patients can exhibit thoracic pathologies, which require surgical intervention. We evaluated the outcomes and complications of these thoracic procedures.

Methods: Retrospective analysis of clinical variables for consecutive patients undergoing ECMO treatment during a 4 year period.

Results: 70 patients underwent ECMO with an age range of 18-74 (median 54 years). 54.6% had at least one complication relating to ECMO.11 patients (15.7%) required thoracic surgical intervention whilst on ECMO, their duration of ECMO ranging 2-28 days (median 16 days). The mean ICU stay was 41.4 days (range 13-61 days). A total of 10 isolated intercostal chest-drains were inserted, with a bleeding rate of 10% (significant haemothorax). Three patients underwent thoracotomy/VATs for evacuation of empyema/haemothorax. Two of these 3 patients (66.7%) developed significant bleeding requiring re-exploration/ packing, however none died. In-hospital mortality in the 11 patients was 27.3%, similar to the total ECMO group ($p=0.28$).

Conclusions: A small but significant proportion of ECMO patients require thoracic surgical intervention, which carries the risk of major bleeding, especially with interventions such as thoracotomy/VATs. However, in-hospital mortality rates are acceptable for this high-risk patient population, and are not related to thoracic surgical intervention.

Case reports

0215: CASE REPORT OF ANOMALOUS SYSTEMIC SUPPLY TO THE LOWER LEFT LUNG LOBE

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A 2-month-old boy with history of tachypnoea and dyspnoea since birth was admitted for recurrent respiratory tract infections. Chest X-Ray demonstrated hyperinflation and interstitial infiltrates in the lower zones with normal cardiac shadow. Persistence of respiratory symptoms after weeks of antibiotic treatment and failure to thrive led us to investigate further. Transthoracic echocoardiography revealed no structural heart defects. Chest CT scanning suggested anomalous vascular supply of the lower left lobe, with a patent bronchus supply. Upon surgical exploration via a right thoracotomy, a large branch of the descending aorta was found to supply the region, with numerous additional venous collaterals draining into the inferior pulmonary vein. Systemic supply of a lung lobe is a rare congenital malformation falling on the pulmonary sequestration spectrum- Pryce I with vessels frequently coming off the abdominal aorta and celiac axis. The typical presenting symptom- heamoptysis was absent here. Treatment options depend on the presence of normal pulmonary artery lobe supply. Where this exists, ligation/embolisation of the abhorrent vessel is sufficient, whereas in this case lobectomy was necessary. With facilities such as CT angiography not readily available in resource poor institutions, a high index of suspicion is needed to expedite diagnosis and treatment.

0241: CASE REPORT: THE FIRST CASE OF LAPAROSCOPIC URETERIC RE-IMPLANTATION IN A SOLITARY URINARY SYSTEM

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Ureteric strictures can be caused by traumatic pelvic surgery, urolithiasis and instrumentation. There are various treatment options for ureteric stricture, one of which is laparoscopic re-implantation. The current report describes the first documented case on the feasibility of laparoscopic ureteric re-implantation for ureteric stricture in a solitary kidney.

A literature search using PubMed was performed on laparoscopic re-implantation for ureteric stricture. We could not identify any published cases on laparoscopic re-implantation on a single urinary tract system.

A 56 years old female with a history of chronic left pelvi-ureteric junction (PUJ) obstruction presented with uro-sepsis secondary to right sided urolithiasis. The patient had a left nephrectomy following a period of haemo-dialysis, and developed right-sided ureteric stricture following repeated ureteroscopy to manage her stone disease. Treatment with ureteric stenting was unsuccessful and the patient underwent laparoscopic ureteric re-implantation to avoid repeated instrumentation and nephrostomy insertion, and to prevent the development of end-stage renal failure. The procedure was uneventful and post-operative imaging revealed no anastomotic leakage.

Laparoscopic re-implantation for ureteric stricture in a single urinary tract system following unsuccessful ureteric stenting is feasible and offers good functional outcomes.

0273: NOVEL USE OF AMBU® ASCOPE™ 2 FOR CHOLEDOCHOSCOPY

Irvine W. Kamande*, Seamus Bradley, Eunice Minford. *Antrim Area Hospital, Antrim, UK.*

Common bile duct exploration is facilitated by using a reusable fibre optic scope. This is the first report of the use of a disposable video-endoscope for this purpose.

We present a case where a 73-year-old female required open cholecystectomy and common bile duct exploration for localised gallbladder perforation following a deterioration in her condition. Equipment failure required the authors to use a disposable airway intubation video-endoscope in place of a reusable fibre optic choledochoscope for the exploration.

This case demonstrates that the Ambu® aScope™ 2 (a disposable airway intubation video-endoscope) may be a viable alternative to a reusable fibre optic choledochoscope in the event of equipment failure. Further assessment is required.

Keywords: Fibre optic scope; Intubation video-endoscope; Reusable flexible choledochoscope; Common bile duct exploration.

0295: SURGICAL CLIPS WITHIN A CBD CALCULUS THREE YEARS AFTER LAPAROSCOPIC CHOLECYSTECTOMY

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A 70-year-old man presented with ascending cholangitis three years after a laparoscopic cholecystectomy complicated by a cystic duct stump bile leak. MRCP demonstrated biliary dilatation and a common bile duct (CBD) stone.

A Billroth II gastrectomy for ulcer disease many years earlier was felt to preclude an endoscopic approach to the bile duct, so a percutaneous transhepatic cholangiogram (PTC) was performed.

This revealed a CBD calculus very clearly containing the two surgical clips originally placed on the cystic duct, with no evidence of a further bile leak. The PTC tract was dilated and the calculus broken up and pushed into the duodenum. An endoscopic procedure was required to clear the fragments. Clip migration is described and is associated with complications of laparoscopic surgery. The presence of surgical material in the CBD can act as a nidus for stone formation. Absorbable polydioxanone (PDS) clips are available and may prevent this rare complication.

0299: ARTHROSCOPIC COBALATION OF A SYMPTOMATIC MEDIAL DISCOID MENISCUS

Piyush Mahapatra*, Edmund Ieong, Chris Huber. *West Middlesex University Hospital, London, UK.*

The discoid medial meniscus is rare with an estimated incidence of 0.12%. The recommended treatment of symptomatic discoid meniscus is partial excision and saucerisation. We describe a novel technique for saucerisation of a discoid meniscus in a 29 year old male with a long history of medial right knee pains and decreased range of movement of his right knee.

The Arthocare Super MultiVac 50 Arthrowand is introduced through standard anterolateral and anteromedial ports and the coblation of the meniscus begins in the mid portion before moving outwards once resection depth is identified. Any remaining edges may be trimmed using the arthroscopic shaver or the Arthrowand.

At six weeks follow up the patient reported an 80% improvement in pain symptoms and function including driving and standing for extended periods of time. His range of motion preoperatively was 15° extension to 120° flexion improving to 5° and 145° respectively post-operatively.

Surgical intervention is often required for symptomatic discoid meniscus. Arthroscopic treatment of a complete discoid meniscus is a technically

demanding procedure. Our technique helps overcome problems associated with other piecemeal excision techniques including difficulty in initiating the excision point and risking chondral damage with repeated instrumentation.

0324: BREAST RECONSTRUCTION FOLLOWING SEAT BELT BISECTION – A CASE REPORT AND REVIEW OF LITERATURE

Isabel Teo[*,1], David Dujon[2], Iman Azmy[3]. [1] *Ninewells Hospital, Dundee, UK;* [2] *Royal Hallamshire Hospital, Sheffield, UK;* [3] *Chesterfield Royal Infirmary, Chesterfield, UK.*

The compulsory use of seat belts has resulted in a reduction in deaths from traffic accidents. However, a new pattern of injury has developed termed 'seat belt syndrome', a constellation of trauma including soft tissue injury to the breast. We present a 67-year-old lady who suffered bisection of her right breast following blunt trauma from her seat belt. Aside from soft tissue bruising, there were no obvious injuries at the time of trauma and no open wounds. A deepening indentation of her right breast developed in the subsequent weeks. Radiological and histological analysis confirmed severe fat necrosis. To correct this, the diagonal furrow was incised and the nipple areolar complex raised on a superiolateral pedicle. The superiomedial and inferiolateral pillars were mobilized to recreate a conventional, convex breast mound. Seat belt injuries to the breast are on the rise and review of the literature recommend that these patients require triple assessment to exclude malignancy despite the obvious history of trauma. Majeski [1] has proposed a classification system to rate the severity of breast trauma secondary to seat belts; however there remains paucity of published literature regarding reconstruction options.

[1] Majeski J. Shoulder restraint injury of the female breast. Int Surg 2007;92:99-102.

0411: TAKES TWO TO TANGO!

A. Luther[*], P.C. Munipalle, C. Burt. *Frenchay Hospital, Bristol, UK.*

A 17 year old girl was admitted with acute abdominal pain, vomiting and a leucocytosis, and was initially thought to have appendicitis. She underwent laparoscopic appendicectomy, where the tip of the appendix was noted to be mildly inflamed, and she was discharged home the next day. Two days later, she re-presented with persistent small bowel obstruction, which was subsequently demonstrated to be due to ingestion of 5 magnetic beads. She required a laparotomy and small bowel resection to resolve the obstruction, but has since fully recovered.

Focussed history, careful clinical examination and a high index of suspicion can help in identifying the underlying pathology in cases with atypical clinical presentation. Ingested solid FB with magnetic properties are likely to lead to more serious intestinal complications compared to other materials. This case highlights the potential intestinal complications caused by the intake of magnetic objects, and based on a literature review we have suggest a number of recommendations to guide clinicians when managing similar cases. The management of such patients depends on the number of FB ingested and clinical presentation. We present our case with interesting photos and diagrams.

0429: OESOPHAGEAL INFLAMMATORY PAEDIATRIC CHYLOTHORAX: A CASE REPORT

Thomas Aherne[*], Paul Cullen, Billy Lane-O'Neill, Alan Mortell, Jonathan McGuinness. *Our Lady's Childrens Hospital Crumlin, Dublin, Ireland.*

Paediatric chylothoraces are rare and may be frequently associated with patient morbidity. We report a novel case of a three-year-old boy presenting with chylothorax associated with oesophageal perforation likely secondary to foreign body ingestion. To our knowledge this has not previously been described.

Presenting symptoms included gradual onset shortness of breath, abdominal pain and lethargy. Thoracic imaging revealed a large left-sided hydrothorax with marked mediastinal shift. Of note, computerized tomography revealed an inflammatory perforation of the mid-oesophagus. Tube thoracostomy confirmed the presence of massive chylothorax. Further flexible oesophagoscopy and barium studies confirmed the presence of a perforation with the inflammatory pattern suggestive of trauma related to foreign body ingestion.

Despite maximal medical therapy large volume losses persisted in subsequent days. With neutropaenia, coagulopathy and weight loss placing the patient at high risk of morbidity a left sided exploratory thoracotomy and thoracic duct ligation was performed. Post-operatively rapid resolution was achieved with stability maintained at three-month follow up.

Oesophageal inflammation induced by foreign body ingestion should be considered in diagnostically challenging cases of paediatric chylothorax.

0575: SUBDURAL HYGROMAS FOLLOWING POSTERIOR FOSSA TUMOUR RESECTION – A RARE COMPLICATION

Anokha Oomman[*], Viswa Rajalingam, Ravindra Nanapaneni. *University Hospital of Wales, Cardiff, UK.*

Subdural hygroma is a rare complication of posterior fossa tumour surgery. We present two cases where patients developed subdural hygroma following posterior fossa surgery for brain tumours. This rare complication was manifested through headaches, nausea, unsteadiness and nystagmus a few weeks after seemingly uncomplicated surgery.

Both patients developed this rare complication a few weeks following posterior fossa surgery. After exhausting conservative options, both patients underwent ventriculo-peritoneal shunting which resulted in the resolution of their symptoms with corresponding resolution of the subdural hygromas on radiological imaging.

This is a rare complication and has mostly been described following foramen magnum decompression (FMD) for Chiari malformation. Out of the twelve cases described in the literature, only one case of subdural hygroma has been described following tumour surgery. The exact aetiology of the subdural hygroma post posterior fossa surgery remains unknown; however there are speculations that external hydrocephalus and intracranial hypotension may play a part.

Subdural hygroma is an unusual complication following posterior fossa tumour surgery. The objective of this case report was to demonstrate the successful use of ventriculo-peritoneal shunts in the management of such patients.

0684: TWO CASES OF "WELL-LEG" COMPARTMENT SYNDROME FOLLOWING ORTHOPAEDIC SURGERY: WELL DOCUMENTED YET STILL UNDER APPRECIATED

Jatinder Tony Virdee[*], Khaled M. Sarraf, Harold Nwaboku. *Barnet and Chase Farm NHS Trust, London, UK.*

Surgical access to the pelvis and perineum using the Lloyd-Davies position remains popular in urology, gynaecology and colorectal surgery, despite well described risks of lower limb compartment syndrome. A hemilithotomy variation, used in orthopaedic trauma, allows access for an image intensifier, when operating on the contralateral hip or femur. Despite a handful of case reports, this devastating complication remains unfamiliar among the daily practice of the orthopaedic community.

We describe a case series of two male patients, aged 18 and 27, who sustained femoral shaft fractures, which were fixed with intramedullary nails. Both developed "well-leg" compartment syndrome in their non-operated (contralateral) leg within 24-48 hours following surgery, and required four-compartment fasciotomies and reconstructive surgery. Arguably, a lack of appreciation of this phenomenon resulted in diagnostic delay, and both sustained permanent peripheral nerve and soft tissue damage.

We reviewed orthopaedic literature and found that compartment syndrome from hemilithotomy positioning is more likely to occur in males positioned for 3.25 hours or more. Understanding this complication is therefore essential to all Orthopaedic trainees for pre-operative counselling, peri-operative consideration and post-operative diagnosis. We recommend relieving the contralateral leg into a neutral position once images are obtained, a practice now common in our institution.

0880: RETROPNEUMOPERITONEUM, PNEUMOMEDIASTINUM AND SUBCUTANEOUS EMPHYSEMA – A RARE COMPLICATION OF DELORME'S PROCEDURE

Gael Nana[*], Anand Muthusamy, Stephen Baxter. *Wexham Park Hospital, Slough, UK.*

Delorme's procedure is commonly reserved for patients considered high risk for major surgery owing to its lack of significant complications. We present the first case in the English literature of pelvic sepsis with pneumoretroperitoneum following Delorme's procedure.