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A RANDOMIZED CONTROLLED TRIAL COMPARING THE EFFECT OF LOW FODMAP DIETARY ADVICE AND NICE DIETARY ADVICE ON SYMPTOM CONTROL AND QUALITY OF LIFE IN CHINESE ADULTS WITH IRRITABLE BOWEL SYNDROME

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Background Western studies have shown the beneficial effect of low FODMAP (fermentable oligo-, di- and monosaccharides and polyols) diet on symptoms and quality of life (QOL) in patients with irritable bowel syndrome (IBS). There had not been a head-to-head comparison between low FODMAP dietary advice and the standard dietary advice by National Institute for Health and Care Excellence (NICE), focusing on how and when to eat, in IBS subjects in Chinese. This study aimed at comparing the efficacy of low FODMAP dietary advice versus NICE standard dietary advice in Chinese IBS subjects.

Methods This is a multi-center, prospective, open-label 2-armed dietary intervention study. Seventy-two Chinese adults who fulfilled Rome III criteria for IBS were enrolled in three public hospitals in Hong Kong between October 2014 and June 2018. Each subject was randomized to receive the low FODMAP dietary advice (group A) or the NICE standard IBS dietary advice (2012 version) (group B) for 8 weeks. A 10-point Likert scale symptom score (lower score indicating milder symptom) and IBS-QOL score (higher score indicating better QOL) were rated at baseline, week 4 and week 8. A mixed-effect model was used to compare the scores between both groups.

Results Four subjects in each group dropped out; sixty-four subjects completed the study (mean age 47.5 ± 13.5 , 59.4% female). Both groups demonstrated significant improvement in overall symptom scores (group A: from 5.94 to 3.91 to 3.72; group B: from 6.06 to 4 to 3.75; $P < 0.001$), and IBS-QOL scores (group A: from 68.8 to 74.7 to 80.1; group B: from 64.8 to 71.6 to 75.5; $P < 0.001$) throughout the period. However, there was no significant difference between groups on both overall symptom scores ($P = 0.990$) and IBS-QOL score ($P = 0.717$). The proportions of subjects improved were similar in both groups ($P = \text{NS}$). Sensitivity analysis, including all recruited subjects, showed a similar result.

Conclusions Both low FODMAP diet and NICE IBS diet are effective in improving symptoms and QOL scores in Chinese IBS adult subjects.

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THE ROLE OF ENDOSONOGRAPHY IN THE DIAGNOSIS OF HIATUS HERNIA

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Background The leading method of diagnosing hiatus hernia (HH) is esophagogastroduodenoscopy (EGDS) and contrast X-ray examination of the esophagus and stomach. We've studied the possibilities of endoscopic ultrasonography (EndoUS) related to the diagnosis of HH.

Methods EGDS, contrast X-ray and endoscopic ultrasonography were performed in 43 patients with clinical signs of HH requiring surgical correction. After receiving the results of the intraoperative revision, we evaluated the informative value of each of the methods.

Results According to the results of the intraoperative revision, HH type I was detected in 30 (69,8%) patients, type III in 12 (27,9%) and type IV in 1 (2,3%) (a greater omentum was fixed in the hernial sac). Assessing the EGDS informative value showed that endoscopic signs of HH type I were detected only in 23 (76,7%) patients, type III in 12 (100,0%). The endoscopy misdiagnosing of axial hernias type I are due to the small size of the hernial sac and difficulties in assessing the position of gastroesophageal junction about the projection of the crura of diaphragm. Performing esophagogastroduodenoscopy doesn't provide reliable information about the presence of HH type IV. The contrast X-ray made it possible to diagnose HH type I in 26 (86,7%) patients, type III in 12 (100,0%) and couldn't reliably determine the presence of HH type IV. Sometimes it is impossible to make a differential diagnosis between a hernia and a physiological esophageal distensibility in its supradiaphragmatic site in small-sized HH. The patient with HH type IV had no reliable radiological signs of the presence of a greater omentum in the postmediastinum. Performing EndoUS revealed signs of HH type I, III and IV in 100% of cases (IDDF2021-ABS-0139 Figure 1. Endoscopic ultrasound of hiatal hernia type I. 1. Heart; 2. Aorta; 3. Gastroesophageal junction) (IDDF2021-ABS-0139 Figure 2. Endoscopic ultrasound of hiatal hernia type III. 1. Heart; 2. Aorta; 3. Gastroesophageal junction; 4. Gaster). In the case of HH type I, including small ones, reliable signs of movement of the gastroesophageal junction above the level of the diaphragm were obtained in all patients.

Abstract IDDF2021-ABS-0139 Figure 1