saline-immersion therapeutic endoscopy (SITE) facilitated ESD with a ball-tipped, needle-type ESD knife (Flush Knife-BT (1.5mm), Fujifilm, Tokyo, Japan). The resection site was clipped prophylactically and the lipoma was retrieved with a Roth® net (Steris, Mentor, OH, USA) (Fig. 3-4). No immediate, early or late adverse events occurred. Histopathology confirmed complete resection of an ileal lipoma.

Conclusions Our case demonstrates the usefulness of this technique, particularly when combined with the safe and stable endotherapeutic platform afforded by DBE and the buoyancy facilitated by SITE. To the best of our knowledge this is only the 3rd reported case of ESD for a TI lipoma and the only case to date combining the use of SITE-ESD and DBE.

PTU-65 CYANOACRYLATE-INJECTION ENDOTHERAPY FACILITATED BY DOUBLE-BALLOON ENTEROSCOPY: ENDOSCOPIC MANAGEMENT OF ANASTOMOTIC VARICES BLEEDING

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10.1136/gutjnl-2021-BSG.138

Introduction Small bowel varices are an uncommon cause of severe gastrointestinal bleeding. There is no consensus regarding the endoscopic management of these patients. Cyanoacrylate injection endotherapy has been described as a therapeutic alternative in some cases.

Methods A 65-year-old man with a metastatic mid-gut neuroendocrine tumour warranting extensive small-bowel resection presented with life-threatening mid-gut bleeding. A CT enterography (CTE) demonstrated jejunal anastomotic varices, with superior mesenteric vein thrombosis. Without a radiological option for treatment, antegrade double-balloon enteroscopy (DBE) was planned to facilitate cyanoacrylate-injection endotherapy (CIE).

Results During DBE 2 nests of bleeding varices were identified at the anastomosis. DBE CIE (diluted in lipiodol) was successful performed through a wide-bore injection-needle. No immediate or delayed adverse events were reported. A subsequent CTE confirmed successful embolisation of the mid-gut varices. The patient has not bled further during 6-months of follow-up.

Conclusions DBE facilitated CIE of mid-gut varices is effective and safe in carefully selected cases.

PTU-66 MANAGEMENT OF SMALL-BOWEL POLYPS IN PATIENTS WITH PEUTZ-JEGHERS SYNDROME: ISCHAEMIC POLYPECTOMY ASSISTED BY DOUBLE-BALLOON ENTEROSCOPY

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10.1136/gutjnl-2021-BSG.139

Introduction Ischaemic polypectomy with detachable-snare or endoclips at double-balloon enteroscopy (DBE) is emerging as a promising technique for the minimally-invasive management of small-bowel polyps in patients with Peutz-Jeghers syndrome (PJS).

Methods The aim of our study was to review our experience of ischaemic polypectomies in patients with PJS from July 2017 to November 2020. Demographic, endoscopic, histopathological data were analysed.

Results In this case series, 46 polyps were treated during 9 therapeutic DBEs (6 antegrade and 3 retrograde) performed in 4 patients (3 male and 1 female). Seven polyps >20mm in size required loop ligation with a detachable-snare. The majority of the small bowel polyps (39 lesions) were <20mm and were treated successfully with the double-clipping technique. No immediate or late adverse events occurred. All patients remained asymptomatic during follow-up (mean 19; range 1-48 months). None required subsequent surgery.

Abstract PTU-66 Tabel 1

Age/ Gender	Number of procedures (antero/retro)	Total polyps	Clipping	Detachable snare for polyps >20mm
50/M	2(1/1)	17	17	-
56/M	1(1/-)	14	14	-
29/F	3(1/2)	7	4	3
29/M	3(3/-)	8	4	4

Conclusions Ischaemic polypectomy facilitated by DBE appears to be a safe and effective endotherapeutic option for endotherapy of small-bowel polyps in patients with PJS.

IBD

PMO-1 IDENTIFICATION OF A NOVEL COLONIC MACROPHAGE SIGNATURE IN A SUBSET OF CROHN'S DISEASE PATIENTS

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10.1136/gutjnl-2021-BSG.140

Introduction Inflammatory bowel diseases (IBD) are conditions characterised by chronic gastrointestinal inflammation resulting from abnormal immune responses against gut microbiota. Crohn's disease (CD) is one of the two common forms of IBD which can manifest as inflammation anywhere along the gastrointestinal tract, causing potentially life-threatening complications. A wide range of immunomodulatory therapies are available for IBD treatment. However response rates are often suboptimal and many patients still require resective surgery. Therapeutic outcomes could be significantly improved by identifying biomarkers that predict treatment responses in CD patients and by developing a deeper understanding of the different molecular mechanisms that drive inflammation.