

**Background** Although Hydatid liver disease may be asymptomatic, one complication of Hydatid disease is perforation of the cyst into the peritoneal cavity after trauma. We present herein a case presented after trauma and had a diagnosis of Hydatid cyst rupture into the peritoneum previously asymptomatic boy.

**Case A** 7-year-old boy presented with mild abdominal pain for 6 h. His parents told that his abdominal pain was suddenly commenced after falling down from swing when playing at the playground. They also complained of itching on the whole body starting soon after the trauma. His blood pressure was 90/60 mmHg, heart rate 118/min, and temperature 37.0°C. On the physical examination, urticaria was seen over the thigh and trunk, abdominal examination revealed generalised tenderness. Ultrasonography and computed tomography showed multiple cystic lesions in the liver and one of them had hypoechoic contents and floating echogenic membranes and also free fluid were seen in the pelvis. Intravenous fluids were started followed Hydrocortisone and antihistamine administered along with antibiotic prophylaxis. The patient underwent surgery, 3 cysts at different localization and also a ruptured cyst 4 cm in diameter at the segment 1 were seen. The germinative membranes and the daughter vesicles were removed and abdomen was irrigated with hypertonic saline (3% NaCl). Postoperative albendazole therapy was given for two months.

**Conclusion** Rupture of Hydatid cyst should be considered in the differential diagnosis at the presentation of acute abdominal findings with urticaria after abdominal blunt trauma. US and CT are effective in diagnosing of this rare condition.

**PO-0907 A CASE OF BACK TO THE FUTURE: PAEDIATRIC ABDOMINAL PAIN. THOROUGH HISTORY, EXAMINATION AND SENIOR CLINICIAN INVOLVEMENT REMAIN IMPERATIVE FOR SUCCESSFUL MANAGEMENT**

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**Introduction** The inherent variability of the history and exam in paediatrics make acute abdominal pain a diagnostic challenge. Investigations such as white-cell-count (WCC), C-reactive-protein and radiological studies have been advocated to help objectify management. Whilst Computed Tomography is accurate, the amount of radiation involved renders it unacceptable and thus many view ultrasonography as an acceptable alternative. But do these tests add value?

**Methods** Retrospective review between 2002–2012. Data was collected for children under sixteen with acute abdominal pain undergoing investigation with ultrasound and haematological testing. For 2005, a retrospective review was conducted for children presenting with abdominal pain to obtain data on demographics, history and examination findings. Analysis for diagnostic accuracy was undertaken.

**Results** 5000 records were reviewed, and 1744 records included. 6% of children developed appendicitis. Findings of worsening pain, associated with nausea or vomiting yielded moderate sensitivities and specificities (combined values over 70%). Fever was non-specific. Localised tenderness is the most sensitive exam finding and rebound tenderness is the most specific, both having values over 90%. WCC and CRP offer similar sensitivities and specificities, both producing results under 80%. Only 30% of ultrasounds visualised the appendix, significantly

dampening the sensitivity below 75%. The incidence of appendicitis in the non-visualised group was 8%.

**Conclusion** No test is useful for ruling out appendicitis. Given that the incidence of appendicitis is higher in the non-visualised group, this is especially so with ultrasonography. Clinical examination with senior input is the most sensible strategy for managing children with acute abdominal pain.

**PO-0908 EXTERNAL INFLUENCES ON PAEDIATRIC ABDOMINAL PAIN: A HOLISTIC VIEW MAY HELP**

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**Introduction** Abdominal pain should always be treated as a serious complaint by the clinician due to the large proportion of potentially serious medical conditions which can present with abdominal pain. However, a large proportion of children will not have any significant disease processes underway. This study focuses on extrinsic factors which may be associated with abdominal pain presentations to help elucidate appropriate management.

**Methods** Prospective study. A survey was administered to children and their parents, presenting to casualty for assessment of abdominal pain. Questions related to the patient and their family. Information obtained related to the child's health, social/family dynamics and family history were obtained.

**Results** 97 surveys were conducted. There was an equal sex distribution. Mean age was 11. The three most common diagnoses were of Benign pain, Mesenteric adenitis and Appendicitis. There was a peak in winter presentations for those with benign pain. 27% of children with benign pain had parents who smoked. Inflammatory conditions were common with 38% and 28% of children, having family histories of asthma and eczema respectively. 9% had a history of IBS and Coeliac disease. No differences between the sexes were observed.

**Conclusion** Children presenting to hospital with abdominal pain have a higher prevalence of parental smoking, eczema, asthma and migraine. There is a peak incidence in benign presentations during winter. Even in children with significant extrinsic influences, appendicitis was the third most common diagnosis, mandating thorough evaluation for all children with abdominal pain no matter the background circumstances.

**PO-0909 WITHDRAWN**

**PO-0910 LAPAROSCOPIC INGUINAL HERNIA REPAIR IN CHILDREN: CLINICAL EVALUATION OF 46 CASES**

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**Background** Laparoscopic inguinal hernia repair in children tend to be performed routinely, with some advantages compared to conventional repair.

**Aims** The paper aims to assess the cases of inguinal hernia repair by laparoscopic procedure in 2 clinics of paediatric surgery from the country in the last 3 years.