Retrieval of these stents can be challenging and requires utilisation of various endoscopic grasping devices. With increasing use of ERCP and biliary stents this is being encountered more frequently. Most stents can be retrieved with conventional grasping devices like stent grabbers or biopsy forceps. However, some case may require the use of novel through the cholangioscope devices.

We present a 37-year-old lady who presented with choledocholithiasis and 4 conventional ERCPs were not successful in clearing the CBD stones. At spy glass cholangioscopy we discovered a proximally migrated biliary stent. This video demonstrates a novel technique to retrieve the migrated biliary stent.

PTH-067 TREATMENT OF BLUE RUBBER BLEB NEVUS SYNDROME IN A PAEDIATRIC PATIENT ASSISTED BY DOUBLE-BALLOON ENTEROSCOPE

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Introduction Blue rubber bleb nevus syndrome (BRBNS) is an extremely rare systemic vascular disorder characterised by multiple cutaneous and gastrointestinal venous malformations. Patients present with fatigue, iron deficiency anaemia (IDA) and occult or overt gastrointestinal (GI) bleeding. Patients are usually treated with conservative management including iron supplementation and blood transfusions. However, endoscopic (argon plasma coagulation, sclerotherapy, polypectomy, band ligation etc), radiological and surgical approaches are preferred for severe cases.

Aims and Methods A 7-year-old female patient with iron deficiency anaemia and multiple cutaneous lesions was diagnosed with BRBNS at a local hospital. The patient was referred to our institution for further management due to blood transfusions dependence and PR bleeding. A small bowel capsule endoscopy (SBCE) revealed two vascular lesions in the small bowel.

Results An antegrade double-balloon enteroscopy (DBE) was the performed under general anaesthesia. Two 20 mm vascular lesions were identified in the gastric body. A loop ligating device (Olympus, Tokyo, Japan) was applied around the base of each lesion then tightened and completely detached. No further vascular malformations were found in the duodenum, jejunum and proximal ileum. Although the number of units of blood transfusion decreased over the next 6 months a follow-up retrograde DBE was performed due to persistent anaemia. Six lesions were identified in the transverse colon (2), caecum (1) and distal ileum (3). Ligation loop was used for 2 colonic lesions while two ileac rubber blub lesions were treated with both ligation loop and metallic clips. Since the 2 remaining lesions were flat and floppy, loop ligation was not technically feasible. No immediate and post procedural complications (including delayed bleeding) occurred.

Conclusion DBE facilitated loop ligation appears to be a safe and minimally invasive option in patients affected by BRBNS reducing the blood transfusion dependence.

PTH-068 SPORADIC LATERALLY SPREADING NONAMPULLARY DUODENAL ADENOMAS: THE ROLE OF SALINE-IMMERSION THERAPEUTIC ENDOSCOPY

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Introduction Sporadic laterally spreading nonampullary duodenal adenomas (SLSNDA) are an uncommon incidental finding during oesophagoduodenoscopy. Endoscopic mucosal resection (EMR) in the duodenum is challenging due to increased risk of perforation and bleeding. Underwater EMR (UEMR) is a novel and effective endoscopic resection technique performed without submucosal injection. Saline-immersion therapeutic endoscopy (SITE) is an evolution of UEMR and saline solution is used instead of water to minimise the risk of water intoxication.

Aims and methods Our aim was to evaluate the efficacy and safety of SITE-EMR for SLSNDA via a retrospective review of SLSNDA resected by SITE-EMR at our institution from May 2017 to October 2018. Demographic, clinical, endoscopic findings and follow-up data were analysed.

Results

Nine SLSNDA (median size 25 mm) were found in eight patients (4 male, median age: 69 year-old). One was located in D1, 4 in D2 and 4 in D3. En-bloc resection was achieved in two lesions (23%) while wide-field resection was performed in seven lesions (77%). Complete resection was achieved in seven patients (87.5%). A circumferential lesion involving the whole duodenal bulb was found in one case and SITE-EMR technique was not feasible as well as other alternative endoscopic resection techniques due to severe fibrosis; the patient was therefore referred for surgery and excluded from further analysis. Histological results revealed six (75%) tubulo-villous adenomas with low-grade dysplasia and two tubular adenomas low-grade dysplasia (25%). Immediate complications including perforation and bleeding did not occur. One patient (12.5%) presented with delayed GI bleeding 24hours post procedure and was treated successfully with endoclips. Three cases (37.5%) of recurrences were identified at 3 months follow-up requiring further endoscopic treatment. No further recurrence was identified at 6 and 12 months follow-up in any patient.

Conclusion SITE-EMR of SLSNDA appears to be a safe and effective management with low recurrence rates at long term follow-up.

PTH-069 SIMULATED CASES; A TOOL TO TEACH ENDOSCOPY NON-TECHNICAL SKILLS

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Introduction There has been growing awareness of the importance of non-technical skills (NTS) in endoscopy however training in this area varies and may not be explicit in many departments. It is important that this is recognised and efforts are made to improve awareness. In the Northern Deanery the REST (regional endoscopic skills training) course has been