Conclusion: With lacking evidence for repair techniques in non-aneu-
rysmal aortic ruptures in young patients the LSV patch is a surgical option. In
the case presented a leak occurred after 2 months requiring further interven-
tion. This complication should be noted when confronted with similar
situations.

0548: TORSION OF A WANDERING SPLEEN: A CASE REPORT
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Aim: We describe the complications of a wandering spleen which is the
abnormal positioning of the spleen away from the left upper quadrant.
Methods: Retrospective case report.
Results: We describe the case of a 29 year old lady, initially presenting
with a 1 year history of chronic upper abdominal pain. Outpatient
investigations included ultrasound and CT imaging of her abdomen
which confirmed the presence of a wandering spleen which was cen-
trally located. Upper gastrointestinal endoscopy identified Helicobacter
pylori gastritis, and she was treated with appropriate eradication
therapy leading to resolution of symptoms, and therefore discharged. 1
year following discharge from clinic, she presented to A&E with acute
exacerbation of the upper abdominal pain and became septic during
the admission. CT imaging demonstrated fat stranding around an
enlarged spleen with a suspicion of an underlying splenic volvulus.
An urgent laparotomy confirmed the findings of an engorged and
gangrenous spleen with a 720° torsion of the splenic pedicle, and
therefore a splenectomy was performed. Following an uneventful post
operative course and four months post discharge, she is now symptom
free.
Conclusion: Elective splenectomy should be offered for patients identified
to have a wandering spleen due to the high risk of complications associ-
ated with conservative management.

0587: A PREVIOUSLY UNDOCUMENTED COMPLICATION OF
AUTOLOGOUS CHONDROCYTE IMPLANTATION
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There is currently no gold-standard surgical treatment for isolated and
full-thickness cartilaginous damage to the knee joint. Such an injury can
cause considerable morbidity, diminish quality of life and potentially lead
to joint degeneration and osteoarthritis, with associated pain and loss of
function. Autologous Chondrocyte Implantation (ACI) is an increasingly
popular surgical intervention. This is a two-stage procedure whereby
healthy autologous cartilage is first harvested from a less weight-bearing
area of the articular surface. In vitro-derived chondrocytes are subse-
quently injected as a suspension into the defect area, using a variety of
existing methods. Systematic analysis of the efficacy and safety of ACI interventions has been
limited. Indeed, detailed literature reviews of the incidence and nature of
poor ACI outcomes have only begun to emerge recently. There is nothing in
the literature, to date, associating avascular necrosis (AVN) of the knee
with ACI. We report the case of a middle-aged gentleman who, several
years after ACI surgery to the right knee, developed changes within the
femoral condyle suggestive of AVN. Subsequent management included
restoration of the articular surface using a contoured articular resurfacing
implant.
Therefore, we propose that AVN of the knee should be considered as
another potential complication of ACI.

0632: A RARE CASE OF OTORRHOEA CAUSED BY A TRAUMATIC
PAROTO-AURAL FISTULA
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Aim: We present an extremely rare case 57 year old man with left gusta-
tatory otorrhea secondary to a traumatic external auditory meatus (EAM)
salivary fistula and describe a novel management technique not previously
reported in the literature
Method: We reviewed the patient’s notes and clinical investigations, and
performed a literature search of traumatic EAM salivary fistula and its
management.
Results: The patient presented with left sided gustatory otorrhea
following a facial injury 18 months previously. Biochemical analysis of the
otorrhea fluid was strongly positive for amylase. A superficial paroti-
dectomy approach was used and intra-operatively he was found to have a
paroto-aural fistula caused by complete dissociation of the tympanic
bone from the EAM cartilage. A Sternoceilomastoid (SCM) flap was
interposed to interrupt the communication between the parotid gland and
the ear cartilage. The patient had immediate and sustained resolution of
otorrhea
Conclusion: EAM salivary fistula are extremely rare. Management strate-
gies can vary and range from ligation of the parotid duct to total paroti-
dectomy. SCM flap interposition is a novel technique that is simple and
effective.

0775: HOW TO LOCATE AND TREAT LYMPH LEAKS: A NOVEL METHOD
USING PATENT BLUE V DYE AND FLOSEAL
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Aim: Lymph leaks following vascular groin dissections are a challenging
postoperative complication for both patient and surgeon. A multidisci-
plinary team consisting of breast, plastics and vascular surgeons present
this method for managing lymph leaks.
Method: A 35 year old man developed a lymph leak following left sided
varicose vein surgery involving a traditional sapheno-femoral junction
high tie and great saphenous vein stripping. The leak did not resolve
following a trial of conservative management and re-exploration of the
groin incision. Our technique involved injecting 1ml of patent blue V dye
intra-dermally into the 1st dorsal web space of the left foot. Manual calf
compression was undertaken whilst carefully observing the groin, and
the site of the leak was ligated when the dye was seen appearing. Calf
compression was repeated to confirm ligation of the leak site. The groin
cavity was then filled with Floseal and the groin then closed in 2 layers.
Results: The leak settled post procedure and on four months follow-up,
the lymph leak had completely resolved.
Conclusions: To our knowledge, this is the first description of using this
technique which is simple and easily reproducible for patients with
complicated lymph leaks refractory to conventional therapy.

0965 WINNER OF IJS CASE REPORTS PRIZE (JOINT 1ST PLACE): A CASE OF
CHEMICAL ASSAULT IN HONG KONG (CASE REPORT)
Aim: To raise awareness of the unique protocol developed in Hong Kong
for acute management of acid assault burns
Background: In Hong Kong, acid-assaults are more common compared to
other developed countries. A unique protocol had been developed to deal
with the immediate injury.
Case: A 16-year-old girl was assaulted by her ex-boyfriend. She suffered an
8% TBSA burn to her face, upper-limbs and back. Immediate lavage was
commenced at the local hospital prior to transfer to the Burn Centre in
PWH. She was immediately transferred to theatres for shaving of her burns
to punctate bleeding. She then underwent 48-hours of saline-soaks with
2-hourly changes prior to definitive treatment of grafting.
Discussion: Conventional strategies involved persistent lavage for 2-3
days, followed by delayed shaving and grafting. Outcomes often poor with
disproportionate need for reconstructive procedures compared to thermal
burns. Since introducing the new protocol 3-years ago, outcomes have
improved and can be quantitatively assessed in terms of decreased
reconstructive need.
Conclusion: The benefits of the urgent reduction in chemical load is
intuitively obvious and by shaving only to punctuate bleeding vital tissue is
not removed. Whether trying to prove benefit in terms of an RCT is now
ethically questionable.

1050: ABERNETHY MALFORMATION WITH DUPLICATE GALLBLADDER,
POLYSPLEENIA AND MALROTATION OF THE GUT
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