates of FMT using frozen stools for recurrent or refractory CDI were comparable with those reported in the literature with an excellent safety profile.