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 congenital anomalies in their genitalia.
Objective To evaluate the extent, spectrum of genital median raphe GMR anomalies and its impaction 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 hypospadias, 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 as a reliable and effective 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 (procesus 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 (30.3%); 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/

Abstract 1598 Table 1 Results 1

	AGE	SEX (F/M)	WEIGHT (KG)	TIMING (MIN)	CONVERSION	ANTIBIOTIC	ORAL ANALGESIA	IV ANALGESIA	LENGHT-OF-STAY
TULAA (55)	9.8 (4–14)	34/21	36.9 (14.5–70,0)	61.0 (25–135)	6 (1 LA- 5 O)	54	26	36	3.7 (2–14)
LA (42)	10.5 (3.5–15)	19/23	41.3 (15.0–72,5)	72.1 (20–275)	1 (O)	39	24	28	4.8 (2–13)

Abstract 1598 Table 2 Results 2

	INTRA-OP COMPLICATIONS	POST-OP COMPLICATIONS	OPERATOR (C/T)	IPEREMIC	PHLEGMONOSUS	GANGRENOSUS	PERFORATED
TULAA (55)	2	4	37/18	32	17	3	3
LA (42)	0	2	39/3	22	9	5	6

incarceration, scrotal edema, hematoma spermatic cord and paralytic ileus.

1600 CRYPTORCHIDISM AND THE VALUE OF ULTRASOUND SCAN

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Aim To evaluate the usefulness and accuracy of Ultrasound Scan (USS) in investigating cryptorchidism.
Methods Review of all children with cryporchidism who had undergone USS examination for their testes from February 2010 to October 2010. Preoperative USS findings for presence or absence and position of testes were noted and compared to the operative findings. Sensitivity and specificity of USS examination were calculated.
Results 50 testes in 42 boys were examined by USS preoperatively during the study period. Median age was 6 years. All had single B-mode USS examination using Grey scale and Doppler images. 37 out of 50 testes were palpable on examination under anaesthesia and underwent single stage orchidopexy. All impalpable testes had diagnostic laparoscopy. 2 out of 13 were found atrophic hence excised and rest had staged orchidopexy. USS and operative findings are summarised in the table attached.

The sensitivity and specificity of USS in determining the presence of testes were 88% and 4% respectively. Positive predictive value was 52% and negative predictive value was 25%. The sensitivity and specificity of USS in localisation of testicular position were 77% and 4% respectively. Positive predictive value was 32% and negative predictive value was 16%.

Position	USS findings	Operative findings
Not visible	6	2 (nubbins)
Intra abdominal	2	11
Extra abdominal (intra-canalicular/superfacial inguinal pouch)	42	37

Conclusion USS Has Low Sensitivity and Specificity in Determining the Presence of Testes and Localisation of Its Position. In the Presence of Examination Under Anaesthesia and Laparoscopic Technique, USS is Not Recommended in Cyptorchidism.

1601 TYMPANOSTOMY AND ADENOIDECTOMY FOR TREATMENT OF OTITIS MEDIA IN CHILDREN

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Background and Aims Tympanostomy and adenoidectomy are the most frequently performed surgical procedures in children, which are indicated in otitis media with effusion (OME) and recurrent otitis media (ROM).
The Aim of our research is to analyze the effectiveness, complications and outcome of tympanostomy and adenoidectomy in treatment of otitis media.
Subjects and methods Children at age 1–7 years of life with chronic OME and ROM with the disease duration 6 months and more and complete clinical, audiological and otoscopical evaluation received medical treatment according to our scheme. The absence of positive results after the treatment was the condition for including in the Project 687 children (506 with OME and 181 with ROM). Tympanostomy was performed according to elaborated principles concomitant with adenoidectomy. In 12–18 months we removed tubes and revised the tympanic cavity.

Audiological, clinical and otoscopical assessment was carried out before and every three months during 2 years after surgery.
Results Before surgery the mean hearing level was 33 dB (SD 3.1 dB), after surgery - 13 dB (SD 2.7) in 93% of cases during all period of follow up. In 3 % of ears we noted aggravation of ROM in 3 months after surgery, in 2 % - in 6–9 months and in 2% - in 10–15 months after surgery. Revision of tympanic cavity showed disappearing of chronic changes in 95%.
Conclusions Complex surgical treatment including tympanostomy according to elaborated principles concomitant with adenoidectomy is an effective method of otitis media treatment in children.

1602 ABDOMINAL CYSTIC LYMPHANGIOMAS: RARE LESIONS WITH A VARIABLE PRESENTATION. REPORT OF 3 CASES

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Background and Aims Abdominal cystic lymphangiomas are uncommon congenital benign tumors. 90% are diagnosed by the age of 2 years. Retroperitoneal and mesenteric localizations account for less than 5% of paediatric lymphangiomas. Clinical presentation is variable: they can be incidental findings in prenatal or postnatal period, they can be symptomatic and present with chronic non-specific abdominal signs (pain, progressive distension), but most commonly they present acutely (infection, haemorrhage, rupture, torsion). We retrospectively reviewed three cases.
Materials and Methods Patient 1 had a prenatal diagnosis of intraperitoneal cystic mass; he underwent postnatal ultrasound follow up and RMN evaluation; at the age of 5 month was performed a laparoscopic exploration, in another hospital, but no mass was identify. We conducted a videoassisted resection of a mesenteric cystic lymphangiomas at the age of 7 months. Patient 2 (3 years and 8 months) and patient 3 (5 years and 10 months) presented with acute abdominal sign; laboratory tests and radiological and ultrasound evaluations were performed. Both patients underwent emergent laparotomy that permitted excision of a giant retroperitoneal cystic lymphangioma.
Results Postoperative recovery was uneventful. Follow up consisted on clinical and ultrasound monitoring. Patients have no recurrence.
Conclusions Complete surgical excision represents the treatment of choice for abdominal cystic lymphangiomas. Prognosis is excellent after surgery; a low recurrence rate exists when there is not a radical resection.

1603 ANGIOGRAPHIC EMBOLIZATION AND TRAUMA: SUCCESSFUL TREATMENT IN TWO ADOLESCENTS

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Background and Aims Since 1990s angiographic embolization is used in adult trauma for bleeding control and organ preservation. Experience in children is limited probably because of a higher success rate of non operative management for solid organ injuries (96–100%) and for technical limits due to smaller size of arteries. We