manager 5.2 (statistical significance with two-sided p-value of 0.05).

Results Nine trials were included from 1622 non-duplicate records. The meta-analysis results were shown in a table with pooled risk ratios (RR) and 95% confidence interval (CI).

Abstract PS-284 Table 1

Outcomes	Studies (Number, N)	INSURE (events, n/N)	NCPAP (n/N)	RR [95% CI]
BPD	5	125/519	146/518	0.85[0.71,1.02]
Death	7	60/698	63/701	0.94[0.67,1.32]
BPD or Death	5	175/569	197/569	0.88[0.76,1.02]
Pneumothorax	9	21/775	43/774	0.51[0.24,1.07]
Sever intraventricular haemorrhage	7	22/660	29/665	0.79[0.45,1.39]

Conclusions The rates of BPD, Death or “BPD or Death” were lower in infants receiving INSURE versus NCPAP group although, the differences did not reach statistical significance.

PS-285 WITHDRAWN

PS-286 **SURFACTANT (S) SUPPLEMENTED WITH BUDESONIDE (B) FOR PREVENTION OF BRONCHOPULMONARY DYSPLASIA – BIOPHYSICAL AND CHEMICAL STABILITY OF S/B MIXTURE**

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Background and aims Intra-tracheal instillation of budesonide (B) using surfactant (S) as a vehicle significantly improved pulmonary status. The stability of the S/B mixture has not been studied. The aim of study is to investigate if S can be used as an vehicle to facilitate B delivery in rats and if the S/B mixture is biophysically and chemically stable.

Methods and materials A Nano/PET digital scan was performed on rat that was intratracheally injected with S/18-F labelled B mixture, with 18-F-B only, or with free 18-F. The 18-F radioactivity was measured at 30 min. after injection. To test biophysical property, the dynamic surface tension behaviour of S/B suspension was conducted in Surfactometer. HPLC was performed with various S/B concentration ratios within 24 hrs after S/B mixing.

Abstract PS-286 Table 1

System	S(mg/ml)	B(mg/ml)	Ye (mN/m)	Ymin	Ymax
S	25.0	-	19	-0	46
	12.5	-	21	-0	51
	1.00	-	22	5	49
B	-	0.50	31	27	47
	-	0.25	33	29	49
	12.5	0.25	20	-0	41
S+B	1.0	0.25	28	20	45

Results 1) 18-F-B radioactivity was detected more in the peripheral lung in rat supplemented with S than in rat without S. 2) using a concentration of S/B $\geq 50:1$, the dynamic surface activity of S was minimally affected 3) HPLC analysis revealed no new compound detected within 24 h after mixing of S/B

Conclusions S can be used as an effective vehicle and that, with a S/B ratio of ≥ 50 , the mixture is biophysically and chemical stable.

Paediatric Surgery: Congenital Anomalies

PS-288 **THE PERFORMANCE OF IMAGING FOR SUSPECTED MALROTATION: NOT SO BAD AFTER ALL**

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Despite reports of imaging characteristics that would identify intestinal rotational anomalies that predispose to volvulus, most paediatric surgeons would proceed to an operation when imaging is suggestive. The aim of this study was to test the performance of the upper gastrointestinal (UGI) contrast studies and its restrictions that lead to false positive or false negative reports.

Methods We performed a retrospective analysis of patients investigated for malrotation, or treated for it over 5 years (2008–2013). Radiology reports were graded as positive, equivocal or negative. If the study was inconclusive, further imaging or treatment was dictated by clinical status.

Main

Results 279 patients were investigated due to suspected malrotation, while in 24 patients malrotation was an incidental finding. In total, 86 patients underwent a Ladd's procedure. If the definite positive and equivocal reports were considered as positive regarding the intention to intervene surgically, the sensitivity of UGIS was 94%, specificity was 95.4%, with 18% false positive results and 1.4% false negatives. In the 11 patients with proven false positive results, two had a negative laparotomy, but all the remaining 9 patients had surgical findings (including 3 duodenal stenoses, and 3 intestinal atresias).

Conclusion The UGI series proved to be very sensitive and specific for the diagnosis of malrotation, when the clinical pathway dictates prompt surgical intervention in the presence of positive or at least non-negative radiology report. This approach can lead to a significant number of false positive results, although other surgically treatable pathology is commonly identified in these patients.

PS-287 WITHDRAWN

PS-289 **DOES LOCAL EXPERIENCE IN THE MANAGEMENT OF SIMPLE GASTROSCHISIS (SG) MATTER? (LOCAL PRACTICE VERSUS NATIONAL BENCHMARK DATA)**

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