Methods: Patients diagnosed with idiopathic adhesive capsulitis treated by one orthopaedic surgeon between 2004-2008 were identified using outpatient clinic letters. Patients initially received conservative treatment. Failing conservative treatment patients underwent an arthroscopic capsular release. After a minimum of two years following diagnosis, patients were sent the Oxford Shoulder Score (OSS), Western Ontario Rotator Cuff Index (WORC) and a satisfaction questionnaire. Case notes were reviewed and treatment and range of movement (ROM) recorded.

Results: 60 patients diagnosed with idiopathic adhesive capsulitis were identified. 42 patients (70%) returned the completed questionnaires. Range of movement data was available from 43 (72%). Mean OSS was 41.52 (SD 10.7) and mean WORC 307.26 (SD 437.1). Analysis showed that where conservative treatment was successful, patients had significantly better functional outcome scores in OSS and WORC and better ROM than those who underwent surgery. Overall 33 patients (79%) were satisfied with the treatment outcome.

Conclusion: Patients who respond to conservative treatment have a better functional outcome than those who undergo surgery following failed conservative treatment. Further studies are needed to directly compare the two treatment types.

0789 MALE BREAST CANCER AND DIETHYLSTILBOESTROL USE: TWO CASE REPORTS AND REVIEW OF THE LITERATURE

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Aim: The UK incidence of breast cancer in males is less than 1 per 100,000 and this has remained stable over the last decade. We describe two cases of male breast cancer associated with diethylstilboestrol use and review the literature.

Method: Retrospective database searches were used to identify cases of male breast cancer in Torbay, Exeter and Barnstaple Hospitals during a ten year period ending in October 2009. Evidence of diethylstilboestrol use was recorded through review of clinical notes.

Results: We identified 57 new cases of male breast cancer. Two patients had received treatment with diethylstilboestrol during childhood and subsequently developed longstanding gynaecomasia prior to their presentations with malignant breast lumps. Diethylstilboestrol was first synthesised in 1938 and was used widely for oestrogen replacement before the carcinogenic and teratogenic properties became evident. It is occasionally used in the treatment of prostate cancer and rarely for breast cancer in postmenopausal women. Feminising side effects, especially gynaecomasia occur in all men treated with diethylstilboestrol.

Conclusion: Oestrogen exposure is a well documented risk factor for breast cancer in females. These cases highlight the importance of investigating oestrogen related risk factors including childhood exposure, in any males presenting with possible breast pathology.

0790 DOES THE MANAGEMENT OF GUSTILLO TYPE 1-3 OPEN TIBIAL FRACTURES IN THE SOUTH WEST COMPLY WITH BOA/BAPRAS GUIDELINES?

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Introduction: BOA/BAPRAS guidelines specify optimum management of complex lower limb trauma. This study examines compliance with BOA/ BAPRAS guidelines in the primary management of lower limb trauma over a 12 month time period in the South West.

Methods: A retrospective audit was carried out from 2009-2010.175 cases of lower limb trauma with plastic surgery input were identified, 21 patients had Gustillo type 3 open fractures. There were 15 male patients and 6 female patients included with an age range of 17-88. Exclusion criteria: those patients with only soft tissue injuries, ankle fractures, injuries to the foot and femur, those who required amputation, and tibia fractures classified as Gustillo 1-3A.

Results/Discussion: Patients were injured most commonly in road traffic accidents. The management of patients was compared with the BAPRAS guidelines. In 80% of cases ATLS principles were followed. 55% of patients had photographs of their wounds taken. 75% had tetanus prophylaxis. 95% had appropriate limb splintage and 85% had appropriate antibiotic prophylaxis with antibiotics given within 3 hours.

Conclusion: Strict adherence to BOA/BAPRAS guidelines is crucial to achieving optimal outcomes for these complex injuries, this study shows the compliance of units in this region shows room for improvement.

0793 GLASGOW BLATCHFORD SCORE IS NOT SUPERIOR IN IDENTIFYING PATIENTS AT RISK PRESENTING WITH UPPER GASTROINTESTINAL BLEEDING

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Aim: Recently a new scoring system for upper gastrointestinal bleeding (UGIB) has been introduced; the Glasgow Blatchford Score (GBS) uses simple clinical and laboratory variables to identify patients at risk requiring urgent endoscopy and inpatient treatment. It has been reported that this score is superior to the Rockall score which major disadvantage is that it requires endoscopic findings. Our aim was to investigate the effect of using the GBS in a District General Hospital setting.

Methods: A retrospective review of 53 patients presenting with acute UGB was conducted. Rockall score as well as the GBS has been calculated. Clinical, haematological and endoscopic findings were reviewed.

Results: The GBS score identified 92.5% of the patients as high risk requiring inpatient endoscopy. This score failed in identifying two patients with gastric and duodenal ulcer as being at risk. Furthermore, ten patient were identified as high risk but had normal endoscopic findings. The clinical Rockall score identified 79.2% and the complete Rockall score identified 43.3% of the patient as high risk. By using the Rockall score no patient with significant endoscopic finding was missed.

Conclusion: Our results do not support the fact that the GBS helps identifying high-risk patients.

0794 RELATIONSHIP OF OBESITY AND SOCIAL DEPRIVATION WITH NON-SPECIFIC ABDOMINAL PAIN IN YOUNG WOMEN PRESENTING TO A SURGICAL ASSESSMENT UNIT

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Introduction: It was noted that of the patients admitted with abdominal pain, young females who were obese or from low socio-economic groups seemed less likely to have an identifiable diagnosis for their pain. These patients tend to be discharged with a diagnosis of ‘non-specific abdominal pain’. We analysed whether this observation was true.

Methods: Prospective cohort study; consecutive females aged 16-30yrs admitted to a teaching hospital between 06/05/2010 and 30/07/2010 included. Demographic data including postcode and BMI, referral source, management, end diagnosis and follow-up were recorded from notes and the electronic patient management system. Deprivation was assessed from postcode, using the Indices of Deprivation 2007 LSOA scoring system.

Results: One hundred patients were included. The commonest diagnoses were non-specific abdominal pain (NSAP) (43%) and gynaecological causes (14%). BMI was available for 81%. The overall median BMI was 22.7kg/m2 (14.9-39.5kg/m2) versus 24.4kg/m2 (17.1-36.3kg/m2) for those with NSAP. Obese women were not significantly more likely to be diagnosed with NSAP (p =0.9, Fisher’s exact test). No correlation was found between deprivation score and NSAP.

Conclusions: There was no evidence that obese or deprived patients are more likely to be diagnosed with NSAP. Perhaps a degree of prejudice is displayed towards these patients.

0799 INCIDENTAL BREAST LESIONS DETECTED ON DIAGNOSTIC CT SCANS: A 3-YEAR PROSPECTIVE STUDY

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