n=4), while they were 1(20.8%,n=5), 2A (62.5%,n=15) and 2B(16.7%,n=4)in the the titanium ring clamp group. The complete resection rates of both groups were 100%. None of the patients had an intraoperative or delayed hemorrhage in the nylon rope group. And in the titanium ring clamp group, there were 5 patients had immediate bleeding during procedures which could be controlled by another titanium ring clamps soon. No delayed hemorrhage occurred in the titanium ring clamp group.

Conclusions It is more reliable, safe and effective to be treated by endoscopic electric coagulation combined with nylon rope than with titanium ring clamp in colorectal long-pedicle polyps.

IDDF2020-ABS-0089 APPLICATION OF TRADITIONAL CHINESE MEDICINE SITTING BATH IN ENDOSCOPIC HEMORRHOID LIGATION TREATMENT

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Background To explore the effect of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery.

Methods A total of 132 patients underwent endoscopic hemorrhoid ligation surgery from January 2018 to December 2019 were selected and randomly divided into a control group and an observation group, with 66 cases in each group. After the operation, the same oral and written health education was given to all patients, and a special bidet was distributed to take a sitting bath. The control group took a sitting bath with warm water while the observation group with warm Traditional Chinese Medicine(named Hemorrhoid bath net, contains ingredients such as Phellodendron amurense, Sophora flavescens, rhubarb, purslane, safflower, wormwood, etc. It has functions of clearing away heat and dampness, promoting blood circulation and removing blood stasis, killing insects and relieving itching). The sitting bath was taken with a temperature of 38~42°C and time of 15~20 minutes per day and maintained for 2 weeks. Patients were followed up for the degree of postoperative bleeding and peak pain, disappearance time of pain and anal bloating, and operation rate of re-ligation within six months. Hemorrhoid hemorrhage scoring standard: 0 points for no blood in stool, 1 points for blood-stained paper, 2 points for 1–7 blood drops, 3 points for over 10 blood drops. VAS pain score standard: 0 points for painless, 10 points for severe pain, and the middle indicates different degrees of pain.

Results Comparing observation group with the control group, the differences in postoperative bleeding degree (1.05 ± 0.42 vs 1.89 ± 0.77 points), peak pain (3.52 ± 0.67 vs 4.96 ± 0.98 points), time of pain disappearance (3.66 ± 0.54 vs 4.83 ± 1.24 days), time of anal bulging sensation disappearance (5.35 ± 1.14 vs 7.02 ± 1.47 days) and operation rate of re-ligation within half a year (1.52% vs 3.03%) were statistically significant ($P < 0.05$).

Conclusions Using of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery can effectively reduce postoperative bleeding, relieve postoperative pain and anal bloating, and lower down the operation rate of re-ligation.

IDDF2020-ABS-0093 STATIN USE AND RISK OF POST-ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP) is one of the most feared complications of ERCP. Much attention has been given on the pharmacologic prevention of this serious adverse event. Evidence suggests that statins may exhibit anti-inflammatory properties in the pancreas, but studies have conflicting results on its role on the prevention of PEP. This study aims to investigate whether the use of statins has a protective effect against PEP.

Methods A comprehensive, computerized literature search from the PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: statins, lipid-lowering drugs, post-ERCP pancreatitis, pancreatitis, PEP, and prevention. Four cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Four cohort studies comprising of 5832 patients were analyzed. In the random effects model, the pooled odds ratio (OR) of PEP occurrence was 0.73; 95% CI (0.36–1.45). The pooled data of the four studies showed a trend towards a beneficial effect of statin use and decreasing risk of PEP but did not show a protective effect of the statin. Likewise, there was a substantial degree of heterogeneity ($I^2 = 87\%$). Subgroup analysis was done, which include two studies on chronic statin use defined as use for more than six months. It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.30–0.57) using the random effects model, thereby signifying a protective effect of the drug. The subgroup analysis has also resulted to a statistical homogeneity of the trials ($I^2 = 0\%$).

Conclusions Chronic statin use for more than six months has a protective effect against PEP. This meta-analysis has shown the potential role of statins as prophylactic agents for PEP. However, further prospective randomized studies are recommended to confirm this relationship.

IDDF2020-ABS-0094 USE OF GASTRIC ACID SUPPRESSANTS AND RISK OF DISEASE ACTIVITY EXACERBATION IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Gastric acid suppressants such as proton pump inhibitors (PPI) and histamine 2 receptor antagonists (H2RA)

are common gastrointestinal medications used to manage symptoms of acid-related diseases. Studies have shown that these medications are associated with increased risk of pneumonia, vitamin deficiency, osteoporosis and fractures. Few studies have described the potential risk of inflammatory bowel disease (IBD) exacerbation among patients on gastric acid suppressants but little is known on its association. This study aims to investigate the effect of the use of gastric acid suppressants (PPI and H2RA) in the risk of IBD (Crohn's disease and ulcerative colitis) exacerbation.

Methods A comprehensive, computerized literature search from the electronic database of MEDLINE, Google Scholar, Cochrane Library, and OVID was performed with the following search terms: gastric acid suppressants, proton pump inhibitors, histamine 2 receptor antagonists, inflammatory bowel disease, Crohn's disease, ulcerative colitis, outcomes, and disease activity exacerbation. Two cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model using pooled relative risks (RRs). The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Two cohort studies comprising of 36,293 patients were analyzed by pooling adjusted RRs using random effects model. Disease activity exacerbation was associated with the use of gastric acid suppressants with pooled adjusted RR 1.14 [95% CI, 1.08–1.20, I²=0%] with no heterogeneity. The pooled adjusted RR of IBD activity exacerbation with PPI use was 1.12 [95% CI, 1.05–1.19, I²=0%] for any IBD, while the pooled adjusted RR of disease activity exacerbation with H2RA use was 1.21 [1.04–1.40, I²=42%] for IBD, with moderate heterogeneity. The effect of acid suppression was more marked in patients with Crohn's disease, RR 1.44 [0.89–2.33, I²=77%], but this was statistically insignificant with marked heterogeneity; than in ulcerative colitis RR 1.12 [1.05–1.20, I²=0%].

Conclusions Use of gastric acid suppressants such as PPIs and H2Ras may be associated with increased risk of disease activity exacerbation in patients with IBD. This meta-analysis confirms the need for further prospective studies in examining this relationship.

IDDF2020-ABS-0095

ANALYSIS OF PREDICTIVE FACTORS FOR R0 RESECTION, IMMEDIATE BLEEDING AND RECURRENCE OF COLORECTAL ADENOMAS AFTER ENDOSCOPIC MUCOSAL RESECTION

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Background Larger colonic polyps require advanced resection techniques such as endoscopic mucosal resection (EMR) for safe and effective removal. There has been a steady accumulation of scientific evidence with regards to the technical aspects and long-term outcomes of colonic EMR compared with surgery. This study aims to determine the predictive factors of different clinical outcomes post-EMR and the diagnostic yield of JNET classification.

Methods A retrospective cohort study was done on all patients who underwent colorectal EMR at the St. Luke's Medical Center Global City within a 4-year period from 2015 to 2018. The diagnostic yield of JNET classification and clinical outcomes namely R0 resection, complications and recurrence of lesions were studied.

Results A total of 282 patients were studied. The R0 resection rate was 96.3% for lesions resected en bloc. 15.2% had a complication, most commonly intraprocedural bleeding which were successfully managed endoscopically. 10.7% had recurrence post-EMR on their surveillance colonoscopy. The JNET classification exhibited good sensitivity for Type 1 (71.8%) and Type 2A (91.9%) and good specificity for Type 1 (96.9%) and Type 2B (95.5%). Accuracy was high at 91.02% for Type 1, 80.24% for Type 2A and 89.22% for Type 2B.

Conclusions EMR is an important advancement in the field of therapeutic endoscopy with good clinical outcomes sparing patients from surgery. A larger lesion size of >20 mm is associated with both positive resection margin and post-EMR complications. Main predictors of recurrence include a non-granular morphology of a resected polyp and piecemeal resection. The JNET classification has a high diagnostic accuracy rate; hence is a good endoscopic tool for characterization of lesions.

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CLINICAL STUDY ON SIMPLIFIED ENDOSCOPIC SUBMUCOSAL DISSECTION FOR COLORECTAL LATERALLY SPREADING TUMORS

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Background To evaluate the efficacy and safety of Simplified Endoscopic Submucosal Dissection (SESD) for colorectal laterally spreading tumors (LSTs).

Methods Patients of colorectal laterally spreading tumors (LSTs) with a diameter of over 2 cm from January 2017 to January 2019 were enrolled in our study. Patients were assigned to 2 groups according to endoscopy procedures, the SESD group and ESD group. SESD includes three steps, 1) pre-cut circularly around the tumors, 2) dissected the

Abstract IDDF2020-ABS-0095 Table 1 Risk factors associated with clinical outcomes post-EMR

Positive Resection Margin	Complications (Bleeding or Perforation)	Recurrence
- Gross lesion size >20 mm	- Use of hybrid EMR technique	- Piecemeal resection
- Presence of submucosal fibrosis	- Gross lesion size >20 mm	- Non-granular morphology of a laterally spreading tumor
- Histopathologic size >20 mm	- Non-granular morphology of a laterally spreading tumor	
- Moderately differentiated adenocarcinoma on histopathology	- Histopathologic size of >20 mm	
	- Use of saline and methylene blue as lifting agents	