found to have a positive TTG (5% of cohort, 6% of those tested). CD was confirmed by endoscopic biopsy in three patients, with two not undergoing endoscopy locally due to their geographic location, giving a prevalence of CD in this cohort of 5–7%.

The most common site of fracture was the metatarsals (5/7, 71%), with hallux sesamoid and fibula fractures detected in one patient each respectively. Six patients with possible or confirmed CD underwent DEXA. No patients had osteoporosis, with osteopenia (T-Score between -1.0 and -2.5) found in three patients (3/6, 50%). Coexistent vitamin and mineral deficiency were common in the CD patients (iron, 2/6 (33%); vitamin B12, 2/5 (40%); folate, 1/4 (25%); vitamin D, 2/6 (33%)).

**Conclusions** In this cohort of patients with stress fractures, the prevalence of CD was between 5% and 7%, approximately 5-fold higher than general UK population estimates. Screening for CD with serological testing should be considered in all patients presenting with stress fractures. Stress fractures were not associated with osteoporosis in the patients with CD, and only 50% had osteopenia, suggesting that coeliac disease and the associated malabsorption leads to stress fracture via mechanisms separate from reduced bone density.

**REFERENCE**

**PWE-025 PANORAMIC VERSUS AXIAL SMALL BOWEL CAPSULE ENDOSCOPY IN OVERT OBSCURE GASTROINTESTINAL BLEEDING**

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**Introduction** Literature comparing axial small bowel capsule endoscopy (SBCE) (Pillcam, Given Imaging) and panoramic SBCE (Capsocam, Capsovision) in obscure gastrointestinal bleeding (OGB) is limited and contradictory [1,2].

**Methods** Consecutive patients who presented with overt OGB at a tertiary centre over a 5 year period underwent either Capsocam SBCE or Pillcam SB3 SBCE. All had negative gastroscopies and colonoscopies/CT colonographies. SBCEs were reviewed by 2 experts. Findings in the 2 groups were compared.

**Results** 94 patients (39.4% Capsocam; 60.6% Pillcam; 57.4% males; mean age 64.3±18.0 years) were included. Both groups were age (p=0.174) and gender (p=0.137) matched. Severity of anaemia (p=0.053) and duration of anaemia (p=0.264) were similar in both groups.

**Conclusions** There was no difference between groups in incomplete SBCEs (p=0.151).

Diagnostic yield (DY) was comparable in both groups but Pillcam had a higher DY than Capsocam in the stomach (table 1).

**Abstract PWE-025 Table 1: DY of panoramic and axial SBCE for patients with overt OGB:**

<table>
<thead>
<tr>
<th></th>
<th>Capsocam n(%)</th>
<th>Pillcam n(%)</th>
<th>Significance (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric DY</td>
<td>3 (8.1)</td>
<td>15 (26.3)</td>
<td>0.033</td>
</tr>
<tr>
<td>Small bowel (SB) DY</td>
<td>17 (45.9)</td>
<td>25 (43.9)</td>
<td>0.842</td>
</tr>
<tr>
<td>Colon DY</td>
<td>2 (5.4)</td>
<td>3 (5.3)</td>
<td>0.976</td>
</tr>
</tbody>
</table>

Capsocam identified blood (2, 5.4%), erosions (1, 2.7%) and ulcers (1, 2.7%) in the stomach. Pillcam showed blood (4, 5.4%), erosions (11, 19.3%), ulcers (2, 3.5%), varices (1, 1.8%) and GAVE (1, 1.8%) in the stomach. Patients who underwent Capsocam had these findings in the SB: 1 (2.7%) ulcer, 7 (18.9%) angioectasia, 8 (21.6%) blood, 2 (5.4%) erosions, 1 (2.7%) tumour, 1 (2.7%) diverticulum. Patients who underwent Pillcam had these findings in the SB – 10 (17.5%) ulcers, 11 (19.2%) angioectasia, 7 (12.3%) blood, 19 (33.3%) erosions, 1 (1.75%) tumour, 2 (3.51%) diverticulum, 2 (3.51%) phlebitis, 4 (7.02%) polyps, 1 (1.75%) haemangioma, 1 (1.75%) intussusception.

**Conclusions** SB DY was comparable between Capsocam and Pillcam groups in patients with overt OGB but Pillcam offered a better gastric DY than Capsocam. This might be of