relevance as a considerable number of lesions are missed in the upper GI tract in patients undergoing gastroscopy.

REFERENCES

PWE-026
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PWE-027
10.1136/gutjnl-2019-BSGAbstracts.314
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Introduction Capsule reading is a time-consuming process when in normal play, in which all captured images are analysed by the reader. MiroView™ client 4.0 video (Intromedic, Seoul) features a new express play function, introduced to reduce reading times by filtering out similar non-diagnostic images using an informatics algorithm. Our aim was to determine the positive and diagnostic finding concordance in Express Play compared with normal play.

Methods A database of capsule procedures utilising the new software between March 2018 and January 2019 were retrospectively analysed. For each positive finding identified on normal play and captured with an image, the footage was cross-checked using express play to see if the positive finding was also captured. Out of these, the diagnostic findings from both normal and express views were determined.

Results 313 CE procedures with Express Play available were performed in the study period and 224 had positive findings. The median age was 54 years with 55.2% females, the main indications were occult GI bleed (n=68), diarrhoea ± other symptoms (n=58) and overt GI bleed (n=32). A total of 368 positive findings were identified with normal play with an 88.3% (n=328) concordance on Express Play. Of the 43 missed findings, 9 were diagnostic: lymphangiectasia (n=3), angiodysplasia (n=2), polypoidal mass (n=1), varices (n=1), ulceration (n=1) and erosion (n=1). The diagnostic finding concordance in Express Play was 127/139= 91.4%. The negative predictive value for a diagnostic finding in Express Play was 88.1%.

Conclusions Express Play, which allows a quicker reading of capsule endoscopy, detected a high proportion of pathologies and has good diagnostic concordance with normal play. However, a small number of diagnostic pathologies are still being missed and therefore express mode needs more development before it can be used in routine reporting. Further improvements to the software algorithm are currently being undertaken to bring diagnostic concordance even higher.