

**Case report:** A 51-year-old man diagnosed with oesophageal achalasia in 2008 presented with severe sepsis and multi organ failure. CT scan demonstrated a grossly distended mega-oesophagus containing large amounts of food debris and a pericardial effusion

Endoscopy revealed a grossly distended oesophagus, with a circumferential mass arising from the gastro-oesophageal junction and biopsy histology demonstrated poorly differentiated SCC. Microbiology results of the pericardial fluid confirmed an infective pyopericardium with growth of gram-negative bacilli (*Lactobacillus*) and *Candida* species. Given the growth of gastrointestinal flora within the pericardium we surmised that the patient had suffered a perforation of his tumour into the pericardium resulting in malignant pyopericardium. The patient was too unstable for pericardial window and was palliated.

**Discussion:** This unusual presentation was the result of progressive untreated achalasia with co-existing malignancy, which over time resulted in gradual erosion of tumour into the pericardium causing fistulation and eventual perforation.

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#### 0697: ACTINOMYCOSIS IN ANO-SACROCOCYGEAL INFECTION: A CASE SERIES

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**Aim:** Actinomycosis is a rare, chronic infection caused by anaerobic Gram-positive Actinomyces spp. Over 30 species has been isolated, Actinomyces turicensis was first identified by Wüst et al. in 1995. To date, only a handful of literatures had reported ano-sacrocygeal infections caused by *A. turicensis*. We present the largest series of ano-sacrocygeal infections caused by this specific microbes.

**Method:** We identified fifteen microbiology cultures obtained from ano-sacrocygeal infections that isolated Actinomyces spp. from January 2013 to December 2014. *A. turicensis* was the only strain identified in these samples.

**Result:** Eleven of these were isolated from pilonidal abscess and four were perianal abscess. All patients are immunocompetent and non-diabetic. 93% cases (n = 14) had concomitant microorganisms detected and most common is mixed anaerobes. All patient except one who was pregnant at time of presentation were treated with surgical drainage and 40% (n = 6) of patients received penicillin based antibiotic therapy following surgery.

**Conclusion:** Our series suggests clinical importance of *A. turicensis* as the emerging cause of ano-sacrocygeal infection particularly in pilonidal abscess. We recommend that surgeon and microbiologist should work closely to tailor individual antibiotic therapy regimen following surgical drainage to achieve complete eradication of microbes and reduce risk of wound complications.

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#### 0854: FROM ZERO TO HERO: SAVING THE LIVES OF PATIENTS ONE HERO AT A TIME

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A 55 year old female patient presented with end-stage renal failure post chemotherapy for left sided breast cancer. She initially started peritoneal dialysis, but after repeated peritonitis was switched to haemodialysis. Over a 15 year haemodialysis history, she had fistulae created in all of her limbs, which unfortunately occluded. She had multiple tunnelled neck lines and developed an occluded left brachiocephalic vein and significantly stenosed superior vena cava. Catheter dialysis was becoming increasingly problematic with poor clearances and frequent need for catheter change. A further unsuccessful attempt was made at peritoneal dialysis. This lady

was offered a HeRO (Hemodialysis Reliable Outflow) Graft. It involves insertion of a flexible reinforced long stent across any central vein stenosis/occlusion into the right atrium which can then be attached to a graft which runs in the limb for easy needling. We combined this new technology with an immediate needling graft (Acuseal) which allowed successful dialysis within hours of completing the procedure. This new technology has opened up new, potentially long-term options for safe dialysis in patients with central vein stenosis whilst utilising skills already available amongst the vascular access team, and can extend the lives of patients reaching the end of their haemodialysis life.

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#### 0944: "ONE MAN'S TRASH IS ANOTHER MAN'S TREASURE": NEPHRECTOMY PATIENTS AS ALTRUISTIC TRANSPLANT DONORS

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There are 5,242 patients awaiting kidney transplantation in the UK. Although this waiting list decreased by 3% last year, there remains a significant deficit of available donor kidneys. Living donation is an increasingly important option and altruistic donors are able to contribute both directly and as part of a donor chain. While a direct contribution to the waiting list can benefit just a single recipient, an altruistic donation to a chain can have a greater impact with one donor facilitating many transplants.

We present a 3 case series in which patients undergoing therapeutic nephrectomies became altruistic kidney donors. In all cases nephrectomy was warranted for ongoing chronic pain. Function was fully preserved. Patients were matched locally with recipients, and altruistically donated their kidneys that otherwise would have been discarded. The recipients have had good short and medium-term outcomes.

We believe these cases highlight an untapped source of donor kidneys for transplantation. BAUS data shows 8,158 nephrectomies were performed in 2014; of these, the number performed for benign causes in otherwise normal kidneys could provide transplantable organs. Furthermore, if these patients became altruistic donors to a transplant chain, their donations could have a real effect on the kidney transplant waiting list.

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#### 1053: SPLENO-GONADAL FUSION: ECTOPIC SPLENIC TISSUE POSING AS A TESTICULAR TUMOUR

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**Case:** A 56 year old Caucasian gentleman presented to a two-week wait Urology clinic with a painless right testicular lump. He had a history of asthma and Sjogrens syndrome. Examination was unremarkable. Testicular tumour markers were normal.

Scrotal ultrasound revealed a simple right sided extra-testicular cyst, but incidentally found a solid, hypervascular lesion within the left testis, consistent with tumour. The patient underwent left radical inguinal orchidectomy. Histology reported ectopic splenic tissue within the testicular parenchyma with no evidence of malignancy. Features were consistent with testiculo-splenic fusion.

**Discussion:** Spleno-gonadal fusion (SGF) is a very rare, congenital condition, with no known malignant potential, predominantly affecting the left gonad between the 5th and 6th week of gestation. It has been reported in all age groups but predominantly affects younger male populations (82% under the age of 30). It is associated with other congenital abnormalities such as spina bifida, cleft palate and cardiac defects. SGF can be diagnosed with Technetium-99m sulphur colloid scintigraphy and there may be some benefit of this in equivocal cases or patients with associated conditions.