Conclusions Endoscopic ultrasonography has demonstrated high diagnostic value related to various anatomical variants of HH. EndoUS is of the greatest importance for the verification of HH type I of small size.

Key steps in dental injury management: 1) Early involvement of dentist: If a dental injury occurs or a missing tooth is found during endoscopy, a dentist should be called to do an on-table consult. 2) Tooth retrieval whenever possible: If the dentist is unavailable or delayed, the missing tooth should be localised and retrieved. Upon retrieval of the tooth or tooth fragments, the dental officer on-call should be consulted for specific management. 3) Radiographic assistance: If localisation is not possible, a chest X-ray should be done, with the consultation of Thoracic Surgery.

Conclusions We encourage these simple measures to be implemented in the clinic and endoscopy center to prevent dental injury during endoscopy.

Background There has been no retrospective study yet on the role of colonoscopy in children in our local setting; thus, this is the first study to review the experience of pediatric colonoscopy in the Philippines.

Methods This is a cross-sectional study through retrospective chart review with an analytical component. The study included in-patients aged 0 to 18 years old who underwent their first colonoscopy between January 1, 2010 and December 31, 2019 at the University of Santo Tomas Hospital.

Results A total of 196 respondents were included in the study with a mean age of 8.6 years, with slight male predominance (51.5%).

The most common indication for colonoscopy was hematochezia. Among the patients with hematochezia, 94.2% had positive colonoscopy findings (IDDF2021-ABS-0146 Table 1).

The most common findings were non-specific colitis, polyps, non-specific pancolitis, internal hemorrhoids, and ileitis (IDDF2021-ABS-0146 Table 2).

The most common bowel preparation used were Fleet enema, Bisacodyl suppository, and Castor oil (IDDF2021-ABS-0146 Table 3).