Abstract P40 Table 1

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>mvOR</th>
<th>95%CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>• &lt;60</td>
<td>1.51</td>
<td>1.10–</td>
</tr>
<tr>
<td>• 60–74</td>
<td>2.29</td>
<td>2.06</td>
</tr>
<tr>
<td>• &gt;74</td>
<td>1.36</td>
<td>3.85</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Male</td>
<td>1.31</td>
<td>0.99–</td>
</tr>
</tbody>
</table>

Referral route

* Screening
  • 0.22 0.16–1.00
* Symptomatic
  • 0.29
* Alcohol excess
  • 1 1.00
* No
  • 2.05 1.26–3.33
* Yes
  • 3.33
* Type II
  • 1
* Diabetes**
  • 1.47 0.99–2.19
* No
  • 2.05 1.26–3.33
* Yes
  • 3.33
* Hypertension**
  • 1
* No
  • 1.50 1.11–2.06
* Yes
  • 2.03

*F >14 units/week, M >21 units/week
**Pre-existing diagnosis

457 patients (31.9%) had colorectal adenomas, 170 (11.9%) had advanced adenomas, and 59 (4.1%) had CRC. Statin use, smoking, metabolic syndrome, abnormal fatty liver index and ALT level were significantly associated with adenoma in univariate analysis, but not in the multivariable model. Variables in the final multivariate model are displayed below. Neither obesity nor NAFLD (established diagnosis; patient reported or in medical notes) were independently associated with adenoma risk in univariate or multivariate analysis (1.9% vs 1.8% vs 1.8%). Obesity (adiposity variable [mv]) OR 1.14 [95%CI 0.9–1.4]; NAFLD: mvOR 0.7 [95%CI 0.3–1.5]).

Conclusions Older age, referral route, alcohol excess and hypertension were significantly associated with colorectal adenoma. After accounting for these factors, obesity and NAFLD were not independently associated with adenoma. Further work is exploring adenoma burden and more detailed modelling.

REFERENCES

P41 ENDOSCOPIC MANAGEMENT OF A SYMPTOMATIC ILEAL LIPOMA FACILITATED BY SALINE-IMMERSION THERAPEUTIC ENDOSCOPY AT DOUBLE-BALLOON ENTEROSCOPY


10.1136/gutjnl-2020-bsgcampus.116

P42 EVOLUTION OF THE POCKET CREATION METHOD SALINE-IMMERSION THERAPEUTIC ENDOSCOPY ASSISTED ENDOSCOPIC SUBMUCOSAL DISSECTION

Edward J Despott, 1Claudia Coppo, 1Nikolaos Lazaridis, 1Alexandros Skamnelos*, 1Deborah Costa, 1Regina Raymond, 1Nikolaos Koukias, 1TuVinh Luong, 1Jennifer Watkins, 1Alberto Murino. 1Royal Free Unit for Endoscopy, The Royal Free Hospital, University College London (UCL) Institute for Liver and Digestive Health, London, UK; 2Department of Cellular Pathology, The Royal Free Hospital, University College London (UCL) Institute for Liver and Digestive Health, London, UK.

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Lipomas of the gastrointestinal (GI) tract are common, benign and usually present as innocuous findings. Larger ones (>2 cm in diameter), particularly those involving the ileum, may present with clinical symptoms such as abdominal pain (caused by intussusception) and iron deficiency anaemia (IDA) or obscure GI bleeding (OGIB) (caused by overlying mucosal ulceration); these cases warrant intervention and often end up being referred for surgery. We describe a minimally invasive endoscopic alternative to surgical resection for the management of these lesions.

A 60-year-old man presented with recurrent, cramping abdominal pain and OGIB. A magnetic resonance enterography (MRE) revealed a 2.5 cm submucosal lesion in the distal ileum, in keeping with a large lipoma. In light of these findings and the clinical presentation, we perform a saline-immersion retrograde DBE under conscious sedation, for further evaluation and minimally invasive, definitive endotherapy.

At DBE the lesion was identified at around 40 cm proximal to the ileocecal valve. The endoscopic appearances revealed a 2.5 cm sessile submucosal, lumen-filling lesion with a positive ‘pillow sign’. Although the overlying mucosa appeared mostly unremarkable, a small, healed ulcer (which would account for the patient’s IDA and OGIB) was identified on the medial surface of the lesion.

Endotherapy was deemed feasible and this was facilitated by the buoyancy properties provided by SITE. In order to reduce the risk of perforation and bleeding, an endoscopic loop lighting device was first deployed tightly at the base of the lesion. A ball-tip, needle-type endoscopic submucosal dissection (ESD) knife was then used to incise and unroof the lesion. This allowed for exposure and spontaneous extrusion of the lipomatous tissue (already under pressure from the loop-lighting device). Saline-immersion allowed for maintenance of a clear visual field, through avoidance of clouding of the endoscopic lens and flotation of extruded micelles of fatty tissue. A submucosal tattoo and a clip were placed as an endoscopic alternative to surgical resection for the management of these lesions.

Our case demonstrates the safety and usefulness of minimally invasive endotherapy of symptomatic large ileal lipomas. The combination of DBE with SITE-facilitated unroofing, after securing the lipoma’s base with a loop-ligation device, allows for safe, spontaneous extrusion of the benign lipomatous tissue and avoids the need for operative surgery in symptomatic patients.
Endoscopic submucosal dissection (ESD) is a potentially curative, minimally-invasive alternative to major surgery for the endoscopic management of superficial gastric and colorectal neoplasms. Due to its several advantages pocket-creation method (PCM) appears to simplify ESD. Since 2017, we have combined PCM with saline-immersion therapeutic endoscopy (SITE), as this could improve view quality (through refractive magnification, and minimal lense fogging) and lesion lifting (through buoyancy).

The aim of our study is to review our experience of SITE-PCM-ESD cases from July 2017 to November 2019. Demographic, endoscopic, histopathological data were analysed. ESDs were performed in 39 patients, mean age: 65-years. Six lesions were removed from the stomach, 1 from the caecum, 6 from the ascending colon, 14 from the sigmoid and 12 from the rectum. En-bloc pure-SITE-PCM-ESD resection was achieved in 28 patients (71.79%); in 3 patients (7.69%) the procedure was not completed due to the suspicion of invasive malignancy and these patients were referred for surgery.

Details of the cases managed by pure SITE-PCM-ESD are described as follows. Median specimen size was of 38 mm. Histopathological examination showed: 2 villous-adenomas with low-grade dysplasia, 7 tubular-adenomas with low-grade dysplasia, 3 tubular-adenomas with high-grade dysplasia, 2 tubulovillous-adenomas with high-grade dysplasia, 11 tubulovillous-adenomas with low-grade dysplasia, 1 adenocarcinoma, 7 neuroendocrine tumors, 1 serrated-adenoma with low-grade dysplasia, 3 tubular-adenomas with low-grade dysplasia, 7 tubular-adenomas with low-grade dysplasia, 1 hyperplastic gastric polyp and 1 sessile-serrated lesion without dysplasia. R0-resection rate was 94.44%. Lymphovascular infiltration was suspected in the one case of malignancy (2.56%). Two patients suffered from early post-procedural rectal bleeding, warranting further endotherapy; no further complications were identified. To date, 28 patients (77.77%) have completed endoscopic follow-up; none of these patients have presented any evidence of disease recurrence.

Our series of SITE-PCM-ESD showed favorable results in term of efficacy and safety. Further comparative randomised control studies are required to further evaluate potential advantages of this technique.