the adverse events were almost tolerable. However, we should interpret the result of clinical and endoscopic response with caution.

IDDF2020-ABS-0023 ABDOMINAL TUBERCULOSIS: SURGICAL MANAGEMENT OF PERFORATED INTESTINAL ULCERS IN PATIENTS WITH HIV/TB

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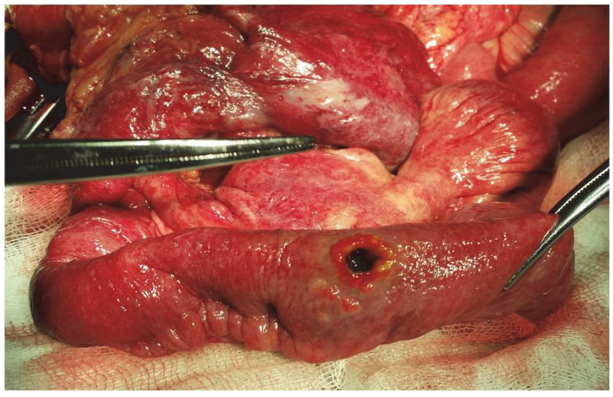
Background The growth tendencies of abdominal tuberculosis have increased more than twice between the year 2006–2016, and primarily associated, with an increase in the number of HIV-positive individuals. The most formidable and most frequent complication of tuberculosis of the abdominal cavity is perforation of specific ulcers of the intestine.
Methods Was to evaluate the results of surgical management of patients with perforated tuberculosis ulcers of the intestine against the background of late-stage of HIV infection and to develop optimal surgical tactics for this category of patients. 149 patients with perforated tuberculosis ulcers of the intestine underwent surgical treatment at the surgical department of our clinic in the period of time between the year 2006 and 2016.
Results Ulcerative lesions of intestine were detected in all cases during laparotomy, single and multiple ulcers were located in the jejunum, iliac or cecum, more often affecting the ileocecal zone. The most optimal method of surgical management of perforated ulcers of the intestine in patients with the late stages of HIV infection is performing a resection of the affected portion of the intestine with the construction of delayed anastomosis.
Conclusions A resurgence in tuberculosis during the HIV era produces a new spectrum of presentations for the surgeon. Avoidance of construction of primary anastomosis in conditions of torpid peritonitis, as well as direct visual control during laparotomy, allows timely detection and elimination of new perforations, as well as evaluation of treatment effectiveness.

(Figure 1)



Abstract IDDF2020-ABS-0023 Figure 1 Perforated tubercular ulcer of ileum

IDDF2020-ABS-0026 ULTRA-MUTATED PATIENTS WITH POLE OR POLD1 MUTATIONS EXHIBITS DISTINCT PATTERN BETWEEN RACES AND PRIMARY SITES IN COLORECTAL CANCER (CRC)

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Background POLE/POLD1 mutation leads to ultra-mutated phenotype in colorectal cancer (CRC) and could be a promising marker for immunotherapy.
Methods We sequenced 338 CRC patients in Asian and obtained 284 white CRC patients from TCGA.
Results The prevalence of POLE/POLD1 mutations were different in racial (6.51% vs 11.27%; P=0.036) (table 1). The right-sided colon shows the highest rate of POLE/POLD1 mutations in both group (50% vs 65.63%, P=0.251), while Asian has a higher rate in the left-sided colon than White (36.40% vs 9.38%, P=0.016). We further calculate the prevalence of POLE/POLD1 mutation in different primary sites

Abstract IDDF2020-ABS-0026 Table 1 The differences of POLE/POLD1 mutation in CRC

	Asian (n = 22/338)*	White (n = 32/284)*	*P*-value
Age (Mean)	56.36(49.82–62.90)	65.44(60.65–70.23)	0.422
Male, n (%)	11(50.00)	17(53.13)	0.821
Family history, n (%)	5(22.73)	5(26.32)	1.000
MSI-H, n (%)	11(50.00)	21(45.70)	0.737
mutPerMB(Mean)	118.82(77.58–160.05)	62.88(39.30–86.46)	0.436
TNM stage, n (%)			0.387
I	1(4.55)	5(15.63)	
II	15(68.18)	20(62.50)	
III	6(27.27)	5(15.63)	
IV	0(0.00)	1(3.13)	
Primary site			
Right-sided, n (%)	11(50.00)	21(65.63)	0.251
Cecum		9	
Ascending Colon	6	7	
Hepatic Flexure	1	1	
Transverse Colon	2	4	
Splenic Flexure	2		
Left-sided, n (%)	8(36.40)	3(9.38)	0.016
Descending Colon	4		
Sigmoid Colon	4	3	
Rectum, n (%)	3(13.6)	5(15.63)	0.851
Rectosigmoid Junction		1	
Rectum	3	4	
With muts, n/All Right-sided, n (%)**	11/94(11.70)	16/109(14.68)	0.533
With muts, n/All Left-sided, n (%)**	9/87(10.35)	1/66(1.51)	0.027
With muts, n/All Rectum, n (%)**	3/157(1.90)	5/68(7.40)	0.102

*: Patients with POLE/POLD1 mutation contrast with all including patients.
**: Rates of POLE/POLD1 mutation in primary site.

which proved prevalence are different depending on race (10.35% Asian vs 1.51% White; P=0.027).

Conclusions We firstly report primary sites and racial heterogeneity of POLE/POLD1 mutation in CRC to call for more attention when designing clinical trials and data analysis.

IDDF2020-ABS-0039 TO COMPARE THE TISSUE DIAGNOSTIC YIELD OF SOLID LESION BIOPSIES BASED ON THE HISTOPATHOLOGICAL ANALYSIS OF ENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE ASPIRATION (EUS–FNA) SAMPLES PRODUCED BY THE 19G PROCORE NEEDLE, STANDARD 19G NEEDLE AND 22G PROCORE NEEDLE

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Background EUS is a sensitive method for detecting intestinal and extra-intestinal mass lesions including lymphadenopathy. FNA allows evaluating cellular findings suggestive of malignancy but inflammation causes cellular changes undistinguishable from neoplasia solely based on the cytological evaluation, because tissue architecture and cell morphology are essential for accurate pathological assessment. Various EUS-guided techniques have been explored to retrieve tissue specimens with variable success and complication rates.

Methods All the Patients, above 18 years of age, having intestinal and extra-intestinal solid mass lesions including lymphadenopathy, were subjected to EUS guided FNA. Patients with cystic lesions refused to sign the informed consent and with coagulopathy (INR>1.5, Platelets <50000) were excluded from the study.

Results Total 215 patients were evaluated, out of which EUS-FNA was technically feasible in 210 (97.67%) cases. Three needle passes were made in every case. There was no significant difference between these three groups with regard to the age (p-value-0.676), gender (p-value-0.856), location (p-value-0.998), echogenicity (p-value-0.123), border (p-value-0.216), size (p-value-0.735 & 0.374) of the lesions and presence of calcification (p-value-0.093)or necrosis (p-value 0.729). Sample suitable for pathological evaluation was obtained in 90.5% cases with a tissue core in 45.7% cases. 28.1% lesions were malignant, 62.4% were benign and 9.5% remained undiagnosed. The histopathological diagnoses were possible in 87.1%, 90.0% and 94.3% cases respectively with 22G Procore, 19G Procore and 19G Standard needles (p-value-.350). Samples for the presence of blood clot in order of 19G procore (70.00%) > 22G procore (50.00%) > 19 G Standard (42. 8%),(P-value 0.003). There were no post-procedure complications noted in any group.

Conclusions Procore needles did not offer the extra possibility of obtaining a core sample for histopathological analysis in this study, but there is a high possibility of the presence of blood clots. Any of these three needles can be used for biopsy according to the availability and expertise of the endosonologist. The outcome depends on the experience of the endosonologist as well as the pathologist.

IDDF2020-ABS-0041 PANCREATIC NEUROENDOCRINE TUMORS: CORRELATION BETWEEN THE SONOGRAPHIC FEATURES AND THE PATHOLOGICAL TUMOR GRADE

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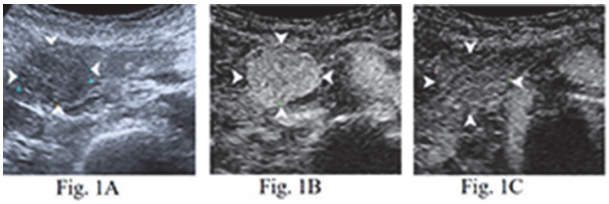
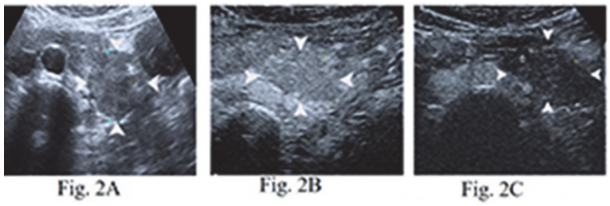
Background It is confirmed that patients' prognosis of pancreatic neuroendocrine tumors (pNETs) were different according to different pathological grades. Imagings may predict tumor grades. We intended to analyse the value of contrast-enhanced ultrasound (CEUS) in the pathological classification of pNETs.

Methods Eighty-six pNETs patients who underwent CEUS before pathologic diagnosis were retrospectively reviewed. Ultrasonographic features and enhancement pattern in each phase were analyzed among the three pathologic grades of pNETs.

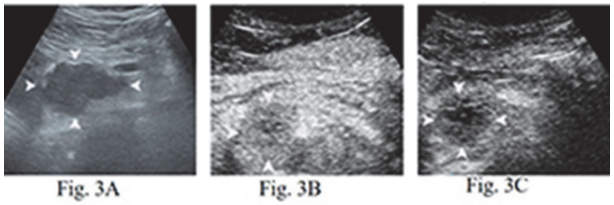
Results Eighty-six pNETs included 45 G1(52.3%), 29 G2 (33.7%), 12 G3 (14.0%). 48.9% (22/45) G1 tumors were less than 2 cm, while 93.1% (27/29) G2 and 100% (12/12) G3 were larger than 2 cm (G1 vs. G2, $p < 0.001$; G1 vs. G3, $p = 0.001$). 58.3% (7/12) G3 tumors had pancreatic duct dilatation and 41.7% (5/12) G3 had hepatic metastasis, which were more common than G1 tumors with both only 4.4% (2/45) had pancreatic duct dilatation or hepatic metastasis ($p < 0.001$, $p = 0.002$). On CEUS, G1 tumors ((figure 1A,1B) showed homogeneously hyper-enhancement in the early phase) more often menifested hyper- or iso- enhancement in the



Abstract IDDF2020-ABS-0041 Figure 1



Abstract IDDF2020-ABS-0041 Figure 2



Abstract IDDF2020-ABS-0041 Figure 3