Conclusions: There is strong evidence to support the early initiation and continuation of high-dose antiplatelet therapy following CABG however these guidelines are not strictly adhered to. We have demonstrated with closed audit and re-education an improvement in a simple yet prognostically significant process of care, and consequently an enhancement in clinical practice.

1092: LASER THERAPY FOR TRACHEOBRONCHIAL TUMOURS, DOES IT HELP?
Jahan Jeyatheesan, Mohammed Hawari, Henry Carslake, Maninder Kalkat. Heartlands Hospital, Birmingham, UK

Aim: Neodymium:yttrium aluminium garnet (Nd:YAG) laser therapy has been used for many years as part of palliative treatment of advanced tumours involving the tracheobronchial tree. We aim to review our practice and assess the safety of the procedure and its effectiveness.

Method: Patients who underwent laser therapy for airway tumours between January 2008 and December 2011 were retrospectively reviewed. Collected data was analysed using SPSS 20.

Results: 38 patients; 15 females and 23 males, with mean age 64; range 35–84 years, underwent laser treatment. 76.3% were primary lung tumours and 23.7% were metastatic. 10 were tracheal only, 6 tracheobronchial, 15 right bronchus and 7 left bronchus. 42.1% had external compression in addition to the endoluminal component. 65.8% of patients had significant improvement of their symptoms or radiological resolution of collapse, 13.2% had partial improvement while 21% had no improvement. None had complications related to laser. Overall 1 and 2-year survival was 20.1% and 10.7% respectively. There was no statistically significant survival difference between metastatic and primary lung tumours (p-value 0.423), or between endoluminal tumours and those with external compression (p-value 0.449).

Conclusions: Laser is a safe and good option in palliation of blocked airways. Most patients get symptomatic and radiological improvement.

1131: DOES SURGERY HAVE A ROLE IN LIMITED SMALL CELL LUNG CANCER?
Khaliq Mujahid, Mohammad Hawari, Babu Naidu, Maninder Kalkat, Simon Trotter. Regional Centre for Thoracic Surgery, Heartlands Hospital, Birmingham, UK

Aims: We looked at patients who underwent lung resections with a post-operative histological diagnosis of small cell lung cancer. Our aim was to identify which group in this category had a survival benefit from surgery.

Methods: A retrospective review was performed between January 1996 and August 2011. All patients with histopathological diagnosis of small cell cancer were identified and followed up. Survival data was analysed using Kaplan Meier and Cox regression.

Results: 32 patients were identified. 19 males (59%). Mean age 65.9 (SD 8.6). 11 patients (32%) had a diagnosis of small cell on frozen section. 18 (60%) were stage I, 8 (26.7%) stage II, 4 (13.3%) stage III. Nodal status was N0 (22), N1(6), N2(2). Overall 1, 2 and 5-year survival was 74.3%, 50.1% and 35-84 years, underwent laser treatment. 76.3% were primary lung tumours and 23.7% were metastatic. 10 were tracheal only, 6 tracheobronchial, 15 right bronchus and 7 left bronchus. 42.1% had external compression in addition to the endoluminal component. 65.8% of patients had significant improvement of their symptoms or radiological resolution of collapse, 13.2% had partial improvement while 21% had no improvement. None had complications related to laser. Overall 1 and 2-year survival was 20.1% and 10.7% respectively. There was no statistically significant survival difference between metastatic and primary lung tumours (p-value 0.423), or between endoluminal tumours and those with external compression (p-value 0.449).

Conclusions: Laser is a safe and good option in palliation of blocked airways. Most patients get symptomatic and radiological improvement.

1168: SURGICAL MANAGEMENT OF RHEUMATIC MITRAL VALVES
Khaliq Mujahid, Mohammad Hawari, Sunil Bhudia, Ramesh Patel. Department of Cardiothoracic Surgery, University Hospital of Coventry and Warwickshire, Coventry, UK

Aims: Evaluate which prognostic factors affected long term outcomes in mitral valve repair and replacement.

Methods: Retrospective review of our database. 470 patients underwent surgery between 1994 and 2010. Morbidity and mortality were evaluated using Kaplan-Meier analysis and Cox regression.

Results: Mean age was 65 years, 80% were females. Preoperatively, 76.8% were treated for congestive heart failure (CHF) and 53.2% had recent deterioration of symptoms. 42.1% had moderate to poor LV function. 12.1% had mitral stenosis, 21.9% had regurgitation and 66% had mixed disease. 43.6% were repaired and 56.4% replaced. 16.8% were urgent cases. 30d mortality was 8.1%. Factors that significantly affected 5-year survival included recent deterioration (p-value < 0.001), presence CHF (p-value 0.017), CRF or Creatinine >200 μmol/L (p-value < 0.001), preoperative dysrhythmia (p-value 0.038), poor LV (p-value < 0.001), urgent status (p-value < 0.001), postoperative renal impairment or need for dialysis (p-value < 0.001). Valve repair or replacement did not affect long term survival, p-value 0.155. Overall 5-year and 10-year survival for all patients was 82.7%, and 78.5% respectively.

Conclusions: Both mitral valve repair and replacement carry similar long term outcomes regarding survival. However CHF, dysrhythmia, and renal failure carry worse prognosis and should be actively managed preoperatively especially in elective cases.

CASE REPORTS
0135 WINNER OF IJS CASE REPORTS PRIZE (2ND PLACE): SUB-TOTAL SCAPULAR RECONSTRUCTION AND CRANIOLYSIS FOR LARGE COMPLEX CALVARIAL DEFECTS; A CASE REPORT
James Russell1, David Izadi2, Paul Wilson2, 1 University of Bristol, Bristol, UK; 2 Frenchay Hospital, Bristol, UK

Background: Reconstructive surgery of the scalp and cranium aims to establish both normal function and aesthetic outcome after disfigurement. Following excision of a basal cell carcinoma with bony involvement, an acrylic craniolysis is often used to restore the bony defect. This is subsequently covered with an appropriate flap.

Method: We present the case of an 82-year-old woman who underwent resection of a large basal cell carcinoma involving the parietal region of the scalp and underlying bone. This was reconstructed using a novel method of acrylic craniolysis and coverage of the defect using a single anterior-based transposition flap.

Results: The use of local flaps generally leaves a ‘dog-ear’ at the base of the pedicle. In this case, the dog-ear is planned for removal at two months post-surgery to achieve a satisfactory aesthetic outcome. There were no other complications at six weeks.

Conclusions: We have presented a modification to a well-known cranio-plasty technique and the planning and demonstration of a sub-total scalp reconstruction. Whilst recent reports have emphasised the use of free tissue transfer for large scalp defects, this example demonstrates the effectiveness of local flap techniques. This reduces surgical time and donor-site morbidity in the elderly or otherwise infirm patient.

0181: ATROPINE SULPHATE: RESCUE THERAPY FOR FAILED PYLOROMYTOMY
Richard Owen1, Sarah Almond2, Gill Humphrey2, 1 Leighton Hospital, Crewe, UK; 2 Royal Manchester Children’s Hospital, Manchester, UK

Infantile hypertrophic pyloric stenosis (IHPS) is a common condition which presents with non-bilious vomiting and failure to thrive secondary to gastric outlet obstruction. In the UK, management is by fluid resuscitation followed by pyloromyotomy. Incomplete myotomy complicates 0.3% of cases necessitating further surgery and exposing the patient to further risk. Medical management of IHPS with antimuscarinics to promote pyloric relaxation is a well described treatment modality that is used as first line therapy in some countries. The use of this technique is limited by the need for extended hospital admission with parenteral nutrition administration. We describe a case of IHPS complicated by incomplete pyloromyotomy and subsequently managed successfully by atropine sulphate therapy. To our knowledge, there are no published data reporting this novel application antimuscarinic therapy.

We have found atropine to be an effective rescue therapy in this circumstance, leading to rapid resolution of symptoms without the risks of early re-exploration.

0247: COMPLEX AUTOLOGOUS RECONSTRUCTION OF ADULT AURICULAR DEFECT WITH PRELAMINATED FREE RADIAL FOREARM FLAP: AN EXAMPLE OF A TISSUE ENGINEERED FLAP
Jim Zhong, Ken Stewart. University of Edinburgh, Edinburgh, UK

A 45 year old man suffered a subtotal amputation of the left ear and alkali burns to his face following a traumatic accident in a factory. Conventional
methods could not be used due to extensive scarring to his scalp. A reconstruction with ipsilateral costal cartilage covered with a free radial forearm fascial flap and a split thickness skin graft harvested from the scalp was undertaken, followed by release of the reconstructed ear and elevation with a combination of a further cartilage graft, the deep temporal fascia and a further split skin graft. Infection to the cartilage, after partial flap necrosis, resulted in a less than desirable aesthetic appearance of the ear which prompted further revision. The second attempt used a tissue expanded prelaminated flap (TEPFL) in the right forearm. This was microsurgically moved to his head as a free tissue transfer 6 months later. After 4 years of multiple operations and revisions the overall outcome was satisfactory. This highlights the importance of tissue expansion in flap prefabrication, a developing technique, as issues such as thick skin encountered in previous cases of prelaminated flaps are addressed. TEPFLs may be valuable for ear reconstruction when local skin is not available or viable.

0263: AN ATYPICAL CAUSE OF LEG SWELLING
Suchira Sarkar, Andrew Sandison. East Sussex NHS Trust, Eastbourne, UK
Infected popliteal artery aneurysms are unusual. Mycobacterium malmoense is an atypical mycobacterium that has not been described previously as a cause of aneurysm formation. 150 isolates a year in England, Wales and Northern Ireland are made of this organism and 90% of these come from the lungs, 65% from males and 85% from patients aged 45 years or older. If pathogenic, it usually causes lung disease and can also cause cervical lymphadenopathy. There are isolated reports about joint infection and tenosynovitis. In the 1980’s it was most often reported in immune-compromised individuals. Currently patients most susceptible are those suffering with chronic respiratory illness followed by cancer.

In this case report we describe the clinical presentation, investigations and management of a 74 year old Caucasian gentleman who presented with an aneurysm of the popliteal artery secondary to Mycobacterium malmoense. This is the first reported case of a mycotic popliteal aneurysm secondary to Mycobacterium malmoense. We have reviewed the literature and highlighted the change in profile of pathogens causing infected aneurysms.

In the future with an increasingly aging and immune-compromised population infected aneurysms must be considered in the diagnosis of a pulsatile swelling.

0480: RAPUNZEL SYNDROME MIMICKING APPENDICITIS
Josef Taylor, Frank McDermott, Matthew Bowles. Derriford Hospital, Plymouth, Devon, UK
Case: We present the case of a 12-year-old girl with a trichobezoar extending into the terminal ileum presenting with right iliac fossa pain (RIF). The patient had a complex social background and had been diagnosed with anorexia nervosa. At presentation she was tender in the RIF with raised inflammatory markers. Open appendicectomy revealed a normal appendix but firm intestinal contents from the stomach to the terminal ileum. Enterotomy revealed a trichobezoar which was removed via the enterotomy and a gastrotomy.

Background: Trichobezoars are rare and caused by the ingestion of the patient’s own hair. They are nearly always found in female adolescents with psychiatric problems and present with oesophageo-gastric obstruction. On the very rare occasions when the bezoar extends into the small bowel it is termed ‘Rapunzel syndrome’. This has a wider scope of presentation including obstruction, pancreatitis, perforation, intussusception and appendicitis. Diagnosis is based on clinical suspicion with characteristic radiology. Treatment is endoscopic, laparoscopic or by laparotomy. Prevention is by cutting hair short and treatment of the underlying trichophagia. Antidepressants have been used with success.

Conclusion: Trichophagia causing Rapunzel syndrome is a differential to be borne in mind in young female psychiatric patients presenting with abdominal symptoms.

0512: SPINAL CORD ISCHEMIA FOLLOWING TRAUMA TO AN AXILLARY-BIFEMORAL SYNTHETIC GRAFT
Sayinthen Vivekanantham, Gokulan Phoenix, Saroj Das. Imperial College London, London, UK
Introduction: Although rare, spinal cord ischemia (SCI) is a devastating complication of post-vascular surgery with consequences including paralysis and even death. We present a case of spinal cord ischemia following compromise to an axilla-bifemoral graft - a previously unpublished finding.
Case study: A 55-year-old female with a background of peripheral vascular disease, hypertension and insulin-dependent diabetes underwent a femoral-inguinal femoral graft in 2000. She re-presented 11-years later to the vascular services with symptoms of bilateral intermittent claudication. Following the discovery of an occluded graft, an elective left axilla-bifemoral bypass with Dacon® was performed. The patient was discharged following an uneventful post-operative stay. However, immediate readmission was necessary due to graft haemorrhage following accidental blunt trauma to the left axilla.

The patient went on to develop sensory and motor loss below the level of T11 associated with bladder and bowel dysfunction. A MRI Spine was suggestive of SCI. Clinical and investigative findings resulted in thrombectomies of graft, superficial femoral and profundus femoris arteries. Two months post-insult, the patient has regained good sensory and motor function through intense rehabilitation.

Discussion: Early surgical intervention and rehabilitation had prevented permanent paralysis in a patient with SCI secondary to transient arterial hypotension caused by graft haemorrhage.

0525: SUSTAINED BILATERAL MIDDLE EAR EFFUSIONS POST ORTHONOGNATHIC SURGERY SUCCESSFULLY TREATED WITH GROMMET INSERTION: A CASE REPORT
Ashwin Algudkar, Bernard Lim, Kathleen Fan, Robert Bentley. King’s College Hospital, London, UK
A 22-year-old woman underwent a Le Fort I maxillary osteotomy to correct a class III malocclusion. Post surgery the patient commented on reduced hearing in both ears. On examination both tympanic membranes appeared congested suggestive of middle ear effusions. Nasendoscopy showed rhinitic nasal mucosa. Pure tone audiometry (PTA) revealed mild bilateral conductive hearing loss with tympanometry revealing flattened (type B) traces on both sides confirming bilateral middle ear effusions.

The patient underwent bilateral grommet insertion under general anaesthetic approximately 30 months after the onset of her auditory symptoms. She was also commenced on nasal steroids to treat her rhinitis. The patient was reviewed back in clinic 6 weeks after grommet insertion. Her hearing had returned to normal and this was confirmed on PTA.

Orthognathic surgery is known to cause auditory system dysfunction but in most cases this is short term and does not require intervention. This is thought to be due to post-operative oedema, haematoma and changes in the musculature around the Eustachian tube. To our knowledge there are no reports of auditory dysfunction persisting 2 years after orthognathic surgery. In this case the patient’s rhinitis may have contributed to sustained Eustachian tube dysfunction leading to middle ear effusions.

0532: SAPHENOUS PATCH GRAFT OF A RUPTURED, NON-ANEURYSMAL, ABDOMINAL AORTA
Thomas Brogden. Institute of Naval Medicine, Gosport, Hampshire, UK
Aim: The aim is to report a rare case of a non-aneurysmal ruptured abdominal aorta, presumed myotic, in a 44 year old male and its novel management to allow the dissemination of surgical experience.

Method: A case of a ruptured non-aneurysmal aorta which was thought to be myotic was encountered as an emergency and repaired using a long saphenous vein (LSV) patch graft. The case, along with the repair technique is presented and the current literature reviewed.

Results: No similar cases were identified in the literature as were no reports of similar patch grafts of aortas using LSV. With no similar cases the evidence for management of myotic disease was reviewed in terms of mycotic aneurysm management, for the non-aneurysmal aspect literature on perforating atherosclerotic ulcers was examined. A general consensus of literature supports endovascular repair in both situations (if only for temporising), however, the key limitation is lack of evidence for longevity with endovascular techniques.