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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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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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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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