

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 managed 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.

#### 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 sides and twenty were left sides. 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.

#### P644 MANAGEMENT OF CONGENITAL PULMONARY MALFORMATIONS: A REPORT ON 9 CASES

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**Background** Congenital lung malformations (CLMs) comprise a group of anatomical abnormalities of the respiratory tree. The most common of which include congenital cystic adenomatoid malformation (CAM), bronchopulmonary sequestration (PS), bronchial atresia, congenital lobar emphysema (CLE) and bronchogenic cyst. These anomalies are detected with increasing frequency by pre-natal sonography. When symptomatic, there is little controversy that resection is indicated, which is usually curative. When a lesion is asymptomatic there is greater debate regarding the benefit of resection versus continued observation. The aim of this study is to analyse the management options available and the moyen-term outcomes associated with each treatment option.

**Methods** We enrolled neonates who were admitted to the department of neonatology at Hedi Chaker hospital, Sfax (Tunisia) within the ten last years and suffered from CLMs.

**Results** Nine cases were reviewed. Among these 8 were boys (88%) and 3 neonates were preterm. The diagnosis was prenatal in 6 cases (66%) and foetal sonography was abnormal in 8 cases (88%). The adaptation to extrauterine life was good in 8 cases (88%). Six infants (66%) were symptomatic when admitted to neonatal unit. Radiological investigations leded to the diagnosis in all cases: 5 CAM, 3 PS and CLE in 1 case. Surgery was indicated for three patients. Two were operated before the age of 7 days due to severe clinical symptoms. The other patient was operated at the age of 7 years for possible malignant transformation of a PS. The surgical treatment involved a lobectomy for 2 patients and a thoracoscopy with malformation's in the other case. The histopathological examinations confirmed the diagnosis in all cases. Except for one patient with CAM, who died a few days after a lobectomy due to acute nosocomial pneumonia, the evolution was good for 8 children with a mean of follow-up of 24 months (10 months to 10 years).

**Conclusion** While the neonatal management of symptomatic CLMs is clear and includes prompt surgery, controversies remain for asymptomatic CPAM due to risk of infections and malignancies.

#### P645 AN AUDIT TO IMPROVE NEONATAL READMISSION NUMBER AT WEXFORD GENERAL HOSPITAL

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**Introduction** A readmission within a few weeks after discharge of an ostensibly healthy new-born from a well-baby nursery and postnatal ward is an undesirable event for parents, physicians, and payers. Such a readmission may reflect an inadequate assessment of the new-born's readiness for discharge, a lack of resources and/or an inability of a parent to provide early new-born care, or inappropriate and/or untimely availability of, or access to, outpatient care. Potentially preventable