Secondary outcomes were safety and the recurrence rate. Meta-regression and subgroup analysis were also performed.

Results A total of 36 studies, including 3212 polyps were included in the final analysis. Overall, the efficacy of resection methods with a submucosal uplifting effect, including endoscopic mucosal resection (EMR), cold EMR and underwater EMR, was better than that of non-submucosal uplifting methods [CRR 90% (95% CI 0.81–0.94, I^2=84%) vs 82% (95% CI 0.78–0.85, I^2=0%); EBRR 85% (95% CI 0.79–0.91, I^2=83%) vs 74% (95% CI 0.47–0.94, I^2=94%)] (figure 1). In terms of safety, the pooled data showed that hot resection (hot snare polypectomy and EMR) had a higher risk of early bleeding compared to cold resection [3% (95% CI 0.01–0.05, I^2=68%) vs 0% (95% CI 0.01–0.01, I^2=0%)], while the incidence of perforation and polypectomy were both low. Critical heterogeneity was observed in the main outcomes.

Conclusions Methods with submucosal uplifting effects for 10- to 20-mm non-pedunculated colorectal polyps are more effective, and cold resection may be safer. Additional research is needed to prove the advantages of these methods, especially cold EMR, in this area.

**IDDF2020-ABS-0175** CHRONIC RECURRENT GERD ASSOCIATED WITH INTESTINAL PARTIAL OBSTRUCTION IN DISSEMINATED TUBERCULOSIS

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Background Indonesia is a tuberculosis endemic high burden country. Peritoneal dry type and intestinal type is the most extrapolmonary tuberculosis. The number of disseminated tuberculosis adult patients complained chronic recurrent burning sensation in chest and epigastrum (heartburn), food and sour liquid regurgitation, some with the sensation of a lump in throat and difficulty swallowing as symptoms of GERD (Gastro-esophageal Reflux Disease). The aim of this study is to know if GERD symptoms associated with intestinal tuberculosis and whether tuberculosis treatment will cure GERD.


Results Total 1224 adult disseminated tuberculosis with chronic recurrent GERD history in addition of epigastrum tenderness, abdominal distention, chronic diarrhoea or obstipation, chronic recurrent colic abdomen pain in dullness area, doughy abdomen & &amp; board phenomena according to dry type peritoneal tuberculosis. Small bowel ultrasound found a lot of gas in the proximal to the affected intestine; On the dullness pain area: a/hypoperistaltic, irregular thickened heterogenic hypo-echoic intestinal wall, loss differentiation of the wall layers, the margin of the intestinal wall affected is difficult to distinguish from the affected intestinal wall next to it and narrowed of the lumen in addition of several round/oval nodular structures (patchy hyper echoic non-shadowed with an irregular rim of lower echo density) within intestinal wall affected suggestive tuberculoma process (figure 1). All patients received anti-tuberculosis treatment as well as proton pump inhibitor if necessary, eating frequent small portion meals, avoid spicy and acid food, soda, coffee, or alcohol, smoking as well as drugs that irritate the stomach. During 9–12 months of the anti-tuberculosis treatment, GERD symptoms disappear gradually within several months, according to peristalsis and intestinal lumen improvement.

Conclusions In endemic tuberculosis country, GERD could be associated with intestinal partial obstruction due to tuberculosis. Complete tuberculosis treatment can cure GERD too.

**IDDF2020-ABS-0184** DIFFERENCES OF ADENOMA DETECTION RATE (ADR) BETWEEN HIGH DEFINITION COLONOSCOPES – A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Data were abstracted by one certified ultrasound internal medicine specialist.

Abstract IDDF2020-ABS-0175 Figure 1 Intestinal Partial Obstruction due to tuberculosis
Background A high-quality screening colonoscopy is critical in the prevention and early detection of colorectal cancer. Hence, several innovations and techniques have been proposed to potentially improve the quality of colonoscopy. One of which is the use of new generation high definition colonscopes to increase the adenoma detection rate (ADR). This study aims to determine the difference of ADR between the new generation high definition colonscopes.

Methods This is a single-centre, retrospective cross-sectional study that compares the ADR with screening colonoscopies using 180/190 series Olympus colonscopes and 290 series Olympus colonscopes. A review of endoscopy database over a 6 month period (January 2019 to June 2019) was done. Asymptomatic patients, age 50 – 75 years, classified as average risk for developing colon cancer, who had their index colonoscopy performed by experienced endoscopist were included.

Results A total of 197 out of 340 patients reviewed met the inclusion criteria. 64% of colonoscopies were performed using the 290 series Olympus colonscopes. The majority of included patients are male, 77% of patients in the 180/190 series group and 53% of patients in the 290 series group. The ADR using the 180/190 series Olympus colonoscopy group is 25% (95% CI of 17%-37%) as compared to 45% (95% CI of 27%-54%) using the 290 series Olympus colonscopes. The difference is statistically significant with a p-value (95% CI of 27%-54%) using the 290 series Olympus colonoscopy group.

Conclusions The 290 series Olympus colonscopes showed a statistically significant higher adenoma detection rate as compared to the 180/190 series Olympus colonscopes. This reflects a significant difference between the new generation high definition colonscopes in terms of ADR.

Background Diarrhea is one of the most common gastrointestinal symptoms in human immunodeficiency virus (HIV) infection. It is associated with significant morbidity and mortality. Probiotics have been studied as an alternative and adjunct treatment for diarrhea in children. Selected Lactobacillus strains have shown to reduce the severity and duration of diarrhea. This study analyzes the effect of probiotics on the immune function of HIV patients with diarrhea.

Methods A comprehensive, computerized literature search from PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: probiotics, human immunodeficiency virus, acquired immunodeficiency disease, diarrhea and gastroenteritis. Two randomized controlled trials (RCT) were selected and validated using GRADE criteria. Trial results were combined under a random-effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Two RCT comprising 127 patients were analyzed. In the random-effects model, the pooled odds ratio (OR) of diarrhea was 0.53; 95% CI (0.16–1.80) with homogeneity at I² = 41%. The pooled data of the two studies showed a trend towards a beneficial effect of probiotics and resolution of diarrhea but did not show a protective effect of the probiotic

Conclusions There is no clear association on the effect of probiotics and diarrhea in HIV patients. This meta-analysis confirms the need for further studies on examining the relationship of probiotics and HIV-related diarrhea.