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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**

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

[3] Hee Bum Jo, Jun Kyu Lee, Dong Kee Jang et al. Safety and effectiveness of midazolam for cirrhotic patients undergoing endoscopic variceal ligation, *Turk J Gastroenterol*. 2018; 29(4): 448–455

[4] Mao W, Wei XQ, Tao J, Zhen FP, Wen ZF, Wu R. The safety of combined sedation with propofol plus fentanyl for endoscopy screening and endoscopic variceal ligation in cirrhotic patients. *J Dig Dis* 2014; 15 (3): 124–30

Variables	Category	Group A N=50	Group B N=50	P-Value
Age	17-45	19	16	0.05
	>45	31	34	
Sex	Male	33	30	0.53
	Female	17	20	
Nurse Comfort score	Comfortable (0 score)	32	26	0.08
	Minimal pain (1 score)	18	21	
Doctor Comfort score	Mild pain (2 score)	0	3	0.14
	Comfortable (0 score)	37	31	
	Minimal pain (1 score)	13	17	
	Mild pain (2 score)	0	2	
Patient Comfort score	Comfortable (0 score)	34	31	0.23
	Minimal pain (1 score)	16	17	
	Mild pain (2 score)	0	2	

► Table 1

eP602 Epiphrenic diverticula associated with achalasia cardia. Per oral endoscopic myotomy with diverticula septotomy safe and effective endoscopy treatment patients with acute dysphagia

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Aims Esophageal diverticula are uncommon, but epiphrenic diverticula associated with achalasia cardia are very rare condition esophagus, present with acute dysphagia and chest pain. Endoscopic treatment esophageal diverticula have gained popularity in the last year.

Methods Patient 82 y.o. present with clinical acute dysphagia, regurgitation, vomiting and weight loss 20 kg in the past 3 month. Patient underwent X-ray diagnostic and flexible endoscopy, where the diagnosis was established large epiphrenic diverticula, size 6-7 sm, associated with achalasia cardia. We performed endoscopic tunneling method per oral myotomy with the septotomy epiphrenic diverticula. After creation submucosal esophageal tunnel and separated submucosal diverticula septa, we start myotomy. When completed myotomy, we start and performed full thickness septotomy diverticula. At the end of procedure we clip close submucosal tunnel [1–5].

Results The next day after the operation, we performed an X-ray examination with a contrast agent, where a very good patency of the esophagus was established. The patient started eating the next day without dysphagia.

Conclusions Endoscopy D-POEM safe and effective endoscopy treatment elderly patient who are often poor candidates for surgery. In this case we demonstrated rare condition epiphrenic diverticula associated with achalasia cardia and proposed endoscopy treatment D-POEM with good clinical and endoscopy results.

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

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eP603 Occult gastrointestinal bleeding as a manifestation of cytomegalovirus gastritis in an immunocompetent host

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Aims A 73-year-old woman presented with a recent history of fatigue and episodic vomiting in the past 2 months. The physical exam on admission was only notable for palor of the skin and mucosas. Complete blood count (CBC) documented a severe anemia (hemoglobin 5.5 g/dL).

Methods An abdominal CT-scan reveal only adenopathies, without other relevant findings. Upper endoscopy revealed a 25 millimeter lesion with ulceration in the gastric remnant.

Results Because of the macroscopic aspect, a probable gastric neoplasia was assumed and multiple biopsies were taken. However, the histological results showed chronic inflammation with inclusion bodies compatible with CMV infection, confirmed by immunohistochemistry. Assuming a CMV gastritis, in an immunocompetent host, the patient started a regimen with proton-pump inhibitor and valganciclovir with good response and healing of the ulcer in a follow-up endoscopy [1–4].

Conclusions This case reports a rare manifestation of CMV disease in an immunocompetent patient, also with an atypical presentation: occult gastrointestinal bleeding. Invasive disease is more common and severe in immunocompromised patients, such as those with HIV infection, cancer and ongoing chemotherapy, long term corticosteroid therapy and transplant recipients. Endoscopic features are ambiguous making this diagnosis difficult in the absence of high clinical suspicion. CMV gastritis in immunocompetent hosts is assumed to be a self-limiting condition in most cases.

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

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eP604V Endoscopic closure of a cystic fistula after complex cholecystectomy. Placement of a fully covered biliary metal stent through ERCP

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Abstract Text Post-surgical biliary fistulas of the cystic duct are a rare complication, which are generally related to complex cholecystectomies that do not allow optimal surgical closure of the bile duct. Cystic duct fistulas usually tend to close spontaneously with the placement of a percutaneous drain, although on some occasions they require a reoperation for surgical closure. In this sense,