**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**
Swethan Alagaratnam, Andrew Choong, Kevin Lotzof, Richard Bird. Department of Vascular Surgery, Barnet General Hospital, London, UK

**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 therapy leading to resolution of symptoms, and therefore discharged. 18 months later she was readmitted with further abdominal pain and was found to have an enlarged spleen with a suspicion of an underlying splenic volvulus. An exacerbation of the upper abdominal pain and became septic during therapy leading to resolution of symptoms, and therefore discharged. 18 months later she was readmitted with further abdominal pain and was found to have 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. Performing an uneventful postoperative 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 associated with conservative management.

**0587: A PREVIOUSLY UNDOCUMENTED COMPLICATION OF AUTOLOGOUS CHONDROCYTE IMPLANTATION**
Anja Saso1, Parag Raval1, Ben Caesar2, Andrew Williams2. 1Imperial College, London, UK; 2Chelsea and Westminster Hospital, London, UK

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 efficiency 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 artificial resurfacing implant. Therefore, we propose that AVN of the knee should be considered as another potential complication of ACI.

**0632: A RARE CASE OF OTORRHROEA CAUSED BY A TRAUMATIC PAROTO-AURAL FISTULA**
Mathuri Sakhithasan, Assia Ghani, Chris Ayshford, Worcester Royal Hospital, Worcester, UK

**Aim:** We present an extremely rare case 57 year old man with left gustatory ototrauhea 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 ototrauhea following a facial injury 18 months previously. Biochemical analysis of the ototrauhea 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 Sternalodestomastoid (SCM) flap was interposed to interrupt the communication between the parotid gland and the ear cartilage. The patient had immediate and sustained resolution of ototrauhea.

**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**
Andrew Choong1, Swethan Alagaratnam1, Georgios Akritidis1, David Floyd2, Muhammed Al-Dubaisi3, Alexander Loh1. 1Department of Vascular Surgery, Barnet General Hospital, London, UK; 2Department of Plastic and Reconstructive Surgery, Royal Free Hospital, London, UK; 3Department of Breast Surgery, Barnet General Hospital, London, UK

**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 (JOIN 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, POLYSPLENIA AND MALROTATION OF THE GUT**
Martin Nnaji, Haritharan Nageswaran, Paul Burn, Christopher Vickery. Taunton and Somerset NHS Foundation Trust, Taunton, Somerset, UK
Background: Congenital extrahepatic portosystemic shunt - the Abernethy malformation - is a rare anomaly. We present a 26 year old male with right upper quadrant pain also found to have an absent portal vein, double gallbladder, double spleen, right-sided pancreas and malrotation of the gut.

Method: A search was made on Pubmed for literature on Abernethy malformation and these were examined for associated abnormalities similar to those found in our patient.

Results: Abernethy malformation is extremely rare. Type I describes a complete absence of the portal vein as in our patient but is more common in females. It is also associated with other abnormalities including polysplenia, cardiac anomalies as well as malrotation. Type II is commoner in males, describing a partial shunt and rarely associated with other malformations. Hepatic neoplasms are a common finding in patients with CEPS. No case with associated double gall bladder was described.

A search was made on Pubmed for literature on Abernethy malformation and these were examined for associated abnormalities similar to those found in our patient.

Conclusion: A very rare case of Abernethy malformation with associated polysplenia, malrotation and we report, to our knowledge, the first instance of an associated double gallbladder.

0089 WINNER OF IJS CASE REPORTS PRIZE (JOINT 1ST PLACE): A TRANS-RECTAL, RETROPERITONEAL PARA-ARTIC LYMPH NODE DISSECTION USING NATURAL ORIFICE TRANS-LUMINAL ENDOSCOPIC SURGERY (NOTES) IN A PORCINE MODEL


Background: Retroperitoneal lymph node dissection is employed in high-risk clinical stage 1 nonseminomatous germ-cell tumours to detect metastases. Current methods include open and laparoscopic approaches. Transvaginal NOTES para-aortic lymphadenectomy for gynaecological malignancy has been described. We present a novel trans-rectal approach.

Methods: Under ethical approval and home of a full clinical trial protocol A trans-rectal NOTES para-aortic lymphadenectomy was performed in an anaesthetised 55kg pig in the supine position. A rectal port was placed and the retroperitoneum was accessed through a 2inch incision in the posterior rectal wall using a flexible endoscope. The retroperitoneal space was opened using blunt dissection and CO2 insufflation. The right kidney, right renal vein and inferior vena cava were easily identified. A para-aortic lymph node was removed using conventional flexible endoscopic instruments.

Results: A para-aortic lymph node was successfully excised and the histology was confirmed microscopically. Operating time was 27mins without injury to other structures encountered. Subjectively, access was straightforward and the retroperitoneal structures clearly visualised. The animal was euthanized at the end as per the experimental protocol.

Conclusion: It is feasible to obtain para-aortic lymph nodes using a trans-rectal, retroperitoneal NOTES approach in the porcine model. This approach could provide an alternative diagnostic option for patients with suspected retroperitoneal pathology.

COLOPROCTOLOGY

0019: MEASURING THE QUALITY OF COLONOSCOPY AT A DISTRICT GENERAL HOSPITAL IN SOUTH EAST ENGLAND: ADENOMA DETECTION RATES AND WITHDRAWAL TIMES

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Aims: The aim of our audit was to ascertain the adenoma detection rate and withdrawal time in a district general hospital, to allow comparison with the national NHS guidelines and improve service development.

Methods: Data was collected over a 5 month period commencing in June 2011. Data was excluded if the colonoscopy was part of surveillance or was a repeat colonoscopy. Correlation was made with subsequent histological findings.

Results: Data was collected for 134 patients that met the eligibility criteria. The mean age of those undergoing colonoscopy was 71 years, (age range 49-88 years) The male to female ratio was 75:59. The majority of colonoscopies were performed by consultants 59%, with the remaining being performed by specialist nurses 17% and registrars 9%. The adenoma detection rate in our sample was 28%. The mean extubation time was 8 minutes. The adenoma detection rates were statistically higher for specialist nurses than both consultants and registrars (p<0.005).

Conclusions: Adenoma detection rates are important quality control markers for colonoscopy centres. In our sample, although the extubation times were in accordance with national guidelines, our adenoma detection rate was lower than expected. Our results also provide further evidence in support of specialist nurse endoscopists.

0032: A META-ANALYSIS EXPLORING THE ROLE OF FLAVONOIDS AFTER HAEMORRHOIDECTOMIES

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Aims: A meta-analysis of published literature examining the role of flavonoids in the post-haemorrhoidectomy period.

Methods: Electronic databases were searched from January 1985 to October 2011. A meta-analysis was performed to obtain a summative outcome.

Results: Eight studies involving 695 patients were analyzed. 347 patients were in the flavonoid group and 348 in the placebo group. There was no significant difference in pain at day 1 [random effects model: SMD = -0.107, 95% CI (-0.45, 0.23), z = 1.51, p = 0.13]. Pain was less after flavonoids on day 2 [random effects model: SMD = -0.172, 95% CI (-0.37, -0.23), z = 2.25, p = 0.01] and approached significance on day 3 [random effects model: SMD = -0.190, 95% CI (-0.384, 0.05), z = 1.91, p = 0.06]. Pruritis symptoms were less in the flavonoid group up to 10 days after the operation [random effects model: SMD = -0.98, 95% CI (1.381, -0.16), z = 2.13, p = 0.03]. There was some slight reduction in bleeding after flavonoids up to 10 days post-operatively [fixed effects model: SMD = -1.01, 95% CI (-1.46, -0.57), z = 4.49, p = 0.00001]. There was conflicting data on hospital stay.

Conclusions: Flavonoids after haemorrhoidectomy may reduce pain, symptoms of pruritis and minor bleeding in the early post-operative period. Further randomized controlled trials especially after newer techniques for treating haemorrhoids.

0043: PREDICTING A PERFORATION IN ACUTE APPENDICITIS - THE USE OF TOTAL BILIRUBIN LEVELS, CRP, WHITE CELL COUNT AND NEUTROPHILS

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Aims: Identifying a perforated appendix early could reduce the impact this has on the patient. Bilirubin, CRP and white cell count have been shown to indicate perforation in acute appendicitis.

Methods: A retrospective cohort study of appendicectomies investigating pre-operative bilirubin, C-reactive protein (CRP), White cell count (WCC), and neutrophil count and correlating these results with the histological investigation of perforation.

Results: 1271 patients were found to have appendicitis, 154 (12.12%) of which had a perforation. All biochemical markers were significantly raised in patients with perforation (p<0.001). The sensitivity and specificity of a raised CRP (94.4% and 31.8%) and bilirubin (62.5% and 88.3%) were improved when results were combined as CRP > 5 mg/l and bilirubin > 21 μmol/l - sensitivity = 60.5%, specificity = 91.6%. Sensitivity and specificity were reduced by incorporating WCC and neutrophils. Logistic regression analysis identified CRP as the most sensitive marker of perforation (OR = 1.064 (1.043-1.085)) (p<0.001), with bilirubin (OR= 1.005 (1.003-1.008)) also significant (p<0.001).

Conclusions: Bilirubin and CRP are markers of perforation in appendicitis but are not accurate enough to be used diagnostically. In a patient with high clinical suspicion of acute appendicitis, raised CRP and bilirubin as tests are specific for a perforation, but are not sensitive.

0047: COLONOSCOPIC TATTOOING OF COLORECTAL NEOPLASIA – A CHANCE IN PRACTICE

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