within endoscopic reach, both > 2 cm in diameter & > 5 cm in length. There were no deaths due to FB ingestion.

Conclusions This is the largest study of Endoscopic FB removal from Western India. This study showed that the majority of the FB were ingested by children. Even those with injury to the bowel were asymptomatic. Since the size of FB did not determine it being within the reach of the endoscope and Groups S, NS & C FBs are associated with injury to the bowel; we propose an attempt at removal should be made in all patients, whether symptomatic or not.

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CAUSES OF UPPER GI BLEEDING – EVALUATING THE AETIOLOGIES IN A 10- YEAR RETROSPECTIVE COHORT

Teng Kiat Koh*, Jonathan Wei Jie Lee, Calvin Jianyi Koh. *National University Hospital, Singapore*

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Background It is widely recognized that there are significant differences in the epidemiology of Upper Gastrointestinal Bleeding (UGIB) between Eastern and Western populations. We aim to provide an update of the prevalence of UGIB aetiologies in an Asian population in Singapore and to compare with recent data from a Western population.

Methods A retrospective, observational review of all patients who underwent oesophagogastroduodenoscopy for the indications of UGIB from 2011 to 2020 in the National University Hospital, Singapore, was analysed. We included cases performed for the following indications: haematemesis, coffee ground vomitus, melaena and bleeding gastrointestinal tract. The primary endoscopic findings were extracted and this provided a snapshot of aetiologies in the time period examined. The results were compared to that of other recent published prevalence data in other populations.

Results 5,691 cases were analysed. The three most common aetiologies of UGIB were peptic ulcer disease (PUD) (43.6%), non-ulcer mucosal lesions (27.6%) (gastritis, erosive gastritis, duodenitis, and erosive duodenitis) and oesophageal varices (8.03%) (IDDF2021-ABS-0160 Figure 1. Aetiology of GI Bleeding 2011-2020).

Abstract IDDF2021-ABS-0160 Figure 1

Comparing with a large representative US cohort (Wuerth 2017), although the overall prevalence of gastroduodenal ulcers/erosions was similar with PUD (47.1%), there was more oesophagitis (15.2% vs 5.6%) and less oesophageal varices (1.8% vs 9.59%) ($p < 0.001$).

Conclusions These results provide an updated prevalence of GI bleeding aetiology in a large retrospective multi-ethnic Asian cohort. Of note, while the proportions of peptic ulcer disease and inflammatory conditions (erosive gastritis etc.) are similar between reported literature and the referenced US cohort, there is considerably more esophageal variceal bleeding and less esophagitis. These differences are likely due to underlying differences in disease patterns of the populations with Asia having more chronic viral hepatitis B and less reflux disease compared with western populations.

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LONG TERM OUTCOMES OF PALLIATIVE COLONIC STENT PLACEMENT IN MALIGNANT COLONIC OBSTRUCTION: EXPERIENCE FROM A TERTIARY CARE ONCOLOGY CENTER IN INDIA

Sridhar Sundaram*, Raosaheb Rathod, Prachi Patil, Avanish Saklani, Shaesta Mehta. *Tata Memorial Hospital, Mumbai, India*

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Background Colonic Self-expanding metal stent (SEMS) placement is the preferred method for palliation of malignant colonic obstruction. We analysed outcomes of patients who underwent colonic SEMS placement for palliation at a tertiary care oncology centre in Western India.

Methods A retrospective review of the endoscopy database was done for patients who underwent colonic SEMS placement at our center between January 2013 till December 2020. Demographic details, intent of stent placement, site of obstruction, length of stenosis, technical success of stenting, clinical success and complications (both immediate and long term) were noted.

Results 42 patients underwent colonic SEMS placement during the study period (Mean age 54.29 years, 50% men). Obstruction was due to primary colonic malignancy in 32 (76.2%) patients. Extra-colonic malignancies leading to obstruction included Gall Bladder cancer in 6 patients, Ovarian cancer in 3 patients and pancreatic cancer in 1 patient. Site of obstruction was sigmoid colon in 15 (35.7%) patients, descending colon in 10 (23.8%), rectum and rectosigmoid in 8 (19%), distal right colon and hepatic flexure in 5 (11.9%) and transverse colon in 4 (9.5%). Metastatic disease was seen in 88.1%. Peritoneal metastases were seen in 17 (40.5%) patients. Median length of stricture was 5 cm. Technical success was achieved in 100%. Clinical success was achieved in 36 (85.7%) patients. In 3 patients, there was a clinical failure of stent placement. In 3 patients, although there was partial relief of symptoms, recurrence of obstructive symptoms occurred in less than one week. There was no correlation between peritoneal carcinomatosis and clinical success ($p = 0.700$). Perforation during colonic SEMS placement occurred in 1 (2.4%) patient. Stent migration was seen in 3 patients, needing surgery in 2 patients. Over a median follow-up of 8 months (0-21 months), stent block was seen in 6 (14.2%) patients. Stent block developed after a median period of 6 months. Of

these, one patient underwent SEMS placement within the SEMS, while others underwent surgery.

Conclusions Colonic SEMS placement achieves optimal palliation of malignant colonic obstruction in 86% of patients with few complications. Long term complications like obstruction occur in few patients after a median duration of 6 months.

IDDF2021-ABS-0174 'IDIOPATHIC' TERMINAL ILEAL ULCER – OUTCOMES OF INTERVAL ENDOSCOPY

Maimouna Nasser Mandhari*, Calvin Jianyi Koh, Jonathan Wei Jie Lee, John Shao Rong Mok, Bernice Tan, Juanda Leo Hartono. *Division of Gastroenterology and Hepatology, National University Hospital, Singapore*

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Background Isolated terminal ileal ulcers (ITU) of unknown cause is a relatively uncommon finding and data on its natural history is still scarce. In this study, we aim to evaluate the outcome of ITU which was found during index ileocolonoscopy at a tertiary academic referral centre.

Methods A 12-year electronic database review of all patients undergoing ileocolonoscopy from 1 Jan 2008 to 15 Sep 2020 at National University Hospital Singapore was performed. All patients with findings of 'ulcer' in 'terminal ileum' in the electronic database during index endoscopy were included in the analysis for the presence of interval ileocolonoscopy and the outcome of initial ITU. Patients with a clear diagnosis (cancer, inflammatory bowel disease (IBD), tuberculosis, Behcet's disease) based on clinical, radiology, and histological findings, and those with concomitant colonic inflammation (ulcers or colitis), were excluded from the analysis.

Results There were a total of 258 patients with ITU at index endoscopy, of which 71 patients subsequently underwent interval colonoscopy. Out of these 71 patients, 53 patients (74.6% of those with interval endoscopy; 20.5% of those with ITU at index endoscopy) presented with symptoms of gastrointestinal bleeding (25/71; 35.2%), altered bowel habit (16/71; 22.5%), abdominal discomfort (5/71; 7.0%), weight loss (3/71; 4.2%), anemia (3/71; 4.2%), and vomiting (1/71; 1.4%). The rest are asymptomatic (18/71; 25.3%) and underwent endoscopy for screening. In these 71 patients with interval ileocolonoscopy, ITU has healed in the majority of patients (44/71; 62.0%) with the remaining persisted (27/71; 38.0%). No significant differences were found in the presenting symptoms, or the lack of it, between those with persistent ulcers and those with healed ulcers.

Conclusions A small proportion of patients with 'idiopathic' terminal ileal ulcer developed symptoms requiring repeat ileocolonoscopy (20.6% of patients in this study). The majority of ulcers (62.0%) healed during interval ileocolonoscopy.

IDDF2021-ABS-0176 INFLUENCE OF ARTIFICIAL INTELLIGENCE ON COLONOSCOPY IN DIFFERENT EXAMINATION PERIODS

Guijun Zhao*, Xue Li, Xiong Liang, Hong Zhu, Mingxu Jia, Baitao Wang, Xiao Wang, Yu Bai, Hao Li. *Endoscopy Center, Inner Mongolia key laboratory of endoscopic digestive diseases, Inner Mongolia People's Hospital, Hohhot, Inner Mongolia Autonomous Region, China*

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Background Influenced by various factors, endoscopists have shown differences in the detection rate of adenomas (ADR) during different periods of endoscopy every day. The purpose of this study is to observe whether AI-assisted endoscopy can bring an improvement in ADR and whether the increase is consistent in different periods.

Methods We established a real-time AI-assisted colonoscopy system. The core of the system is a deep neural network for object detection, YOLOV3. The processing speed of this model was 60FPS. When polyps appear in the video of colonoscopy, the system can give a real-time warning on the monitor of the endoscope. We randomly divided the enrolled patients into four groups, which were arranged to receive colonoscopy in the first hour of the morning and the last hour of the morning, respectively. Meanwhile, we differentiated the AI-assisted group and the non-AI-assisted group. In order to remove the bias caused by the experience of the endoscopist, the trial was performed by two colonoscopists with comparable experience. Finally, the ADRs among the groups were compared.

Results With or without AI, endoscopy scheduled in the first hour of the morning had higher ADRs than endoscopy scheduled in the last hour of the morning (23% Vs 18%). AI assistance had a positive effect on the increase in ADR, but it had a greater effect on endoscopy scheduled in the latter period. (0.5% Vs 4.2%).

Conclusions The change of ADR detection rate in different time periods was mainly due to the change of attention of endoscopists, which had little correlation with the level of endoscopic operation. The use of artificial intelligence assistance can help endoscopic doctors improve their attention and ensure the stability of the ADR in different periods.

IDDF2021-ABS-0179 THE ASSOCIATION BETWEEN ORGANISED COLORECTAL CANCER SCREENING AND REDUCTION OF ITS RELATED MORTALITY: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Hanyue Ding*, ¹Jiaye Lin, ¹Zijun Xu, ¹Liwen Huang, ²Harry Haoxiang Wang, ¹Junjie Huang, ¹Martin Chi-sang Wong. ¹JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, China; ²School of Public Health, Sun Yat-Sen University, Guangzhou, China

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Background To evaluate the long-term association between organised colorectal cancer (CRC) screening and reduction of CRC-related mortality.

Methods We systematically reviewed studies on organized CRC screening through PubMed, Ovid Medline, Embase and Cochrane database from its inception to November 2020. Moreover, we retrieved the matched CRC-related mortality (over 50 years) of those areas from the initial year of CRC screening programmes to the latest data available obtained from the International Agency for Research on Cancer (IARC). The mortality in the initial year and the latest year was used to calculate the age-standardised mortality ratio (ASMR). We adopted a random-effects model to synthesis the ASMR. Subgroup analyses were performed according to the screening period and modalities. Furthermore, a linear mixed model (LMM) was conducted as a sensitivity analysis.