Methods Borderline advanced malignancy patient underwent diagnostic workup and was found to have adenocarcinoma uncinate. He underwent palliative double bypass and NACT. Post-NACT reassessment was done, which showed a resectable uncinate mass with the dilated pancreatic duct. Curative resection -Whipple’s pancreaticoduodenectomy was done. Biopsy showed -complete response. 

The postsurgery-controlled pancreatic fistula was managed conservatively, but afferent loop of GJ and leakage developed which was treated initially with prolonged conservative treatment. After the failure of conservative TT it was operated and adhesions lysed with jejunojununal bypass was done. Still patient had 10 ml leakage from drain site pancreaticojunostomy or gastrojejunojumostomy leak. Again conservative TTT was done but failed. Fistula was located by percutaneous tube and fibrin glue injection was done to heal the fistula tract which succeeded, but later again, 5 ml occasional discharge lead to exploration and fistula finally healed. The patient remained in follow up to 2.5 yrs since diagnosis and 1.5 yrs since the curative surgery, without any recurrence.

Results The patient remained disease-free for 1.5 yrs post curative surgery and 2.5 yrs since diagnosis. The gastrojejunaula healed after multiple interventions.

Conclusions The multispecialty approach gives the best results in borderline advanced uncinate malignancy. Persistence leads to the cure of any GI surgical issues in patients. Prolonged survival can be expected in curative surgery of post-NACT carcinoma uncinate. A complete response can be seen in uncinate malignancy cases.

IDDF2020-ABS-0193 UNDIFFERENTIATED-TYPE-PREDOMINANT MIXED-TYPE IS MORE AGGRESSIVE THAN PURE UNDIFFERENTIATED-TYPE IN EARLY GASTRIC CANCER: A META-ANALYSIS

Peng Yang*. Changzhou No.2 People's Hospital, China

10.1136/gutjnl-2020-IDDF.115

Background Previous studies show that Differentiated-type-predominant Mixed-type(MD) Early Gastric Cancer(EGC) shows more aggressive behavior than Pure Differentiated-type(PD) EGC. However, the biological behavior of Undifferentiated-type-predominant Mixed-type(MU) EGC and Pure Undifferentiated-type(PU) EGC are controversial. The aims of this meta-analysis were to compare the biological behaviour between MU EGC and PU EGC.

Methods We systematically searched PubMed and Embase for relevant studies published up to June 2020. Eligible data were extracted, the pooled results were expressed with odds ratios (ORs) and 95% confidence intervals (95% CIs) using Stata software, version 15.1.

Results In total, 8 studies were included in this analysis. MU EGC had a significantly higher lymph node metastasis(LNM) risk (OR, 2.66; 95% CI, 2.24–3.18), submucosal invasion risk (OR, 2.44; 95% CI, 1.55–3.84), and lymphovascular invasion risk (OR, 2.66; 95% CI, 2.08–3.41) compared with PU EGC. Otherwise, stratified by country, a significantly higher lymph node metastasis(LNM) risk (OR, 2.56; 95% CI, 2.15–3.05), submucosal invasion risk (OR, 3.72; 95% CI, 1.08–12.78), and lymphovascular invasion risk (OR, 2.77; 95% CI, 2.14–3.58) correlative to MU EGC were found in Japan studies.

Conclusions Our study identifies MU EGC had an increased risk of submucosal invasion, lymphovascular invasion and LNM compared with PU EGC, which indicated that we should pay more attention to patients with MU EGC in clinical management.