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*Abstract issue*

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## eP218 Assessing dysplasia/cancer in large non-granular and homogenous granular laterally spreading tumors: Optical evaluation versus forceps biopsy

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**Aims** Evaluate the precision of dysplasia/cancer detection using forceps biopsy (FB) compared to optical evaluation methods for homogenous granular and non-granular subtypes of large laterally spreading tumors (LSTs), aligning their outcomes with histopathological findings.

**Methods** The study comprised 57 patients with LST with a diameter  $\geq 20$  mm, type 0-Ila, 0-Is or Ila + IIc in accordance to Paris Classification. Patients with invasive cancer were excluded. Group I omitted 27 (47.4%) patients with a non-granular subtype LST (LST-NG) and Group II 30 (52.6%) patients with a homogenous granular LST (LST-G-H). An expert endoscopist conducted optical evaluations using chromoscopy and NBI, followed by FB and endoscopic resection. Findings were compared with specimen histopathology using Chi-square tests, Wilson intervals, and descriptive statistics via Statistica 13. [1–4]

**Results** Median ages were  $66 \pm 11.5$  and  $68 \pm 9.9$  years for Groups I and II, respectively. Median lesion size was  $25 \pm 6.5$  mm for Group I and  $20 \pm 15.1$  mm for Group II. Most lesions were removed via EMR (47.4% en bloc, 42.1% piecemeal). Few underwent ESD (7%) or hybrid ESD (3.5%). In LST-NG group, FB sensitivity was 84.6% (95% CI, 61.9%–96.5%), while optical evaluation showed 92.3% (95% CI, 71.6%–99.7%). In LST-G-H group, sensitivity was 88.5% (95% CI, 80.6%–94.3%) for FB and 84.6% (95% CI, 74.6%–91.6%) for optical evaluation. Forceps biopsy specificity was 100% in both groups, while optical evaluation showed 92.9% specificity (95% CI, 70.2%–99.7%) in the first and 100% in the second group.  $P < 0.05$  in all cases.

**Conclusions** Given the similar sensitivity of optical evaluation and forceps biopsy and the excellent performance of optical evaluation in flat lesions, routine biopsy sampling for large flat LSTs before endoscopic removal is not advised.

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

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## eP219V Giant idiopathic esophageal ulcer as an initial manifestation of HIV infection

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**Abstract Text** HIV-associated idiopathic esophageal ulcers may be more prevalent than initially believed. We present a 30-year-old woman with a recently diagnosed HIV infection and dysphagia. Gastroscopy revealed a 3 cm deep esophageal ulcer. Following the exclusion of infectious pathogens and malignancy, the diagnosis of an HIV-associated idiopathic esophageal ulcer was established [1]. The patient experienced an unfavorable initial course, with the ulcer affecting the entire circumference and extending up to 7 cm. After an adequate response to antiretroviral therapy, complete healing of the ulcer was achieved, revealing a residual inflammatory stenosis measuring 7 cm in length and 3 mm in diameter [2]. Due to severe malnutrition, a percutaneous endoscopic gastrostomy was implemented pending endoscopic treatment. Esophageal ulcers may be considered as an initial manifestation of HIV [3].

**Video** [http://data.process.y-congress.com/ScientificProcess/Data/106/474/1197/73426207-9582-4371-af53-343d3ddd7a72/Uploads/13821\\_HIV-associated\\_idiopathic%20esophageal%20ulcer.mov](http://data.process.y-congress.com/ScientificProcess/Data/106/474/1197/73426207-9582-4371-af53-343d3ddd7a72/Uploads/13821_HIV-associated_idiopathic%20esophageal%20ulcer.mov)

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

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## eP220 The possibility of obtaining good quality and quantity RNA from EUS-FNA samples of PanN-ENs: a prospective study

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