Posters

Endoscopy

PTU-1

IMPACT OF THE FIRST COVID-19 WAVE ON ERCP PERFORMANCE IN A SINGLE UK ENDOSCOPY UNIT

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Introduction British Society of Gastroenterology (BSG) recommended that the endoscopy units to perform ERCP during the COVID-19 pandemic for obstructive biliary pathologies in emergency. We aim to assess the local performance of ERCP during the COVID-19 first wave at our local endoscopy centre.

Methodology All ERCP procedures performed from January 2020 to Jun 2020 were retrospectively assessed and compared with procedures performed between January-Jun 2019 at Royal Lancaster Infirmary. Indications of ERCP, success rate and complications were studied separately. Olympus reporting system was used for ERCP reporting. Chi-Square and Fisher's test were used in SPSS data analysis.

Results 279 ERCP were included in this study; with 168 and 111 performed during the first 6 months of 2019 and 2020 respectively. 51% were female (n=144) whereas 135 male patients. The main indication was recorded is Common Bile Duct (CBD) stones 68.8% (n=115) in 2019 and 59.4% (n=66) during the first wave of COVID-19 in 2020, followed by Cholangitis (8% n=15 vs 14% n=16). Success therapeutic rate during the first COVID-19 wave was 78.3% (n=87) in comparison to 87% (n=146) in the previous year ($p = 0.015$). No recorded ERCP related complications for study period in 2019 however, we have recorded 16.2% complications among the study group of 111 procedures (n=18) ($p = 0.003$). Them complications were as follows; Perforation 5% (n=6), bleeding 5% (n=6), post-ERCP pancreatitis (PEP) 4% (n=5) and one case of mortality (0.9%). The ERCP complications during the first wave of Covid-19 (M=4.5, SD=2.83, n=5) were higher than post ERCP complications last year (M=0, n=5). This difference was significant, $t(6)=2.11$, ($p = 0.004$).

Abstract PTU-1 Figure 1

Conclusion First wave of COVID-19 had a statistically proven negative impact on the expected standards of ERCP performance in our unit. Although the complication rate was significantly higher during the first wave of COVID-19, yet, cases' difficulty and ASA (American Society of Anaesthesia) status were not assessed on an individual basis. We have now included both, ASA status and case difficulty, in our endoscopy selection process. We recommend adding the complexity of the cases and ASA to the local and national recording database. This study is the first study of from UK based hospitals to our knowledge.

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PTU-2

CORRELATION BETWEEN ENDOSCOPIC AND HISTOLOGICAL FEATURES IN CHILDREN AND ASSOCIATION WITH CLINICAL OUTCOMES

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Introduction Biopsies are routinely obtained in paediatric endoscopies to avoid repeated invasive procedures and to add histological information. The value of this approach and its effect to clinical outcomes is not certain.

Methods Retrospective review (2014-2020) of first diagnostic endoscopy/colonoscopy in children (<18 yrs), histology, indications and clinical outcomes (symptoms resolution/discharge from hospital follow up) at 6 months post procedure were collected.

Repeat and therapeutic endoscopies were excluded.

Chi square, phi & Pearson's correlation, odd ratio and relative risks were calculated.

Results 349 children were included, 48.8% were females, mean age 10.5 (± 4.1). 67.5% were OGDs and 32.5% were OGD/Colons. Indications were abdo pain 34.9%, vomiting 15.8% diarrhoea 13.8%, rectal bleeding 9%, coeliac 8.6%, constipation 10.1% and reflux 7.7%. 80.4% of OGDs and 55.8% of OGD/Colons were endoscopically normal. 60.4% of OGDs and 49.6% of OGD/colons were histologically normal. Phi correlation between endoscopies and biopsies were 0.68 $p < 0.001$ (strong positive correlation - odds ratio 165.3 95% CI 39.5 – 692.1). The positive predictive value of abnormal endoscopy identifying abnormal biopsies was of 97.9%. Its negative predictive value when both were normal was 77.9%.

37% of children improved and were discharged from follow up within 6 months of procedure (37.9% OGDs and 35.4% OGD/Colons). 40% of normal OGDs and 47.6% of normal OGD/Colons were discharged. 82.3% were discharged after 2 clinic visits.

There was a negligible (phi 0.17 $p < 0.005$) correlation between endoscopy and discharge at 6 months (odds ratio 2.29, 95% CI 1.35-3.89). A weak (phi 0.29, $p < 0.001$) correlation between histology results and discharge (odds ratio 3.73, 95% CI 2.3-6.04). And a very strong positive