(50%) of the procedures. None of the consultants or trainees who were involved with these procedures were diagnosed with COVID-19 during this period. One of the nursing staff member, who regularly assisted in the fluoroscopy room, was involved in a non-fluoroscopic diagnostic endoscopic procedure in a COVID-19 patient (not known at the time of the procedure) and subsequently tested positive for COVID-19.

Conclusion Our study confirms that a high quality stenting and dilatation service of the upper gastrointestinal tract together with specialist registrar training can be delivered safely and effectively during the COVID-19 pandemic in appropriately prioritised symptomatic patients.

PTU-28 FACTORS ASSOCIATED WITH SPONTANEOUS PASSAGE OF RADIOLOGICALLY CONFIRMED CBD STONES THROUGH A VIRGIN DUODENAL PAPILLA

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10.1136/gutjnl-2021-BSG.101

Introduction Spontaneous passage of common bile duct (CBD) stones is a commonly observed clinical phenomenon that eliminates the need for invasive and costly endoscopic retrograde cholangio-pancreatography (ERCP). The aim of this study was to identify factors associated with spontaneous passage of CBD stones before index ERCP.

Methods This retrospective study was conducted in a university teaching hospital. It included patients with a virgin duodenal papilla who underwent ERCP to remove radiologically confirmed CBD stones between April 2018 and October 2019. The primary outcome was the presence/absence of stones on cholangiography where absence indicated spontaneous passage since radiological detection. Data collected retrospectively included patient demographics; scan modality to confirm stones; scan to ERCP time interval, stone number (single vs multiple); largest stone size (mm) and liver function tests (LFT) pre- ERCP.

Student t test was used for comparison of categorical and numerical variables. Chi-Squared test for comparison of categorical variables and Mann Whitney for comparison of the scan to ERCP time intervals. A binominal logistic regression was performed on a subgroup of patients for whom stone size was documented.

Results 427 patients underwent an index ERCP within the study period. Following application of the exclusion criteria 360 patients were included in the final analysis. The absence of a CBD stone on cholangiography was observed in 50 (13.9%) patients. Mean age was 68.1+/-16.8 years (Females 52.8%). CBD stones were confirmed by different imaging modalities (MRCP: 273, CT scan: 66, USS: 21). The presence of a single CBD stone on imaging was significantly associated with stone passage ;176 (48.9%) patients had a single CBD stone ($P < 0.05$). 62% (31/50) of passed stones were single.

In a subgroup analysis of 142 patients in whom stone size was documented, stone size was found to affect CBD stone passage. Mean stone size of 7.4+/- 3.04 mm was observed in patients with spontaneous passage (15 patients) vs 9.77 +/- 4.76 mm in those who did not (127 patients), $P < 0.014$. However, on multivariate binominal logistic regression analysis of this subgroup no factors achieved statistical significance including stone size (OR 0.837).

No significant association observed between stone passage and age ($P=0.108$), gender ($P= 0.50$), abnormal LFTs Pre-ERCP ($P=0.40$) or the median scan to ERCP time interval [Median of 4 days (IQR 3, 7.25) and 5 days (IQR 3, 24) days respectively ($P=0.075$)].

Conclusions A significant proportion of CBD stones will spontaneously pass. This study suggests solitary stones are more associated with spontaneous passage than multiple stones. A robust prospective study is needed to further investigate if stone size has any significant influence on spontaneous CBD clearance.

PTU-29 UPPER GASTROINTESTINAL BLEEDING AND COVID-19 – A TERTIARY CARE CENTRE EXPERIENCE

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10.1136/gutjnl-2021-BSG.102

Introduction Concurrent upper gastrointestinal bleeding (UGIB) in patients with COVID-19 infection has a reported mortality of 21.7% in a recent study¹. The threshold for emergency endoscopy was revised during the pandemic in the United Kingdom. We present the largest UK centre dataset to date on upper gastrointestinal bleeding (UGIB) in patients with COVID-19, evaluating incidence and outcomes.

Methods We performed a retrospective cohort analysis of patients treated for COVID-19 (polymerase chain reaction [PCR] positive) from 1/1/20-31/8/20. Patients coded for UGIB (haematemesis/melaena) within this cohort were identified. Binomial logistic regression was used to determine odds ratios of death adjusting for age, sex, UGIB status, Haemoglobin (Hb), heart rate, urea, systolic blood pressure (BP) and body mass index (BMI) (Table 1).

Results 1200 patients were included: 3.8% (n=46) had UGIB with a median GBS score of 8 (interquartile range [IQR] 6–13), (Male=23, median age 74 [IQR 61–84] years). 26% (n=12/46) of patients with UGIB underwent oesophagogastro-

Abstract PTU-29 Table 1 Odds ratio of mortality

	OR	95% CI	p
Age	1.05	1.04-1.07	<0.001
Male	1.20	0.89-1.61	0.232
Upper GI Bleed	1.03	0.48-2.15	0.947
Hb	0.99	0.99-1.00	0.139
Heart Rate	1.02	1.01-1.02	<0.001
Urea	1.05	1.03-1.07	<0.001
Systolic BP	0.99	0.99-1.00	0.200
BMI	0.99	0.97-1.01	0.476

OR: odds ratio; CI: confidence interval.