differences between the control and intervention groups regarding secondary outcomes.

Conclusions FFI and personalized BP regimens improve the rate of adequate BP, especially in patients with a higher risk for inadequate BP. As such, inpatients would benefit from this novel approach for better BP to ultimately improve the quality of colonoscopies.

IDDF2021-ABS-0121

CLINICAL AND SUBCLINICAL CHARACTERISTICS OF ACUTE PERIPANCREATIC FLUID COLLECTIONS IN ACUTE PANCREATITIS

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10.1136/gutjnl-2021-IDDF.145

Background Acute peripancreatic fluid collection is the most frequent complication of acute pancreatitis, 30% - 50%.

Objectives To investigate the clinical and subclinical characteristics of acute peripancreatic fluid collections in acute pancreatitis and some factors related to the formation of acute peripancreatic fluid collections

Methods A prospective descriptive study of 117 patients diagnosed with acute pancreatitis with acute peripancreatic fluid collections according to the 2012 revised Atlanta classification at Hanoi Medical University Hospital from August 2018 to June 2021.

Results The mean age of patients in the study group was 42 years old. Ratio male/female: 8/1. The proportion of alcoholic etiology (60%) in patients with acute peripancreatic fluid collections was significantly higher compared to other etiologies ($p < 0.01$). Abdominal pain was found in 100% of patients (IDDF2021-ABS-0121 Figure 1. Clinical symptoms in the group with acute peripancreatic fluid collections). The level of pain according to VAS scale on admission in grade E was significantly higher, compared in grade D (5.2 ± 1.3 vs. 4.6 ± 1.2 , $p < 0.01$). Abdominal distention, fever, organ failure in grade E were significantly higher than in grade D, respectively

Abstract IDDF2021-ABS-0121 Table 1 Clinical features biochemical parameters association with CT severity

Variable	Total (N=117)	Grade D (N=61)	Grade E (N=56)	p-value
Abdominal distention	82.1%	75.4%	91.1%	0.025
Fever	38.5%	29.5%	48.2%	0.038
Abdominal wall resistance	25.6%	19.7%	32.1%	0.123
Abdominal pain (VAS)	4.9 ± 1.3	4.6 ± 1.2	5.2 ± 1.3	0.009
CRPhs (mg/dl)	11.2 ± 11.8	9.4 ± 10.1	13.2 ± 13.2	0.147
Hematocrit (%)	44.6 ± 5.0	43.8 ± 3.8	45.5 ± 5.9	0.070
White blood cell (G/L)	13.6 ± 4.2	13.2 ± 4.1	14.0 ± 4.3	0.301
Calcium (mmol/l)	2.1 ± 0.2	2.2 ± 0.1	2.0 ± 0.3	0.000
Blood urea (mmol/l)	4.2 ± 2.0	4.1 ± 1.5	4.4 ± 2.6	0.784
Creatinin (μ mol/l)	70.6 ± 24.9	71.3 ± 21.3	69.8 ± 28.7	0.213
Lactat (mmol/l)	2.5 ± 1.5	2.2 ± 1.1	2.8 ± 1.7	0.069
LDH (IU/L)	236.0 ± 201.0	186.6 ± 96.7	281.3 ± 255.8	0.010
Amylase (IU/L)	565.0 ± 719.1	501.3 ± 728.4	629.9 ± 710.6	0.004
LDH lactate dehydrogenase				

91.1% vs. 75.9%, 48.2% vs 29.5%, 16.1% vs 4.9%, $p < 0.05$. (IDDF2021-ABS-0121 Table 1, IDDF2021-ABS-0121 Table 2). Serum calcium levels in grade E was significantly lower than in grade D (2.0 ± 0.3 vs 2.2 ± 0.1 mmol/l, $p < 0.01$). LDH was significantly higher in grade E, compared to grade D, 281.3 ± 255.8 vs 186.6 ± 96.7 IU/L, $p < 0.05$. (IDDF2021-ABS-0121 Table 1, IDDF2021-ABS-0121 Table 2). SIRS score ≥ 2 and HAPS > 0 had high rates of 73.3% and

Abstract IDDF2021-ABS-0121 Table 2 Other complications

Complications	Total (N = 117)	Grade D (N = 61)	Grade E (N = 56)	p-value
Abdominal complications				
Thrombosis	3 (2.6%)	0	3 (2.6%)	
Organ failure				0.047
Total	12 (10.2%)	3 (4.9%)	9 (16.1%)	
Respiratory failure	10 (8.5%)	2 (3.3%)	8 (14.3%)	
Renal failure	2 (1.7%)	1 (1.6%)	1 (1.8%)	

Abstract IDDF2021-ABS-0121 Table 3 CT grading of acute peripancreatic fluid collections according to severity

Variable	Total	Grade D	Grade E	p-value
CRPhs > 15 (mg/dl)	35/104 (33.7%)	18/55 (32.7%)	17/49 (34.7%)	0.832
SIRS ≥ 2	85/116 (73.3%)	36/61 (59.0%)	49/55 (89.1%)	0.000
HAPS > 0	98/116 (84.5%)	48/61 (78.7%)	50/55 (90.9%)	0.069
BISAP ≥ 3	5/116 (4.3%)	2/61 (3.3%)	3/55 (5.5%)	0.667
JSS ≥ 3	19/70 (27.1%)	7/31 (22.6%)	12/39 (30.8%)	0.444

SIRS systemic inflammatory response syndrome, HAPS harmless acute pancreatitis score, BISAP bedside index for severity in acute pancreatitis, JSS Japanese severity score

Abstract IDDF2021-ABS-0121 Table 4 Frequency of detecting acute peripancreatic fluid collections on ultrasound and on CT

Location	Ultrasound (N=71)		CT (N=117)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Around the pancreas	55	77.5	113	96.6
Left anterior pararenal space	17	23.9	69	59
Right anterior pararenal space	12	16.9	41	35
Hepatorenal recess	11	15.5	6	5.1
Splenic hilum	16	22.5	25	21.4
Right paracolic gutter	17	23.9	38	32.5
Left paracolic gutter	17	23.9	50	42.7
Mesenteric root	6	8.5	18	15.4
Pouch of douglas	22	31	35	29.9
Omental bursa	1	1.4	7	6

Abstract IDDF2021-ABS-0121 Table 5 Logistic regression multivariate of risk factors for the degree of acute peripancreatic fluid collections

Variable	p-value	B	Exp (B)	95% CI
Calcium	0.001	-6.61	0.001	0.000-0.063
SIRS ≥ 2	0.026	1.34	3.819	1.177-12.392

Abstract IDDF2021-ABS-0121 Figure 1

84.5%, respectively. SIRS score ≥ 2 in grade E was significantly higher than in grade D (89.1% vs 59.0%, $p < 0.01$). (IDDF2021-ABS-0121 Table 3).

Conclusions Alcohol was the most common etiology. Hypocalcemia and SIRS score ≥ 2 correlated significantly with the occurrence of more acute peripancreatic fluid collections.

IDDF2021-ABS-0124 PREDICTORS OF COMPLICATIONS AND WEIGHT LOSS FOLLOWING INTRA GASTRIC BALLOON INSERTION

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10.1136/gutjnl-2021-IDDF.146

Background Obesity is a major global health issue and to address this, multiple weight reduction strategies are emerging. Intra-gastric balloon (IGB) insertion has shown to be an effective option. However, it is associated with adverse events and weight loss is variable. Hence, the aim of this study is to identify factors associated with weight loss and complications following insertion of IGB.

Methods Retrospective analysis of the complications and weight loss of the patients who had IGB inserted at King Abdullah Medical City, Makkah, a tertiary referral center for Bariatric surgery.

Results Of the 72 patients who had IGB inserted 24 (66.7%) developed an adverse event, including 5 early removals within 2 weeks. In multivariate stepwise backward logistic regression, female gender was identified as the only predictor of adverse event ($P=0.009$; odds ratio 0.247 95% confidence interval 0.086 – 0.711). The most common complication was abdominal pain occurring in 15 patients (21%). Data at 6 months follow-up was available in 67 patients with a mean percentage of excess body weight loss of $17.47\% \pm 14.21\%$ with a reduction of BMI of 6.33 kg/m^2 . On a multiple regression model, weight loss at 3 months and asthma were significantly correlated with the percentage of excess weight loss ($P < 0.001$ and $P = 0.04$, respectively).

Conclusions In this cohort, the gender of the patients was associated with complications and weight loss at 3 months and asthma predicted the final weight loss.

IDDF2021-ABS-0125 EVIDENCE OF OBJECTIVE ENDOSCOPIC GASTRO ESOPHAGEAL REFLUX POST SLEEVE GASTRECTOMY

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10.1136/gutjnl-2021-IDDF.147

Background Sleeve Gastrectomy (SG) is a popular bariatric surgery but its link to gastroesophageal reflux (GERD) is a concern as it's associated with Barrett's esophagus (BE). However, the development of GERD following SG is far from clear. Hence, the aim of this study was to look objectively for endoscopic esophagitis (EE) post SG.

Methods The hospital record of all patients who had post SG endoscopy were reviewed retrospectively. Demographics, comorbidities, medications used, endoscopic findings and helicobacter pylori status were recorded

Results 155 of the 169 patients who had a gastroscopy post SG were included, 14 were excluded, as there were done immediately post SG. Median age of patients was 35 years (range 18-65) with 59% (92) females and 48% (74) had hypertension, diabetes mellitus and/or hyperlipidemia. The median post SG endoscopy interval was 16 months (range 7–33). EE was detected in 23% (36) with 64%, 31% and 5% having grade A, B and C respectively. None had hiatus hernia and one of them had a 5cm Barrett's esophagus (BE). In addition, 26 patients had endoscopy prior to SG of which 15% (4) had esophagitis post SG and none had esophagitis prior to SG. 19% (30) were positive for helicobacter pylori (HP) and 23% of these had esophagitis. Compared to those without HP, the prevalence of esophagitis was not significantly different ($P = 1.00$).

Conclusions Endoscopic esophagitis was prevalent in nearly a quarter of our study population. The development of EE may be denovo with the potential to evolve into BE.

IDDF2021-ABS-0127 ASSOCIATION OF HELICOBACTER PYLORI WITH OBESITY IN THE WESTERN POPULATION OF KINGDOM OF SAUDI ARABIA

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10.1136/gutjnl-2021-IDDF.148

Background The prevalence of Helicobacter pylori (HP) in obese patients is conflicting with studies showing a very wide range from 8.7% to 86%. Hence, the aim of this study was to confirm the prevalence of histologically proven HP in obese patients.

Methods Obese (body mass index (BMI) ≥ 30 , cases) patients who had endoscopy and biopsy for HP in King Abdullah Medical Center (KAMC), Makkah were identified from the