Abstract PTU-45 Table 1

	COVID-19 period (2020)	Pre-COVID-19 period (2019)
Number of patients	51	51
Female/Male	63%/ 37%	45%/ 55%
Mean age (years)	63.4 (21 – 87)	64.8 (29 – 86)
ASA grades		
1	37% (19)	41% (21)
2	33% (17)	31% (16)
3	16% (8)	12% (4)
4		
Presenting complain		
Abdo pain	43% (22)	55% (28)
Jaundice		
Blood test		
Bilirubin (umol/L)	107 (6 – 493)	108 (3 – 669)
CRP (mg/L)	66 (1 – 206)	64 (1 – 342)
Indications for ERCP		
Obstructed CBD	92% (47)	82% (42)
Blocked biliary stent	4% (2)	10% (5)
Biliary leak	4% (2)	8% (4)
Waiting time for ERCP (days)	2.5 (0 – 9)	4.6 (0 – 27)
Length of hospital stay (days)	20.6 (8 – 31)	21.5 (0 – 175)
COVID-19 +ve	7.1 (1 – 43)	
COVID-19 -ve		
30-day mortality		
COVID-19 +ve	50% (2/4)	8% (4/51)
COVID-19 -ve	6% (3/47)	
ERCP success rate		
Cannulation rate	90% (46)	86% (44)
Technical failure	6% (3)	16% (8)
Complete stone extractions	80% (16/20)	94% (16/17)
Extrahepatic strictures stented	88% (21/24)	85% (17/20)
ERCP complications		
Nil	98% (47)	88% (45)
Post ERCP pancreatitis	4% (2)	10% (5)
Mucosal tear/Bleeding	-	2% (1)
Biliary sepsis	-	2% (1)
Desaturation post sedation	-	-

In the COVID-19 positive cohort, two patients passed away due to worsening COVID pneumonitis. One of the patients had COVID-19 prior to ERCP, while the other contracted COVID-19 post-ERCP. Patients who were negative for COVID-19 passed away due to metastatic adenocarcinoma of bile duct, bilateral pleural effusions and atelectasis post cholecystectomy and pulmonary embolism.

In comparison to 2020, the mean length of hospital stays and waiting time for ERCP were slightly longer, at 21.5 days (range, 0-175) and 4.6 days (range, 0-27) respectively.

Conclusion Patients undergoing ERCP who were infected with COVID-19 had longer hospital stay, and higher 30-day mortality compared to those who did not have COVID-19. However, length of hospital stay was shorter in COVID time. There was no statistically significance in the KPI between COVID-time and normal times.

PTU-46

SAFETY AND EFFICACY OF FULLY COVERED METALLIC STENT PLACEMENT FOR PATIENTS WITH PRIMARY SCLEROSING CHOLANGITIS

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Introduction Endoscopic retrograde cholangiopancreatography (ERCP) is the gold standard for the treatment of dominant stricture (DS) in primary sclerosing cholangitis (PSC). Multiple therapeutic options, including dilation and stenting, are available, each with their own benefits and drawbacks. Generally, balloon dilatation is preferred due to lower rates of complications compared to temporary plastic stenting. Anecdotal experience of using fully-covered self-expandable metallic stents (FC-SEMS) in this setting is unfavourable, but larger series are lacking. The aim of this study is to assess safety and efficacy of FC-SEMS in PSC patients with DS.

Methods The endoscopic databases of three European referral centres (London, Liverpool, Milan/Monza) were searched to identify and extract data on patients with PSC diagnosis who underwent ERCP with FC-SEMS placement. Patients with biliary malignancy diagnosed during ERCP or follow-up were excluded.

Results A total of 23 patients were identified from 2010 to 2020. 78% were males, median age was 52.9 years (range 32-82). Indication for FC-SEMS placement were: imaging evidence of DS (43%), worsening of biochemical cholestasis and jaundice (43%), acute cholangitis (13%). Median stricture length was 25mm (range 10-70). The length of FC-SEMS deployed were 80mm in 8 patients, 60mm in 7, 40mm in 7 and 100mm in one patient. In four patients, balloon dilatation was performed before stent placement. In all cases the stent was successfully deployed as planned.

Adverse events (AEs) were observed in 48%(11/23) of patients, of which 64% were early (<30 days) (5 acute pancreatitis, 1 biliary bleeding, 1 gallbladder perforation) and 36% delayed (1 cholangitis and 3 stent migrations).

FC-SEMS were removed/migrated in 18 patients after a median time of 66 days (range 7-462) and 61% had a DS resolution, while 7 of them required further endoscopic treatment. Three patients died or underwent liver transplant during follow-up.

Conclusions In a multicentre observational study of patients with PSC and DS, FC-SEMS placement while technically successful and resulting in a >50% efficacy in DS resolution, was associated with a high rate of treatment-related AEs. We conclude that the use of FC-SEMS in PSC with DS is inadvisable.