Conclusion: With lacking evidence for repair techniques in non-aneurysmal aortic ruptures in young patients the LSV patch is a surgical option. In the case presented a leak occurred after 2 months requiring further intervention. 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 centrally 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^{o} 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 splenopexy should be offered for patients identified to have a wandering spleen due to the high risk of complications associated 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 subsequently 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 gustatory otorrhoea 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 otorrhoea following a facial injury 18 months previously. Biochemical analysis of the otorrhoea fluid was strongly positive for amylase. A superficial parotidectomy 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 Sternocleidomastoid (SCM) flap was interposed to interrupt the communication between the parotid gland and the ear cartilage. The patient had immediate and sustained resolution of otorrhoea
Conclusion: EAM salivary fistula are extremely rare. Management strategies can vary and range from ligation of the parotid duct to total parotidectomy. 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 multidisciplinary 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)

Billy Ching Leung, Andrew Burd. *Barts and The London, London, UK*

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 transfered 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, POLYSPLENIA AND MALROTATION OF THE GUT

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