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**Advancing endoscopy
Forging connections**

A HYBRID EVENT

Convention Centre Dublin
Ireland, April 20 - 22, 2023



ESGE Days 2023

Abstract issue

 **Thieme**

The logo for Thieme, featuring a stylized white tree inside a dark blue circle, followed by the word 'Thieme' in a dark blue serif font.

ESGE Days 2023



Date/Venue:

20.–22. April 2023, Dublin, Ireland

Welcome message

Dear colleagues in endoscopy,

It is my honour to welcome you to the ESGE Days 2023 abstract supplement and invite you to browse the exciting research and developments in endoscopy that we are proud to present.

I am thrilled that we received 1,289 abstract submissions from 55 countries this year, breaking all previous submission records. After the success of ESGE Days last year in Prague there has been a sense of excitement in all our planning for Dublin, and we feel that this response confirmed to us that the 'Days' is an established global platform to share the best endoscopy research in Europe and beyond! A heartfelt THANK YOU to everyone who submitted. It is showcasing your research and clinical practice that is at the heart of our meeting and we remain indebted to you sharing your science with the ESGE Days community.

For ESGE Days 2023, we have encouraged the submissions of case reports and will be highlighting the best of these onsite in Dublin. These everyday practical scenarios complement the research provided by larger studies.

This year we will also be featuring Poster Tours in Dublin. In addition to those abstracts selected for oral presentations, the Poster Tours give exposure to additional abstracts of interest and an opportunity to engage with the authors in person.

'Behind the scenes' of this publication is a dedicated team. I am grateful to the Scientific Committee, whose work on the abstract review process, as well as the creation of the scientific programme is no easy feat! As we experience public sector strikes, the energy crisis, and ever-increasing strains on healthcare providers across Europe and beyond, for these physicians to continue to dedicate their precious time to further the field of endoscopy is deserving of gratitude from all of us.

At ESGE Days our mission is to advance endoscopy and forge connections, so I look forward to embracing the famous spirit of Irish hospitality and meeting you in person in Dublin to collaborate, network, and work towards a bright future for the field we share a passion for!

Your ESGE Scientific Committee Chair,
Marianna Arvanitakis



Marianna Arvanitakis
ESGE Scientific Committee Chair

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eP183 One in Four Patients with Gastrointestinal Bleeding Develops Shock or Hemodynamic Instability: A Systematic Review and Meta-analysis

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Aims Hemodynamic instability and shock are associated with untoward outcomes in gastrointestinal bleeding. However, there are no studies on the proportion of patients who developed these outcomes after gastrointestinal bleeding. We aimed to meta-analyze the available data to determine these proportions in different bleeding sources.

Methods The protocol was registered on PROSPERO in advance (CRD42021283258). A systematic search was performed in three databases (PubMed, Embase, and CENTRAL) on 14th October 2021. Pooled proportions with 95% confidence intervals (CI) were calculated with a random-effects model. A subgroup analysis was carried out based on the time of assessment (on admission or during hospital stay) of the investigated outcomes. Heterogeneity was assessed by Higgins and Thompson's I². The Joanna Briggs Institute Prevalence Critical Appraisal Tool was used for the risk of bias assessment.

Results We identified 11,589 records, of which 220 studies were eligible for data extraction. The overall proportion of shock and hemodynamic instability in gastrointestinal bleeding patients was 0.25 (CI: 0.17–0.36). In non-variceal bleeding, the proportion was 0.22 (CI: 0.14–0.31), whereas it was 0.25 (CI: 0.19–0.32) in variceal bleeding. The proportion of patients with colonic diverticular bleeding who developed shock or hemodynamic instability was 0.12 (CI: 0.06–0.22). The risk of bias was low, and heterogeneity was high in all analyses.

Conclusions One in five, one in four, and one in eight patients develops shock or hemodynamic instability on admission or during the hospital stay in the case of non-variceal, variceal, and colonic diverticular bleeding, respectively.

Conflicts of interest Authors do not have any conflict of interest to disclose.

eP184V Malignant duodenal obstruction with obstructive jaundice post PTBD: EUS GJ with interval ERC for blocked PTBD stent

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Abstract Text Endosonography guided gastrojejunostomy is now preferred treatment for malignant gastric outlet obstruction with excellent technical and

clinical success with lesser complications. It not only improves patients tolerance to oral feeds but can also provide an access to reach a block CBD stent in case patient develops cholangitis with obstructive jaundice. We present a case of 84yr gentleman who had obstructive jaundice for which percutaneous transhepatic CBD stenting was done and had presented to us with gastric outlet obstruction for which we did EUS guided gastrojejunostomy. He later presented to us with cholangitis and jaundice for which we did ERC by reaching blocked CBD stent with a colonoscope through GJ stent.

Conflicts of interest Authors do not have any conflict of interest to disclose.

eP185 Artificial intelligence-assisted linked color imaging colonoscopy improves adenoma detection rate compared to linked color imaging colonoscopy alone

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Aims Integration of artificial intelligence (AI) into white light imaging colonoscopy improves the adenoma detection rate (ADR). Linked color imaging (LCI) colonoscopy also improves ADR compared to white light imaging. The aim of this study is to compare the ADR of AI-assisted LCI colonoscopy with LCI colonoscopy alone.

Methods Patients undergoing total colonoscopy for the investigation of positive fecal immunochemical tests were included and retrospectively reviewed. AI-assisted colonoscopy (CADEYE, Fujifilm, Tokyo, Japan) was introduced in March 2020 in our institution. Before the introduction of AI, LCI colonoscopy had been performed.

Results A total of 189 patients were divided into AI-assisted LCI (n = 70) and LCI (n = 119) groups. ADR was significantly higher using AI-assisted LCI compared with LCI alone (66% vs 50%, p = 0.041). The mean number of adenomas detected per patient was slightly higher using AI-assisted LCI compared with LCI (1.2 + -1.4 vs 1.0 + -1.2, p = 0.261). There were no significant differences between the two groups regarding age, gender, body mass index, total colonoscopy time, cecal intubation time, non-polyp withdrawal time or Boston Bowel Preparation Scale. Polyps were slightly smaller in AI-assisted LCI compared with LCI alone (mean 5.9 + -2.8 vs 6.4 + -4.4 mm, p = 0.373). The proportion of polyps located in the proximal colon was similar in the two groups. In multivariate analysis, using AI-assisted LCI and advanced age (>60-year-old) were significantly associated with higher ADR.

Conclusions AI-assisted LCI colonoscopy significantly improves the ADR compared to LCI alone colonoscopy. This is the first study reporting the effectiveness of AI integration into LCI.

Conflicts of interest H.S. has received grants from Fujifilm Co. Ltd. H.Y. has consultant relationships with Fujifilm Co. Ltd. and received honoraria, grants, and royalties from the company. The other authors declare no conflicts of interest.

eP186 Are asymptomatic common bile duct stones a risk of post ERCP-pancreatitis or something else under cover points

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Aims Retrospective studies found that endoscopic retrograde cholangiopancreatography (ERCP) in asymptomatic compared with symptomatic common bile duct stones (CBDSS) patients increase the risk of post-ERCP pancreatitis

(PEP). This study aimed to determine the risk of PEP in asymptomatic CBDS patients in association with accidents of difficult cannulation due to diameter of distal part of common bile duct [1–5].

Methods We studied 346 patients with native papilla were invited to participate into the study and divided into two groups. Group 1 (asymptomatic group) includes 68 patients (19.6%; age – 53.93 ± 11.6; males – 44.11%). Group 2 (symptomatic group) consisted of 278 patients (80,3%; age – 52.31 ± 12.6; males – 48.9%). All patients underwent CBDS removal by ERCP. In both group all cases were managed into two subgroups based on CBD diameter (<10mm, and >10mm). All statistical tests were two-sided, and P<0,05 was considered statistically significant. All statistical analyses were performed using SPSS V27.0 software.

Results Occurrence of severe form of acute pancreatitis and other complications was higher in 1-th (asymptomatic) group in general. The number of CBD diameter <10mm cases was higher in 1-th (asymptomatic) group. In both groups there was a higher rate of PEP and difficult cannulation cases in subgroup with CBD diameter <10mm. In the 2d (symptomatic) group had a reduced level of complications in general (p<0,05).

Conclusions ERCP for asymptomatic CBD stones had a high risk of PEP in cases with CBD distal part diameter <10mm. Endoscopists should be experienced and used all prophylactic points by ESGE recommendations.

Conflicts of interest Authors do not have any conflict of interest to disclose.

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[2] Buxbaum JL, Abbas, Fehmi SM, Sultan S. ASGE guideline on the role of endoscopy in the evaluation and management of choledocholithiasis. *Gastrointest Endosc* 2019; 89 (6): 1075–105

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eP187V Unusual case of oesophageal perforation by a toothpick and successful endoscopic treatment

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Abstract Text A 38 years old lady was referred to our hospital due to inadvertent swallowing and penetration of oesophageal wall by a toothpick. Patient experienced mild chest pain and difficulty in swallowing, but no mediastinal free air or fluid was noted in the CT scan. She underwent a gastroscopy intubated in the theatre room, where a toothpick had penetrated the upper oesophageal wall. It was removed with a rat-tooth forcep and the remaining gap was successfully sealed with two endoclips. Post procedural course was uneventful and patient discharged 4 days later. Cases of inadvertent swallow and oesophageal perforation by toothpicks are rare and if non timely diagnosed and treated could be lethal [1–3].

Conflicts of interest Authors do not have any conflict of interest to disclose.

[1] Unusual case of a fatal upper esophageal trauma caused by a toothpick. César Lares Dos Santos et al., *J Forensic Leg Med.* 2019; 62: 82-86.

[2] Accidentally ingested toothpicks causing severe gastrointestinal injury: a practical guideline for diagnosis and therapy based on 136 case reports. Steinbach et al. *World J Surg*; 38: 371–377

[3] Unusual cause for dysphagia: perforation of the proximal esophagus by a toothpick. Schäfer C et al. *Endoscopy* 2008; 40: E217-E218

eP188 Results of a Study on a Water-Soluble Alternative to Simethicone for Visualization of the GI tract

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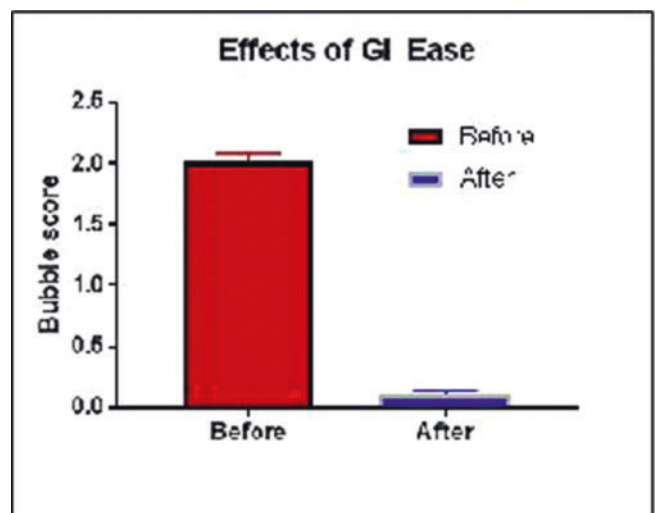
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Aims To identify and evaluate an effective water-soluble alternative to simethicone that aligns with endoscope manufacturer recommendations while eliminating bubbles to improve endoscopic mucosal visualization.

Methods A single-centre, non-randomized, prospective, open-labelled pilot study was designed with 100 subjects. Upper endoscopies and colonoscopies were performed by 7 physicians. 64 mL of the identified alternative was diluted in 100mL of sterile water. Flushes were delivered during the procedure as 60mL injections via the working channel of the endoscopes. A grading scheme was created using a bubble scale scoring system, ranging from grade 3 (bubbles filling the entire lumen) to 0 (no or minimal bubbles). The number of flushes of the simethicone alternative delivered to achieve the desired mucosal visibility was recorded.

Results In 99 out of 100 patients, the bubble scale score improved to a grade 0-1, thereby facilitating improved GI visualization. The pre-post paired t-test of bubble scores showed significant bubble decline (t=27, p<.00001). Multiple regression analyses, using bubble score change as the dependent outcome, showed the number of flushes to be a significant predictor (adjusted R² = .155, p<.001) with no age or sex differences [1–5] (► Fig. 1).



► Fig. 1 Graph of the Reduction of the Bubble Score with use of Alternative Solution.

Conclusions The results indicated that the identified alternative solution was effective at reducing gas bubbles and therefore improving visualization. These study findings are important because the use of a water-soluble alternative to simethicone allows for the safe visualization of the mucosa, diagnosing cancers, and removing polyps while decreasing risks associated with retained simethicone.

Conflicts of interest Authors do not have any conflict of interest to disclose.

[1] American Society of Health-System Pharmacists. *Drug Information.* 2015; Bethesda, MD