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 was undertaken, followed by release of the reconstructed ear and elevation

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. TEPLFs may be valuable for ear reconstruction when local skin is not available or viable.

0263: AN ATYPICAL CAUSE OF LEG SWELLING

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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 myotic 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

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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. The patient had a complex social background and had been diagnosed with anorexia nervosa. At presentation she was tender in the RIF. She had a normal appendix but in most cases this is short term and does not require intervention. The patient returned to normal and this was confirmed on PTA.

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-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 Dacron® was performed. The patient was discharged following an uneventful post-operative stay. However, immediate re-admission was necessary due to graft haemorrhage following accidental blunt trauma to the left axilla.

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 ORTHOGNATHIC SURGERY SUCCESSFULLY TREATED WITH GROMMET INSERTION: A CASE REPORT

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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

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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 myotic 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.