Familial adenomatous polyposis (FAP) is the inherited disease in which adenomatous polyps likely develop throughout gastrointestinal tracts. In contrast to the colon and stomach, little information is available for tumor prevalence and its morphological features in the small intestine. Therefore, using a capsule endoscopy (CE), we aimed to clarify the characteristics of the small intestinal lesions in FAP patients. Methods: We investigated 17 FAP patients who had undergone all of CE and the upper- and lower-GI endoscopy in our hospital between October 2011 and January 2018. We retrospectively investigated the endoscopic and pathologic features of whole gastrointestinal lesions and analyzed its relation to clinical features in those FAP patients. Results: FAP patients examined (male/female, 6/11, mean age 44.5 ± 2.7 [range 30–65] years) were consisted of 6 severe and 11 sparse types. Regarding small intestinal polyps, 7 patients (41%) had them in the jejunum and 4 (24%) had in the ileum. The number of small intestinal polyps were less than 10 mm in any cases. When analyzed FAP patients by subdividing into the severe/sparse type, the numbers of duodenal polyp and the prevalence of vater ampulla tumor were significantly increased in severe FAP but no correlation was found in the number of small intestinal polyps. However, we found that the number of small intestine was significantly greater in FAP patient group with ≥ 20 duodenal polyps (1.7 ± 2.7 vs. 7 ± 7.5; p = 0.0438). Conclusion: Small intestinal polyps develop in approximately 40% of FAP patients, and their number is significantly greater in FAP patient group with ≥ 20 duodenal polyps. Keywords: familial adenomatous polyposis (FAP), capsule endoscopy (CE), small intestinal polyp

Clinical characteristics and outcome of patients with obscure gastrointestinal bleeding undergoing capsule endoscopy: 10-year experience in a local hospital

Background and Aim: To determine the clinical characteristics, prognostic factors and outcome of patients who underwent small bowel capsule endoscopy for obscure gastrointestinal bleeding. Methods: A total of 90 patients with obscure gastrointestinal bleeding and small bowel capsule endoscopy done were retrospectively included in the present study. Logistic regression was carried out to define predictive factors for presence of small bowel lesion and incomplete capsule examination. Risk factors for rebleeding in those with negative capsule result were identified using Cox regression analysis. Factors that influenced the small bowel transit time were analyzed. The safety profile of the procedure was also assessed. Results: The diagnostic yield in our cohort was 46.7%, with positive rate similar between overt and occult bleeding groups. Patients with congestive heart failure had a higher diagnostic yield. History of myocardial infarction, moderate to severe renal or liver disease, overt bleeders, and hemoglobin < 8g/dL on presentation were independent predictors of rebleeding. Suboptimal bowel preparation, prior abdominal radiotherapy, and higher Charlson Index were risk factors for incomplete examination. Small bowel transit time was prolonged in patients with prior abdominal surgery or suboptimal bowel preparation. Only one patient experienced capsule retention (1.1%) and the procedure was as safe in the elderly as in younger adults. Conclusion: Small bowel capsule endoscopy is a safe procedure with satisfactory diagnostic yield for patients presenting with obscure gastrointestinal bleeding. It is equally useful in overt and occult bleeders. Patients with negative capsule examination still carry a considerable reblooding risk and should be closely observed. Keywords: small bowel capsule endoscopy, obscure gastrointestinal bleeding

Capsule findings in small bowel

![Types of lesions](image)
OE-0413 (PE-0040) The role of video capsule endoscopy in the diagnosis of small bowel diseases in Nile Delta

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Background and Aim: Examination of the small bowel represents a challenge for endoscopists. The advent of video capsule endoscopy (VCE) dramatically changed the diagnostic evaluation of small intestinal diseases. It is non-invasive, convenient, and safe. The aim is to determine the diagnostic yield of VCE in patients with suspected small bowel diseases among our population in the middle of Nile Delta.

Methods: The study was carried out on 22 patients (12 males and 10 females) who were attendants of Tanta Digestive Endoscopy Center-Egypt. Patients with obscure gastrointestinal bleeding (OGIB) or suspected other small bowel disease whom upper and lower endoscopy were negative were included. OMOM capsule, Jinshan Science and Technology Group, China, was conducted to those patients with negative upper endoscopy and colonoscopy searching for small bowel pathology. Results: Distribution of video capsule endoscopy findings among the studied patients was illustrated in Table 1a positive diagnosis (small intestinal abnormalities) was obtained in 19 patients (86.8%), while non-specific lesions were detected in 3 patients (13.6%). In univariate analysis, age, sex, lowest hemoglobin level, and comorbidities were not significant as a prognostic factors associated with re-bleeding. After treatment, re-bleeding occurs in 4 patients with diagnosed vascular anomalies, 1 patient with ileal lymphangectasia (22.72). Conclusion: Vascular malformations, small bowel ulcers, and small bowel tumors are the principal small intestinal lesions among our Egyptian population in the middle of Nile Delta. In spite of lack of treatment abilities, VCE is an accurate tool in the arsenal of endoscopic procedures.

Keywords: video capsule endoscopy, small bowel, diagnostic yield, Nile Delta

Table 1. Distribution of VCE findings

<table>
<thead>
<tr>
<th>Video Capsule Endoscopy (VCE) findings</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small intestinal ulcers</td>
<td>3</td>
<td>13.63</td>
</tr>
<tr>
<td>Vascular malformations</td>
<td>7</td>
<td>31.81</td>
</tr>
<tr>
<td>Dieulafoy’s lesion</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>Small intestinal diverticulum</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>Ileal lymphangectasia</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>Ischemic bowel disease</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>Jejunal varices</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>Non-specific enteritis</td>
<td>1</td>
<td>4.54</td>
</tr>
<tr>
<td>small intestinal tumours</td>
<td>3</td>
<td>13.63</td>
</tr>
<tr>
<td>Small intestinal ulcer</td>
<td>3</td>
<td>13.63</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
</tr>
</tbody>
</table>

OE-0601 (PE-0041) Yield of capsule endoscopy in 206 patients with obscure gastrointestinal bleeding: Experience from a Single Tertiary Hospital in Singapore

Authors: GOVINDASAMY NEDUNCHEZHIYAN[1]; JONATHAN LEE[2]; KEWIN SIAH[2]; ALEX SOH[2]; PHYLLIS TAN[2]
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Background and Aim: Capsule endoscopy (CE), a minimally invasive method to evaluate the small intestine, plays a crucial role in the evaluation and management of obscure gastrointestinal bleeding (OGIB) patients. Our objective here is to review the diagnostic yield and the predictors of positive yield of capsule endoscopy in OGIB. Methods: Four hundred twenty-six patients from National University Hospital, Singapore underwent capsule endoscopy with PillCam™ SB video capsule system from 2006 to 2018. A total of 206 (48.4%) patients underwent CE for investigation of OGIB. Statistical analysis for predictors of positive findings with CE was done using binary logistic regression with SPSS v25. Results: Positive yield was 85.4% (n = 176), whereby erosions (n = 95, 54%), ulcers (n = 66, 37.5%), and angiodysplasia (n = 51, 29.0%) were the most common pathologies identified overall on capsule endoscopy. Forty-three (20.9%) patients had either evidence of active bleeding or lesions with stigmata of recent hemorrhage, of which 23 (53.5%) were bleeding from the small bowel, 16 (37.2%) were bleeding from either the stomach or duodenum, and 4 (9.3%) were bleeding from the colon. Three (7.0%) patients and 17 (39.5%) patients subsequently underwent further surgical and therapeutic endoscopic intervention, respectively. Among the 30 patients (14.5%) with no abnormal findings, 16.7% patients had poor bowel preparation compared to 6.3% of the patients with positive findings. Patients with poor bowel preparation were 3 times more likely to have a negative yield from capsule endoscopy (OR 3.00, 95% CI 0.97–9.36, p = 0.058). The overall capsule retention remained low at 1.2%. Conclusion: Capsule endoscopy triages the minority of the patients who would benefit from subsequent invasive evaluation and intervention. It is particularly useful in investigating obscure bleeding gastrointestinal tract, whereby adequate bowel preparation is critical to achieve accurate diagnosis.

Keywords: capsule endoscopy, obscure gastrointestinal bleeding, bowel preparation, capsule retention
OE-0440 (PE-0089) Efficacy and safety of winged partially covered self-expandable metal stent for malignant gastric outlet obstruction: Newly designed stent to prevent distal migration

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Background and Aim: Through-the-scope implantation of self-expandable metal stents can be used for the palliation of malignant gastric outlet obstruction (GOO). Although covered stents were developed to prevent tumor ingrowth, often seen with uncovered stents, migration is still major problem. Especially, surgical treatment is required in some patients if distal migration occurs. We evaluated the usefulness of the newly designed winged stent (Fig. 1) that was developed to prevent distal migration.

Methods: This was a single center, single-arm, retrospective study. A total of 63 inoperable cancer patients with symptomatic GOO were reviewed to evaluate the safety and efficacy of a newly designed partially covered self-expandable metal stent with star-shaped wing flaps at the proximal end to reduce distal stent migration. Results: Technical and clinical success was achieved in 100% and 87.3% of patients, respectively. The GOO Scoring System score significantly improved after stent placement (from median 1 to 2, p < 0.001). The median duration of stent patency was 147 days (interquartile range [IQR], 76–201), and median duration of overall survival was 176 days (IQR, 79–325). Stent migration was observed in seven patients (11.1%), and restenosis developed in 12 patients (19.0%). All cases of migration were proximal, and no distal migration was observed. Endoscopic removal of migrated stents was performed successfully in all cases.

Conclusion: The newly designed winged stent showed feasible efficacy and safety for malignant GOO. Furthermore, it effectively prevented distal stent migration.

Keywords: gastric cancer, stent, gastric outlet obstruction, self-expandable metal stent, migration

OE-0504 (PE-0090) Fluoroscopic self-expandable metallic stent placement for treating postoperative nonanastomotic strictures in the proximal small bowel: A 15-year single institution experience

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Background and Aim: To evaluate the efficacy and safety of fluoroscopic self-expandable metallic stent (SEMS) placement for treating postoperative nonanastomotic strictures in the proximal small bowel. Methods: Data from eight patients (mean age, 63.8 ± 6.9 years; seven males and one female) who underwent 17 fluoroscopic SEMS placement procedures in total for treating postoperative nonanastomotic strictures in the proximal small bowel (i.e. duodenum and proximal jejunum) were retrospectively reviewed. Strictures were located in the proximal jejunum in all patients. The mean length of the strictures was 5.8 ± 2.0 cm. Five patients with comorbidities were poor surgical candidates. Four patients underwent fluoroscopic balloon dilation, three of whom showed no resolution of obstructive symptoms and one demonstrated recurrence. Results: Technical and clinical success was achieved in 100% (17/17) SEMS procedures. Complete resolution of obstructive symptoms and improvement in oral intake status occurred within 3 days after all procedures, rendering a clinical success rate of 100% (17/17). No complication occurred during or after the procedures. The median follow-up duration was 167 (IQR, 48–513) days. Stent malfunction occurred after 58.8% (10/17) of the procedures, including six occurrences of stent migration and four of tissue overgrowth. Recurrence occurred after 64.7% (11/17) of the procedures. The median stent dwell and recurrence-free times were 32 [IQR, 20–193] days and 68 [IQR, 38–513] days, respectively.

Conclusion: Fluoroscopic SEMS placement may be effective and safe for treating postoperative nonanastomotic strictures, but stent malfunction and recurrence are major drawbacks.

Keywords: postoperative nonanastomotic strictures, small bowel, self-expandable metallic stent

Figure 1
OE-0128 (PE-0103) How effective is the endoscopic stenting in management of post-cholecystectomy bile duct injuries: Experience of a tertiary care hepatobiliary center in a developing country

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Background and Aim: Iatrogenic bile duct injury (IBDI) is the most serious complication of cholecystectomy. Four times higher incidence of IBDI was reported globally in laparoscopy compared to open surgery. Endoscopic stenting is an alternative to surgery in managing IBDI, and data on this aspect are scarce in our setting. Methods: Retrospective analysis of patients referred for Endoscopic Retrograde Cholangiogram (ERC) with suspected IBDI following open/laparoscopic cholecystectomy was done. Findings were categorized by Bismuth–Strasberg classification (A–E). E (1–5) were considered as major injuries. The stented patients were evaluated for symptom improvement, need of repeat endoscopy and complications. Results: Eighty-seven IBDI was detected during ERCP (70% following laparoscopic cholecystectomy). Male:female was 1:3 and mean age was 38.6 years (range 28–70); 53% had minor injuries (Bismuth–Strasburg A–D). Cystic stump leak was the commonest single injury (36%). No difference of injury severity was detected between laparoscopy and open groups (p = 0.78) and 78% of injuries detected postoperatively. All the minor injuries (n = 46) were stented with 7 Fr or 10 Fr plastic stents. All stented patients needed repeat ERCP (two monthly in most cases) with a median number of 5 (range 2–11) and 81% underwent serial dilatation and multiple stenting. All the patients had symptom improvement within 3 months of the initial intervention. In stented group, 5 patients (10%) needed surgery as they developed chronic CBD stricture which were not improved with at least 6 attempts of serial dilatation. Zero mortality was reported in stented group. Conclusion: Minor IBDI can be effectively managed with ERCP and stenting according to our data. Serial dilatation with repeated ERCP is needed in majority but avoiding a major surgery would be an advantage. Number of serial dilations attempted before deciding on reconstructive surgery should be evaluated further as many patients improved after serial dilatation.

Keywords: iatrogenic bile duct injury, ERCP, stenting

OE-0200 (PE-0104) Recurrent acute pancreatitis due to pancreas divisum: A rare case ever documented and reported in Indonesia

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Affiliation: Department of Internal Medicine-GI/Hepatology, University of Padjadjaran-Hasan Sadikin General Hospital, Bandung, Indonesia

Background and Aim: Pancreas divisum is a condition due to failure of fusion two embryonic part of the pancreas. In Japan and Thailand, this congenital anomaly occurred in 0.64% and 1.6%, respectively. Methods: A 39 years old male with abdominal pain referred by secondary care. He had been diagnosed as pancreatitis twice within the last 1 year prior his current admission and undergone MRCP and ERCP. His pancreatic enzymes were very high, MRCP (Picture 1) demonstrated dilatation of dorsal duct that drain to the minor papilla suggestive a complete pancreas divisum, which unfortunately was not diagnosed by doctors in secondary care. ERCP was done demonstrated a stenosis in the minor papilla. Treatment is directed towards relieving outflow obstruction at the level of the minor papilla sphincterotomy and dilation using Soehendra’s dilator catheter with successful results. After several days, his condition improved, and the pancreatic enzymes back to normal level. Results: Pancreatic divisum is a congenital anatomical anomaly of the pancreas during the eighth week of fetal development. The dorsal pancreatic section drains into the minor duodenal papilla through the major pancreatic duct; the ventral pancreatic duct, the smaller part of the pancreas, merges with the common bile duct at the hepatopancreatic ampulla. Definitive diagnosis is made with either ERCP or MRCP. The choice treatment for symptomatic pancreatic divisum is a sphincterotomy of the minor duodenal papilla with or without dilatation. Conclusion: Pancreas divisum is very rare in Asia. This is the first pancreas divisum case successfully treated and reported in Indonesia.

Keywords: pancreas divisum, recurrent pancreatitis, ERCP, sphincterotomy, dilatation

Pancreas divisum—MRCP and ERCP images
**OE-0370 (PE-0138) Feasible and safe of endoscopic suturing closure of large mucosal defects after endoscopic submucosal dissection**  
*Authors: XUAN LI; GUOXIN ZHANG*  
*Affiliation: Department of Gastroenterology, The First Affiliated Hospital of Nanjing Medical University, Nanjing, China*

**Background and Aim:** Our study aimed to demonstrate the safety and efficacy of endoscopic suturing device for closure of mucosal defects after ESD.  
**Methods:** Data of patients who underwent endoscopic suturing device for closure of mucosal defects after ESD between November 2017 and January 2018 at Jiangsu Province Hospital in China were retrospectively reviewed. The parameters analyzed were the incidence of complications, total procedure time, closure time, visual analogue scale (VAS), hospital stay, mucosal closure costs, and patient satisfaction.  
**Results:** A total of 4 patients were enrolled in our study. There were 1 man and 3 women with the mean age of 62.50 ± 14.08 years. The mean size of lesion was 20.2 ± 6.9 mm. One patient was located in the gastric antrum, one was in the corpora while the others were located in the gastric fundus. The mean size of mucosal defects was 41.5 ± 12.5 mm. One patient had the perforation during the ESD. The mean procedure time was 45.42 ± 24.10 min, and the mean closure time was 8.42 ± 4.10 min. The number of stitch applied was only 1 per person. The mean VAS score was 2.57 ± 1.04. The mean hospital stay was 5.57 ± 0.79 days. No complications were observed during the median follow-up of 4.25 months.  
**Conclusion:** Endoscopic suturing device is a feasible and safe procedure for closure of mucosal defects after ESD.  

**Keywords:** endoscopic submucosal dissection, endoscopic suturing device

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**OE-0447 (PE-0139) A retrospective analysis of percutaneous endoscopic gastrostomy (PEG) or duodenostomy (PED) in post-gastrectomy patients**  
*Authors: HARUNA NAKAMURA; WONG TOH YOON; KAORI YONEDA; YOHEI KUBOTA; KAZUKI NISHIHARA*  
*Affiliation: Department of Gastroenterology, Hiroshima Kyoritsu Hospital, Hiroshima, Japan*

**Background and Aim:** Percutaneous endoscopic gastrostomy (PEG) is the preferred route for long-term enteral nutrition in dysphagic patients. However, this procedure is difficult to perform in post-gastrectomy patients and in some cases the puncture site may be after the anastomosis, in the duodenum (PED). We report our experience with PEG/PED in post-gastrectomy patients successfully performed at our hospital.  
**Methods:** Nineteen post-gastrectomy patients (14 men and 5 women) who received PEG for enteral nutrition at our hospital between 2008 and 2018 were included in our study. Baseline characteristics and clinical outcomes were analyzed.  
**Results:** Mean age was 80.7 ± 7.02 (SD) years old; 13 patients (68%) had cerebrovascular disease, 9 patients (47%) had dementia, and 9 patients (47%) had respiratory diseases as comorbidities contributing to their dysphagia. Twelve patients underwent distal gastrectomy (9 Billroth I procedures and 3 Billroth II procedures), 2 patients received proximal gastrectomy, and 4 had either wedge or central gastrectomy. Except for one patient in which the Introducer technique was used, all patients received their catheter placements using the Push technique. In 4 patients, the catheter was inserted beyond the anastomosis site (PED) while the rest where in the remnant stomach. Postoperatively, 7 patients (37%) developed peristomal infection/leakage, including 3 of the PED patients (60%). Feeding-related aspiration pneumonia was observed in 4 patients (21%) and diarrhea in 3 patients (16%). Average postoperative length of stay in the hospital was 21.5 ± 20.7 days. Three patients (15%) died before discharge and only one within 30 days after the procedure.  
**Conclusion:** We reported our experience with PEG/PED in 19 post-gastrectomy patients. If successfully performed, PEG can remain a useful procedure for enteral nutrition in these patients. However, we need to be mindful that PED patients may be prone to peristomal complications.  

**Keywords:** PEG, PED, post-gastrectomy

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*Figure 1 The protocol of this procedure.*
OE-0317 (PE-0172) The significance of linked color imaging technique in real-time diagnosis of active Helicobacter pylori infection
Authors: LI WANG; XIANGCHUN LIN
Affiliation: Department of Internal Medicine-GI/Hepatology, Peking University International Hospital, Beijing, China

Background and Aim: Linked color imaging (LCI) is a novel endoscope technique. Helicobacter pylori (H. pylori) positive stomach mucosa shows diffuse redness color compared with negative mucosa that shows light orange color. Our aim was to compare LCI technique with traditional white light (WL) mode in the diagnosis of active H. pylori infection. Methods: We retrograded analyzed the endoscopic images from 103 patients in our hospital from Nov 2017 to Mar 2018. Images were selected from both antrum and corpus under both LCI and WL mode. All images were labeled with one unique random number and disordered. Four doctors evaluated these images for H. pylori state. The results were finally determined by both rapid urease test and pathology staining. Results: There were 42 males and 61 females, with medium age 48 (26–82); 388 images were obtained while 24 images were excluded because of poor quality. Twenty-seven patients were H. pylori positive. The colors were obviously different between positive and negative mucosa under LCI mode (see Fig. 1). The best results were obtained in corpus LCI group with the sensitivity of 82.76%, specificity 79.71%, positive predictive value 59.42%, negative predictive value 94.02% (see Table 1). We further analyzed the factors that might lead to misjudgment and found that the active inflammation, atrophy and intestinal metaplasia contributed significantly (P = 0.000, 0.019, 0.003, respectively). Conclusion: LCI mode at corpus was superior than WL mode and antrum site in evaluating H. pylori state. Active inflammation, atrophy, and intestinal metaplasia might lead to misjudgment. Keywords: linked color imaging, Helicobacter pylori, real-time diagnosis, active infection state

H. pylori image

OE-0323 (PE-0173) Endoscopic resection for the anxiety level of patients with small gastric GISTs: A randomized prospective research abstract
Authors: MENGYUE JI; DONGTAO SHI; GUOJIAN YIN; JIXIA WU; YUEPING SHEN; DEQING ZHANG; WEICHANG CHEN; RUI LI
Affiliation: Department of Gastroenterology, The First Affiliated Hospital of Soochow University, Suzhou, China

Background and Aim: Gastric GISTs are the most GISTs. Most guidelines recommend small gGISTs without high risks to follow up. However, most patients were anxiety. So we aimed to investigate the influence of endoscopic resection on the anxiety level of patients with small gGISTs. Methods: In a randomized prospective clinical research, we compared the degree and the change of anxiety level in patients undergoing endoscopic resection, mind-cure, and non-treatment. Self-Rating Anxiety Scale was used to assess the anxiety of patients at three time points. When gastric GIST was diagnosed, 1 month after treatment/diagnosis and 6 months after treatment/diagnosis, the patients was evaluated; 179 patients completed the research from June 2016 to March 2018. Results: In the Endoscopic Resection Group, the S1 was median 57.3 (interquartile range 50–65) and declined to S2: 46.6 (42–50) a month later and S3: median 44.8 (40–50) 6 months later (P < 0.01). Similarly, the decline of other two groups were significant either (P < 0.05). Educational level, tumor site, and HP infection independently affected the reduction of anxiety. The anxious patients differed significantly from patients not anxious in the aspect of gender, HP infection, family history of gastric cancer, educational level, and diabetes. Conclusion: Whether endoscopic resection or mind-cure, or even follow-up only, the anxiety level will decrease significantly; the patients undergoing endoscopic resection showed a more significant decline. Female patients, high educational level patients, patients with diabetes, HP in-