normal platelet count, normal clotting and normal liver biochemistry. Fecal occult blood test was positive. An upper endoscopy showed esophagitis. Esophagogastroduodenoscopy showed multiple large tortuous dilated vessels in the terminal ileum and cecum consistent with IC varices. To investigate the etiology of the varices, a CT of the abdomen and pelvis was obtained and revealed an ill-defined RLQ mass with desmoplastic reaction, closely related to the tip of appendix with multiple small calcific foci, associated with marked enhancement and thickening of the distal ileum. It also showed a heterogenous, lobulated, prevascular soft tissue lesion measuring 6 x 4.5 cm (matted lymph nodes) that appeared to abut and encase the superior mesenteric vein. The liver and spleen appeared unremarkable. CT findings were suggestive of RLQ neuroendocrine tumor (NET) with lymph nodes (LN) metastasis. Further lab testing showed elevated serum chromogranin A level at > 650 U/L and normal 24-hr urinary 5-hydroxyindoleacetic acid. The patient underwent right hemicolectomy, with extended small bowel and mesenteric LN resections. Histopathology examination showed a well differentiated, multicentric NET involving the ileum, appendix and mesenteric mass with mitotic count of < 2/HPF; Ki67 proliferation index of 4.5% (WHO grade 2) with LN metastasis (pT3 N2). The patient has been receiving monthly lanreotide injections with good response over the past 2 years. Chromogranin A level decreased from > 650 U/L to 214 U/L.

DISCUSSION: We report an extremely rare case of IC varices. This appears to be the only the third well-documented case of ileal or colonic varices related to mesenteric venous obstruction caused by a NET. This case also highlights the importance of evaluation of the small bowel in the work-up for occult gastrointestinal bleeding.

S2845
A Rare Pandemic Presentation: Acute Perforated Duodenal Ulcer in a COVID-19 Case With Acute Abdominal Pain

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INTRODUCTION: Gastrointestinal presentations in the novel Covid-19 pandemic include nausea, diarhhea, ischemic colitis, elevated liver enzymes and abdominal pain in 3-4% of cases. Excluding abnormal liver functions at initial presentation, most gastrointestinal symptoms generally portray a favorable prognostic outcome. Ischemic phenomena ostensibly comprise a third of ICU patients with systemic inflammatory response and coagulopathy. Neither serious upper gastrointestinal manifestation [at initial presentation] nor acute peptic ulcer symptoms with associated perforations, with respect to COVID-19, have been noted worldwide. We report such a case. Managed successfully and treated in a conventional manner, with accepted FDA approved therapy for Covid-19.

CASE DESCRIPTION/METHODS: A 72 year old female presented to the ED with left upper quadrant pain and chest pain and subsequently discharged after an initial negative CT. 2 days later, at the height of the Covid pandemic surge in the NYC area, she presented with worsening of symptoms and was re-admitted to the ICU. Repeat CT revealed free air under her diaphragm and resulted in an emergency laparotomy with an omental patch repair/suturing of acutely perforated duodenal ulcer. Acute febrile status on post op day 4 with myalgias led to a diagnosis of Covid-19 with appropriate PCR testing. Adhering to conventional treatment in the early pandemic wave, she underwent immediate additional therapy with HCQ and Zithromax for 5 days and discharged home on PPI after full recovery. Her subsequent Covid testing was negative with both IgG and IgM antibody response. Similarly, her stool HP/short PCR and her stool Covid PCR were also negative.

DISCUSSION: Perforated peptic ulceration, warranting emergent surgery, has not been detailed as an etiology of abdominal pain in Covid-19 patients in the novel Coronavirus pandemic literature. Our case underwent an emergency surgery at the height of the pandemic at a NJ epicenter hospital. Covid-19 positive status was not discovered until post op day 4 as the outcomes for the patient may not have been as fortuitous with known prior diagnosis of Covid-19 in the early pandemic atmosphere. Contrasting with respect to other initial gastrointestinal manifestations in Covid, our patient had a favorable outcome while managed successfully and treated conventionally. In future waves of the pandemic, the gastrointestinal community should have a heightened suspicion for complicated acute peptic ulcer disease in Covid-19 patients presenting with acute upper abdominal pain.

S2846
A Case of COVID-19-Induced Diarrhea

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