procedures performed by the on call endoscopists. Conclusion: 1) Despite longer withdrawal times, being on call the night prior and performing an emergent procedure lead to a significant 24% decrease in the adenoma detection rates among academic gastroenterologist at a large tertiary care center. 2) Being on call the night prior but not performing an emergent procedure did not influence adenoma detection rates. 3) It is imperative for screening programs to be aware of the influence of sleep deprivation and excess hour work load on procedural outcomes and consider altering their practice accordingly.

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The Learning Curve of Probe-Based Confocal LASER Endomicroscopy for the Diagnosis of Esophageal and Colorectal Lesions Is Short and Independent of Previous Endoscopic Experience
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Introduction: Probe-based Confocal Laser Endomicroscopy (pCLE) is an imaging technology enabling in vivo microscopic evaluation of live tissues, in real-time, during an endoscopic procedure. Few studies have addressed the evaluation of the learning curve for this technology. Our aims were: 1) to evaluate the learning curve in a large sample of gastroenterologists naive to pCLE; 2) to compare trainees (with limited endoscopic experience) and confirmed GI specialists (with large endoscopic experience). Materials And Methods: A set of 10 pCLE video sequences were used for study purpose. The sequences included typical images of healthy GI tract (esophagus, n = 2; colon, n = 2) and various pathological conditions (in the esophagus, Barrett's esophagus (BE) intestinal metaplasia (n = 2), BE gastric metaplasia (n = 2); in the colon, hyperplastic polyp (n = 2), adenomatous polyp (n = 2), adenocarcinoma (n = 2), and ulcerative colitis (n = 2). During the first phase of experiments, the participants (81 trainees and 37 GI specialists) reviewed 10 sequences without any previous training. For each sequence, the participants were asked to choose a presumptive diagnosis between multiple choices, given above. Then, they underwent a short training session where elemental lesions were described, using an independent set of typical examples. Finally, the same review evaluation was repeated using the first set of videos re-arranged randomly. Diagnostic accuracy was assessed for each main diagnosis. Results: The results were analyzed considering the percentage of correct answers before and after the training session, for each group of participants. Results are indicated in table 1. Before and after training, the diagnostic accuracy increased from 56% to 89% for BE lesions and from 24% to 68% for colorectal lesions (Table 1). Regarding esophageal lesions, the most significant improvement post teaching was observed for the interpretation of normal squamous epithelium (37% to 95%). Regarding colorectal lesions, the most significant improvement post teaching was observed for the interpretation of hyperplastic polyps (7% to 81%) and ulcerative colitis (12% to 75%). Conclusion: 1) The learning curve for pCLE image interpretation is fast, and interpretation can be learned easily after a short and structured training. 2) The learning curve is independent of endoscopic experience.

Diagnostic accuracy (%) for image interpretation

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<tr>
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<th>Esophageal lesions</th>
<th>Colorectal lesions</th>
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<tr>
<td></td>
<td>All Residents (n=64)</td>
<td>Experienced GI specialists (n=46)</td>
</tr>
<tr>
<td>Accuracy before training</td>
<td>56</td>
<td>48</td>
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<tr>
<td>Accuracy after training</td>
<td>89</td>
<td>84</td>
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Endoscopic Retrograde Appendicitis Treatment (ERAT): A Multicenter Retrospective Study in China
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Background and Aims: Endoscopic retrograde appendicitis therapy (ERAT) has been shown a feasible and effective treatment modality for acute uncomplicated appendicitis. The aim of this multicenter study is to review the experience and determine the safety and efficacy of the endoscopic approach for the diagnosis and treatment of acute appendicitis. Materials and Methods: From December 2009 to November 2012, 34 patients with acute periumbilical pain migrating to the right iliac fossa with a high index of suspicion of acute appendicitis underwent assessment for ERAT. Colonoscopic positive findings (including bulging, edema and pus draining) were considered as definite appendicitis, performing further endoscopic treatment. Results: Endoscopic appendiceal intubations were successful in 33/34 (97.1%) patients during the procedures. Negative appendicitis finding rate was 4/33 (12.1%). Immediate appendiceal decompression were performed in all 29 patients, simple endoscopic cleaning of appendiceal lumen in 19/29 (65.5%), stent drainage in 10/29 (34.5%), 8 patients with appendiceal luminal stenosis and 2 patients with perappendiceal abscess); During endoscopic therapy, pus drainage were found in all 29 patients, fecaliths removal in 21/29 (72.4%). Abdominal pain was relieved immediately and liquid diet was resumed after the procedure. Rebound tenderness and guarding at McBurney's point disappeared within 12 hours in 27/29 patients without perappendiceal abscess, 9 patients took ERAT in outpatient clinic without admission, no procedure-related complications occurred in any patients, 2 (6.9%) patients recurred during 1 to 36 months of follow-up and surgical intervention was required. Conclusions: ERAT appear to be a safe, effective and minimally invasive diagnosis and treatment modality for patients with suspected acute appendicitis.