

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 cryptorchidism 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/superficial 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 Cryptorchidism.

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 otoscopic 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 otoscopic 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

present successful application of angiographic embolization in 2 adolescents.

Materials and Methods A 16 years old boy, involved in a scooter accident, presented with a pelvic trauma: extensive bones fractures associated with a large perineal wound extending to scrotum. At TC scan an arterial active bleeding was visible in pelvis. The second patient was a 17 years old polytraumatized boy, victim of a fall, who presented multiple blunt organ injuries (lungs, liver, spleen, left kidney) and bone fractures; at TC scan contrast extravasation was present in the lower pole of the spleen. Both patients were hemodynamically unstable.

Results First patient underwent, by a left femoral access, a selective angiography of hypogastric artery that permitted identification of the bleeding source: a scrotal branch of internal pudendal artery that undergoes embolization. In second patient angiography was conducted by a right femoral access: multiple pseudoaneurysms of the intraparenchymal splenic arteries had been identified and a superselective embolization was performed. Both patients reached hemodynamic stability after procedure. No complications occurred.

Conclusions Angiographic embolization can be a support to non operative management of trauma also in pediatric age to permit organ preservation and to avoid additional trauma of open surgery in critical patients.

1604 REVIEW OF 378 ORCHIDOPEXIES

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Background /purpose: To review the outcome of undescended and impalpable testes in terms of atrophic testes at initial operation and complications of atrophy and secondary ascent post orchidopexy.

Method Retrospective review of all orchidopexies carried out between February 2007 and October 2010. Demographic details, age at orchidopexy, operative and postoperative findings were obtained. Findings of testicular atrophy at initial operation, postoperative testicular atrophy and ascent were noted.

Results A total of 378 orchidopexies were carried out in 291 patients in this study period. Only 11% of children underwent orchidopexy at less than one year and 46% at less than 2 years of age. Average follow up period was 20 months (range 1–40). Outcome is shown in tables 1 and 2.

Table SEQ Table * ARABIC 1

Total testes	n=378	
Left testes	123 (32%)	
Right testes	105 (28%)	
Bilateral testes	75 (40%)	
Atrophy noted at initial operation	21 (5.5%)	
Atrophy post-orchidopexy	9 (2.3%)	
Ascent post-orchidopexy	5 (1.3%)	
Missed at follow-up	55(14.5%)	

Table SEQ Table * ARABIC 2

Palpable & Impalpable		
Total	332 (88%)	46 (12%)
Left	104 (31%)	19 (41%)
Right	92 (27%)	13 (28%)
Bilateral	68 (42%)	7 (31%)
Atrophy noted at initial operation	14 (4.2%)	7 (15%)
Atrophy post-surgery	4 (1.2%)	5 (11%)
Ascent post-surgery	4 (1.2%)	1 (2%)
Missed at follow-up	49 (14.7%)	6 (13%)

Conclusions Overall there is higher incidence of atrophic testes noted at initial operation and atrophy post-orchidopexy in impalpable testes. However incidence of these risks is in comparison with the literature in the palpable testes.

1605 NODULAR FASCIITIS IN THE PEDIATRICS POPULATION: A SINGLE CENTER EXPERIENCE

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Background and Aims We aim to describe our experience with nodular fasciitis in the pediatric population, in an attempt to contribute additional information concerning clinical outcomes and management recommendations.

Methods We performed a twenty-year retrospective chart review of patients ≤ 18 years diagnosed with nodular fasciitis at a single, large, academic institution.

Results Five patients were treated for nodular fasciitis during the study period. The majority 3 (60%) were male. All presented with rapidly enlarging masses that were excised surgically and 4 (80%) of them had no signs of recurrence (one patient was lost to follow-up). The median age at presentation was 14 years. Most 3 (60%) lesions were located in the upper extremities and 4 (80%) had no related symptomatology or disability. All lesions were less than 3-centimeters in greatest dimension- Table 1 for Tumor Characteristics. Pathologic and immunohistochemical data was lacking in our cohort.

Conclusion The characteristics of nodular fasciitis in children at our institution are slightly different than that which has been reported thus far. Due to variability in clinical presentation and histologic findings, additional studies are necessary to provide more practical, consistent and effective management strategies.

1606 HISTOACRYL INJECTION IN MANAGEMENT OF FOURTH BRANCHIAL FISTULA

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Purpose The aim of this study is to evaluate a minimal invasive approach in management of fourth branchial fistula using N Butyl Cyanacrylate (Histoacryl), and to study its feasibility.

Patients and Methods Between 2006 and 2011, a retrospective study of 5 children with fourth branchial fistula were treated at Assiut University hospital. Histoacryl (adhesive material) was injected through the tract under general anesthesia. Their age ranged from 2 years to 5.5 years. Three of them were females.

Results All the children presented with discharging fourth branchial fistula. Three of them had left sided fistula. Fistulogram was carried out to all cases, 2 of them had complete fistula. The duration of the procedure ranged between ten to fifteen minutes. No complications were recorded. The duration of follow up ranged from two months to one year. No recurrence was recorded during the period of follow up.

Conclusion Histoacryl injection of the fourth branchial fistula is an effective, easy and minimal invasive procedure which can be carried out by junior staff. Surgery is a backup if there is failure or recurrence after injection.

1607 EFFECT OF WHITE MARBLE ON THE REPAIR OF BONE DEFECTS IN RATS: EXPERIMENTAL STUDY

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