Introduction: We report the case of a 70 year old patient who suffered an acute and severe complication from unilateral submandibular sialadenitis. 

Case study: Having already been under investigation by ENT for chronic submandibular swelling, her new presentation was in keeping with worsening acute sialadenitis, with additional atypical symptoms of breathing difficulty and dysphonia. Imaging showed this to be due to a submandibular gland sialolith with inflammatory spread to the ipsilateral supraglottis. Medical treatment with watchful airway observation followed by stone retrieval proved successful. We describe differing causes of submandibular sialadenitis and the different modes of infectious and inflammatory spread within the compartments of the neck. There should be a high index of suspicion for potential airway compromise with deep neck space infections that should be managed urgently and efficiently.

Conclusion: An established and common condition such as obstructive submandibular sialadenitis can be complicated by airway compromise during an acute exacerbation. Infection within the deep compartments of the neck can cause airway compromise and vigilance should be kept for atypical symptoms suggesting this.

0292: RECURRENT MAJOR UBILICAL BLEEDING CAUSED BY OMENTAL VARICES IN TWO PATIENTS WITH UBILICAL HERNIA AND PORTAL HYPERTENSION

H. Satherley*, I. Sarantitis, H. Varia, S. Pettit. Blackpool Victoria Hospital, UK

Introduction: We describe two cases of recurrent major umbilical bleeding in male patients with Childs A alcohol induced liver cirrhosis and portal hypertension.

Case study: Both patients had umbilical hernias with omentum incarcerated in the hernial sac. In both cases imaging (CT and MRI) had shown omental varices without paraumbilical cutaneous varices. Previous reports have shown that venous communication can develop between omental varices and the umbilicus in both cases and both were successfully treated by excising the umbilicus, ligating the omental varices within the hernial sac, returning the omentum to the abdominal cavity and repairing the hernial defect.

Conclusion: This cause for umbilical bleeding has not been previously reported. We advise that with similar cases excision of the umbilicus and ligation of omental varices is a safe and effective treatment.

0297: AN UNUSUAL PRESENTATION OF ADENOMATOID TUMOUR OF THE SPERMATIC CORD

C. Zakwiewicz, I. Panagopoulos. Ysbyty Gwynedd, UK

Introduction: Adenomatoid tumour is a benign mesothelial neoplasm of the paratesticular region. Most commonly located in the epididymis, it often presents as a painless testicular lump. In the first report of its kind, we describe an adenomatoid tumour of the spermatic cord presenting as incarcerated inguinal hernia.

Case study: A 60-year-old male attended as an emergency with a four day history of acute left groin pain. Examination revealed a tender irreducible lump at the superficial ring of the left inguinal canal, which clinically resembled an acutely incarcerated inguinal hernia. At operation to repair the hernia a nodular mass was apparent adhering the spermatic cord to the superficial ring of the inguinal canal which histopathology later determined to be an infiltrating benign adenomatoid tumour.

Conclusion: This unique case is the first report in published literature of spermatic cord adenomatoid tumour presenting as a presumed general surgical emergency. It highlights the potential complexity of inguinal pathology and difficulty in pre operative diagnosis of these uncommon tumours.

0323: “A PAIN IN THE BUTTOCK” – INFECTION AND THROMBOSIS OF A PERSISTANT SCATRIC ARTERY (PSA) ANEURYSM

H.N. Raghallaigh, N. Dastur. 1 Brighton & Sussex University Hospitals NHS Trust, UK; 2 Frimley Park Hospital NHS Foundation Trust, UK

Introduction: A persistent sciatic artery (PSA) is a rare and significant anatomical variant, with an estimated prevalence of 1% and is often subject to aneurysmal disease. Acute presentation may combine symptoms of lower limb ischaemia and a gluteal mass. We describe an interesting case of a PSA aneurysm becoming infected and thrombosed.

Case study: A 66 year-old gentleman presented with a short history of left buttock pain, pyrexia & high inflammatory markers. Emergency imaging described thrombosis of an aneurysmal left PSA within the left buttck, with surrounding pus. Conservative management with targeted IV antibiotics and pus aspiration was our mode of treatment and was ultimately successful. No endovascular intervention was required and lower limb arterial supply remained preserved throughout.

Conclusion: Despite the rarity of this anatomical variant, a PSA with its associated complications is an important pathology to discuss. An aneurysmal, infected PSA poses a difficult pathology to treat and a significant threat to life & limb. We have found no described cases of infected PSA aneurysms and their management in the literature and as such, we feel it important to share our experience of this case and our management with both the vascular and wider surgical community.

0329: “DOUBLE TROUBLE”: GALLSTONE ILEUS WITH GALLSTONE IMPACTION IN AN ASCENDING COLONIC TUMOUR


Introduction: An 85 year-old gentleman presented to A&E with colicky lower abdominal pain and an apparently distended bladder.

Case study: He was a vague historian, describing a past medical history significant only for gallstones. While a urethral catheter was being placed, unusually loud bowel sounds were noted. Minimal resolution of his gross abdominal distension was noted following his catheterisation, and further questioning and examination revealed visible peristalsis, significant weight loss, anorexia and a change in bowel habit. An urgent CT abdomen & pelvis was performed; revealing a large gallstone impacted within the neck of a colonic tumour. No urological pathology was identified. Bowel sounds audible from the end of the bed and visible peristalsis signalled an alternative and more sinister cause for our patients’ lower abdominal distension, with CT scanning demonstrating the rare radiological finding of co-existing gallstone ileus and an obstructing colonic tumour, with a large gallstone stuck within the neck of the ascending colonic tumour. We present a selection of these interesting images.

Conclusion: This case serves as a reminder of the many causes of abdominal distension, and the need to think critically about the patient whose symptoms and signs remain following catheterisation.

0331: THE RECURRENCE OF SEVERE PERIANAL CROHNS DISEASE IN A VRAM FLAP RECONSTRUCTION POST DISEASE EXCISION – THE CLINICAL IMPLICATIONS OF EXTRANEOUS CROHNS DISEASE IN FLAP RECONSTRUCTION AND OPTIONS TO CONSIDER

A.Y.H. Loh, L. Loh, C.Y.Y. Loh, T. Athanassopoulos, M. Davies, T. Athanassopoulos. 1 Glasgow Royal Infirmary, Glasgow, UK; 2 National University Singapore, Singapore; 3 Aberdeen Royal Infirmary, Aberdeen, UK

Introduction: Crohn’s disease is characterized by transmural inflammation resulting in fistulation and abscess formation. Severe perianal disease can result in the “pepper pot” perineum with complex fistulation. Panproctocolectomy and resection of perianal disease is a last resort in this group of patients.

Case study: A 35-year-old gentleman presented with extensive perianal Crohn’s disease. He underwent a panproctocolectomy and resection of perianal disease for crohns with a Vertical Rectus Abdominis Myocutaneous (VRAM) flap reconstruction. His disease was managed via an MDT comprising general surgeons, plastic surgeons and gastroenterologists. He presented again, 3 years later with recurrent fistulae, which intermittently discharged. Surgical debridement, with drainage of abscesses was performed and tissue biopsies were taken from the VRAM flap, which appeared macroscopically to be involved. The histological findings have confirmed the presence of Crohn’s pathology in the flap when compared with the adjacent tissues.