**IDDF2020-ABS-0220** SYSTEMATIC REVIEW WITH META-ANALYSIS: ASSOCIATION OF OBESITY AND IRRITABLE BOWEL SYNDROME

Wei Jian Neo*, 1Shu Hui Ngo, 2Wai Mun Loo, 2Alex Yu Sen Soh, 3Jonathan Wei Jie Lee, 3Evelyn Xiu Ling Loo, 3Ying Wei Khor, 3Roger Chun Man Ho, 3Kevin Tien Ho Siah, 1Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore; 2Division of Gastroenterology and Hepatology, University Medicine Cluster, National University Health System, Singapore; 3Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore, Singapore; 4Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

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**Background** While many studies have found an association between irritable bowel syndrome (IBS) and obesity, many others did not. Hence, this systematic review with meta-analysis aims to evaluate the relationship between obesity and IBS, and determine whether obesity correlates differently with the various IBS endotypes.

**Methods** A systematic review of published literature was conducted in concordance with the PRISMA guidelines and followed by a meta-analysis of relevant studies using the random-effects model. The 34 included studies assessed obesity among non-IBS controls and IBS subjects, either as continuous or dichotomous outcomes, using body mass index (BMI) and waist circumference (WC). The standardized mean difference (SMD) and 95% confidence interval (CI); and the odds ratio (OR) and 95% CI were obtained for continuous and dichotomous outcomes respectively. Meta-regression was performed to identify sources of heterogeneity.

**Results** We found a weak association between IBS and obesity, but this was not statistically significant. For BMI, the overall SMD was +0.227 (95% CI: –0.093 to 0.547, p = 0.164) and OR was 1.312 (95% CI: 0.974 to 1.767, p = 0.074).

For WC, the overall SMD was +1.020 cm (95% CI: –0.021 to 2.061, p = 0.093) and OR was 1.768 (95% CI: 1.312 to 2.380, p = 0.002). Significant heterogeneity was identified (p < 0.001). Meta-regression performed by sensitivity indices.

**Conclusions** In conclusion, our systematic review with meta-analysis of 50 studies did not support the exploration of shared pathophysiology between IBS-D and obesity.

**IDDF2020-ABS-0221** ASCITIC FLUID CHOLESTEROL IS A USEFUL MARKER TO RULE OUT MALIGNANT ASCITES

Sagar Walinjkar*, Anil Arora, Ashish Kumar, Praveen Sharma, Naresh Bansal. Institute of Liver, Gastroenterology and Pancreaticobiliary Sciences, Sir Ganga Ram Hospital, India

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**Background** Diagnosis of malignant ascites is a clinical challenge. The gold standard method for diagnosis is with cytology; however, it has low sensitivity, is observer-dependent, and may require repeated paracentesis. Recently, some studies showed that high ascitic fluid cholesterol level could be a marker of malignant ascites and thus can differentiate between benign and malignant ascites. This study aimed to assess and evaluate the diagnostic accuracy of ascitic fluid cholesterol level in differentiating malignant from non-malignant ascites.

**Methods** We prospectively studied patients of ascites, who were admitted in from February 2019 to July 2019. Ascitic fluid cholesterol of all patients was sent along with cytology for malignant cells. Malignancy was proven by tissue diagnosis (peritoneal biopsy or EUS guided abdominal lymph node FNA or cytology of ascitic fluid). Patients with spontaneous bacterial peritonitis, tubercular ascites and pancreatic ascites were excluded.

**Results** A total of 50 patients of ascites were included in the study, and of these 11 patients had malignant ascites as proved by peritoneal biopsy or EUS guided abdominal lymph node biopsy or by ascitic fluid cytology. On taking a cut-off of 30 mg/dL of ascitic fluid cholesterol level, it was found that 9 of 11 patients (81.8%) of malignant ascites had high cholesterol values; however, only 8 of 39 patients (20.5%) of non-malignant ascites had high cholesterol values (p < 0.05). The sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of ascitic fluid cholesterol for diagnosing malignant ascites were 81.81%, 79.48%, 52.94%, 94%, and 80% respectively.

**Conclusions** Ascitic fluid cholesterol has high negative predictive value for ruling out malignancy-related ascites and thus can be used as an excellent biochemical investigation to rule out malignant ascites.

**IDDF2020-ABS-0223** AN ANALYSIS OF ADVERSE EFFECTS OF THALIDOMIDE TREATMENT IN INFLAMMATORY BOWEL DISEASE WITH PERIPHERAL NEURITIS

Xiang Peng*, Jiayin Yao, Jun Deng, Department of Gastroenterology, the Sixth Affiliated Hospital, Sun Yat-sen University, Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Disease, China

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**Background** Thalidomide has been gradually recognized in the treatment of IBD because of its anti-angiogenesis and immuno-modulatory effect. The safety and adverse reactions of thalidomide have also attracted considerable attention. This study aims to analyze the peripheral neuropathy associated with thalidomide in IBD and to provide guidance for safe use.

**Methods** We analyse 176 patients with IBD. They have suffered from peripheral neuritis due to thalidomide treatment. The peripheral nerve symptoms were evaluated, the electromyography was performed, and the dose-effect relationship of neurotoxicity was analyzed.

**Results** 70 patients had symmetrical numbness of hand or foot, of which 57 had abnormal electromyogram. 51.8% (55/106) of the patients without peripheral nerve symptoms still had abnormal electromyogram. Abnormal electromyogram usually occurred at 15 months in patients with clinical symptoms, which was significantly earlier than that in asymptomatic patients (15.4±16.36 vs 21.63±16.27, P = 0.016). In patients with an abnormal electromyogram, the daily dose was 0.084 ± 0.023, the cumulative use time was 19.22±16.6 months, and the cumulative dose was 65.26±90.99 g, while in patients with a normal electromyogram, the daily dose was 0.080 ± 0.021 g, the cumulative use time was 19.63 ± 16.4 months,