diameter from 15 to 90 mm. 17 cases showed spontaneous regression up to a complete remission, 13 of them measuring < 50 mm, while all other cases were managed surgically with a laparoscopic approach. When ovarian parenchyma was macroscopically evident it has been preserved. In 4 cases pathologic examination showed absence of any trace of ovarian parenchyma.

Results 11 cysts, all showing associated fluid corpuscular content were treated surgically, 8 of them larger than 50mm and. Among these, 5 presented torsion and one auto-amputation. In one case anaphylactic shock occurred during surgery. In all cases in which ovarian parenchyma was preserved, US follow-up at three months after surgery showed vital ovarian tissue.

Conclusions Ovarian cysts with size exceeding 50 mm are related to high risk of torsion. Cysts with corpuscular content show almost no tendency to regression after depleton of maternal hormones stimulation: surgery appears to be indicated after proper clinical observation.

1594 LAPAROSCOPIC CHOLECYSTECTOMY IN THE PEDIATRIC POPULATION: A SINGLE CENTER EXPERIENCE

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Background and Aims As the preferred technique for cholecystectomy in children, we aim to review our experience with laparoscopic cholecystectomy in the pediatric population to better understand the associated complications and outcomes.

Methods We performed an IRB approved, retrospective chart review of children ≤ 18 years who underwent cholecystectomy at a single academic institution between the years 1990 and 2010.

Results Of the 325 cases of cholecystectomy, 202 (62.2%) were performed laparoscopically. The primary indication for surgery was asymptomatic cholelithiasis (45.5%, n=92). Preoperative endoscopic retrograde cholangiopancreatography (ERCP) was performed in 25 (12.4%) of cases. Variations in anatomy and technical difficulties (e.g. presence of adhesions) were found in 45 (22.3%) of patients. Intraoperative cholangiogram was performed in 20 (9.9%) and concomitant splenectomy was undertaken in 16 (7.9%) cases. Only 8 (4%) of cases were converted to an open fashion, all due to a lack of anatomical clarity. There were zero common bile duct injuries; how-

Abstract 1594 Table 1 Patient Characteristics

<table>
<thead>
<tr>
<th></th>
<th>n %</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (months)</td>
<td>163.2</td>
<td>6–216</td>
<td></td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td></td>
<td>23.4</td>
<td>12.9–47.6</td>
</tr>
<tr>
<td>Gender (Male)</td>
<td></td>
<td>58</td>
<td>27.7</td>
</tr>
<tr>
<td>Gender (Female)</td>
<td></td>
<td>148</td>
<td>72.3</td>
</tr>
<tr>
<td>Presence of Comorbidities</td>
<td></td>
<td>52</td>
<td>25.7</td>
</tr>
<tr>
<td>Previous Surgical History (Abdominal)</td>
<td></td>
<td>25</td>
<td>12.4</td>
</tr>
<tr>
<td>Previous Surgical History (Other)</td>
<td></td>
<td>32</td>
<td>15.8</td>
</tr>
<tr>
<td>Admission Total Bilirubin (mg/dL)</td>
<td></td>
<td>1.5</td>
<td>0.2–22.8</td>
</tr>
<tr>
<td>Admission Amylase (U/L)</td>
<td></td>
<td>94.4</td>
<td>18–1184</td>
</tr>
</tbody>
</table>

Conclusion Laparoscopic cholecystectomy in pediatric population results in short postoperative hospital stays and has low complication rates. In our experience, it also leads to relatively high symptom relief.
limited. Variation in outcome is not constant reason to restrict cochlear implantation in children with post meningitis deafness.

**1597**

THE SPECTRUM OF GENITAL MEDIAN RAPHE ANOMALIES AMONG INFANTS UNDERGOING RITUAL CIRCUMCISION

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Background This prospective study designed to collect data from all babies coming to do ritual circumcision in our center for any associated genital anomalies in their genitalia.

Objective To evaluate the extent, spectrum of genital median raphe GMR anomalies and its impactation on the normal baby life and also its effect on the circumcision outcome.

Materials and Methods 2880 babies aged from one day to 7 weeks were examined in a period of 6 years, from 2006 to 2011, all doubtful cases were reevaluated and cases with GMR anomalies were investigated for detection of other congenital anomalies and enrolled in the study.

Results 57 cases of GMR anomalies among 2880 examined babies with overall incidence of 2%, 18 of them had hypospadia, 5 had renal anomalies and 3 had limb anomalies. Circumcision postponed in 37 cases, where further investigations done, but routine circumcision carried on in 20 in spite of the presence of GMR anomalies.

Conclusion It is crucial to examine every baby coming for circumcision to detect any obvious or hidden congenital genital anomalies, congenital anomalies of median genital raphe are not so rare and some of these anomalies may necessitates surgical correction, and commonly accompanied with urinary tract anomalies.

**1598**

TRANS-UMBILICAL LAPAROSCOPIC-ASSISTED APPENDECTOMY: A RETROSPECTIVE STUDY

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Introduction Laparoscopic appendectomy (LA) in children is considered a safe and useful procedure compared with the open (O) appendectomy. Several variations of the LA have been described. The trans-umbilical laparoscopic-assisted appendectomy (TULAA) has been considered a safe and useful procedure compared with the open (O) technique. We report our experience in the treatment of the acute appendicitis with TULAA approach.

Materials and Methods We analyzed records of patients underwent appendectomy in our Department from November 2009 to February 2012. Every procedures have been completed using all techniques, according to consultant’s choice. Outcomes analysis included: sex, age, weight, operator (consultant or trainer), conversion to O or LA technique, surgical time, length-of-stay, antibiotic and analgesic post-operative therapy, short and long-term complications, histological finding. Results are presented as values range and their averages.

Results

Conclusions In our study there is a clear evidence that TULAA is an effective and safe procedure.

It can be used for all kind of appendicitis, with a low-rate of conversion. Additionally, thanks to a rapid learning-curve, it can be performed by a trainer, even if not completely skilled in the LA.

**1599**

PERI- AND POSTOPERATIVE COMPLICATIONS OF 215 CASES OF INGUINAL HERNIA IN CHILDREN

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Background The cure of inguinal hernia in children consists of high ligation of hernial sac, generally evolving with few complications.

Aim The evaluation of casuistry structure and evaluation of peri- and postoperative complications in children.

Method Retrospective analytical study for a period of three years includes case studies which required high ligation of the hernia sac (processus vaginalis).

Results The 214 cases were stratified according to:

1. Location: left side 29 hernias (13.5%); bilateral 4 (1.8%); right side 181 (84.5%); cases, 2. Age: 1–3 years, 70 (32.7%); 4–6 years, 71 (33.1%); 7–12 years, 62 (28.9%); 13–18 years, 11 cases (5.1%);
3. During hospitalization: ≤ 3 days, 65 (30.5%); 4–5 days, 103 (48.1%); ≥ 6 days, 46 cases (21.4%);
4. Gender: Male 176 (82.2%), Female 38 cases (17.7%).

Diagnosis at Discharge No occlusion and gangrene 196 (91.6%); with occlusion and gangrene 9 (4.2%), without occlusion with gangrene 5 (2.3%), bilateral hernias without occlusion and gangrene 4 cases (1.8%).

Perioperative and Postoperative Complications Strangulated 8 (3.7%) - nonreductible 2, edema 3(1.4%), spermatic cord hematoma 2(0.9%), paralytic ileus 2(0.9%), erythema 21 (9.8%).

Conclusions Inguinal hernias are found more common in boys, on the right side, in preschool (1–6 years) and school children (7–12 years).

Most cases were within the duration of hospitalization between 2–5 days.

Most hernias were without occlusion and gangrene.

Complications, fewer in number and diversity as in adult patients, are in order of frequency: erythema, strangulation/