and; have no communication with the gastric lumen. GID are diagnosed most commonly in the first 2 years of age. Early diagnosis and surgical correction in the neonatal period usually are advocated to avoid potential morbidity and mortality.

**Case report** In this report, we present a 3-days-old newborn with antenatal diagnosis of gastric duplication confirmed postnatally. It was successfully maintained using open surgical resection. Histology confirmed the diagnosis. The postoperative course was uneventful. At 5 months, the infant had a good follow-up.

**Conclusion** Gastric duplications are very rare in newborns. Symptoms are atypical. Antenatal diagnosis is possible and allowed planning management. The treatment is based on a complete excision. Laparoscopic surgery is successful but needs to prove its safety and effectiveness.

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**P643** RISK FACTORS FOR POSTOPERATIVE MORTALITY IN CONGENITAL DIAPHRAGMATIC HERNIA: A STUDY OF 29 CASES

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**Background** Congenital diaphragmatic hernia (CDH) is one of the more common congenital anomalies with a frequency of 1/2200 live births. Despite progress in antenatal diagnosis and neonatal care, mortality for CDH remains high close to 30–40%. Several factors have been recognized as correlating with the prognosis of CDH such as pulmonary hypoplasia and pulmonary arterial hypertension. The aim of this study was to identify predictive factors of mortality after surgical management of CDH.

**Methods** It is a retrospective study of all cases of CDH that were admitted at the neonatology department and were operated in the department of pediatric surgery in Sfax (Tunisia) from 2010 to 2018. The risk factors investigated were sex, prenatal diagnosis of CDH, gestational age, birth weight, Apgar score, left side of CDH, inhaled nitric oxide, vasoactive support, delay to surgery and surgical duration.

**Results** During the 9-year period, twenty nine patients were included. Of those nine were right sided and twenty were left sided. 58.6% patients were male and 41.4% were female. The mean gestational age was 38.3%. Six infants were premature. One newborn had a congenital heart disease. Antenatal diagnosis was performed in only 38% of cases (n=11). Twelve newborns had low Apgar score. The mean hospital stay was 9, 6 days. Mortality rate was 62%. There was no statistically significant difference between survival and death groups in terms of sex, prenatal diagnosis of CDH, gestational age, left side of CDH, inhaled nitric oxide and delay to surgery. However, low Apgar score and birth weight <2700 g were independently associated with postoperative mortality.

**Conclusion** Despite advances in neonatal reanimation, mortality for CDH remains high. Our study showed that low Apgar and low birth weight are risk factors for mortality.