

Methods Were studied retrospectively the medical records from these patients.

Results Out of the 46 cases, 60,8% were younger than 7 years, 41,30% were originated from urban environment; 27 cases were bilateral inguinal hernia; 14 presented various preoperative status/comorbidities (occlusive intestinal syndrome, acute dehydration, visceral adherence), 8 various surgical complications (bleeding, anaemia, scrotal swelling); the average length of stay was 3,69 days. Laparoscopic repair was significantly more frequent in patient younger than 7 years from urban environment ($p < 0,001$), but also with significantly more frequent comorbidities ($p < 0,04$) and post surgical complications ($p < 0,003$). Unilateral inguinal hernia develop fewer complications ($p < 0,03$) and require a shorter length of stay ($p < 0,008$). The patients without comorbidities presented a significant shorter length of stay ($p < 0,05$). The absence of surgical complications shortened significantly the length of stay ($p < 0,01$).

Conclusions Laparoscopic inguinal hernia repair may be considered a safe procedure, with fewer complications and shorten length of stay.

PO-0911 HERLYN-WERNER-WUNDERLICH SYNDROME AND DISTAL VAGINAL ATRESIA. TWO PARTICULAR CASES

¹R Cavaco Fernandes, ¹E Blesa Sánchez, ¹S Sanjuan Rodriguez, ²N Fuentes Bolaños. ¹Paediatric Surgery, Hospital Materno Infantil, Badajoz, Spain; ²Paediatrics, Hospital Materno Infantil, Badajoz, Spain

10.1136/archdischild-2014-307384.1532

Background and aims Müllerian anomalies are rare, causing malformations of the female reproductive system as the Herlyn-Werner-Wunderlich Syndrome (HWWS) and distal vaginal atresia. These patients are usually asymptomatic until menarche. There may be associated with renal and urinary tract anomalies. We describe two cases of young girls with occluded vagina associated with urethrovaginal fistula.

Cases presentation The first patient is a 3-years-old asymptomatic girl with prenatal diagnosis of left renal agenesis. Ultrasonography, performed 6 months prior to consultation, identified an anechoic cyst in hypogastrium. On genital examination, distal vagina occluded by a protruding membrane over the vaginal introitus. Magnetic resonance revealed a left paravesical formation suggestive of hydrocolpos. By the transmembrane puncture, urine was aspirated. Laparoscopy confirms uterus didelphys. Membrane resection enable two hemivaginas. Based on the association of these anomalies, the diagnosis of HWWS was made. Girl present constant loss of urine and cystoureterography performed reveals urethrohemivaginal fistula. The second patient is a 4-years-old girl with occluded vagina suggesting distal atresia. Saline injected through the membrane eliminates by urethra. Cystoureterography confirms urethrovaginal fistula.

Conclusions The diagnoses of HWWS (uterus didelphys, unilateral low vaginal obstruction and ipsilateral renal agenesis) also known by OHVIRA and distal vaginal atresia in infancy and early childhood are unusual. The reported cases represent examples off premenarche diagnosis. In both patients, we detected urethrovaginal fistula, association not reported before in literature. Early diagnosis allows appropriate therapeutic management and prevents subsequent complications.

PO-0912 SHORT BOWEL STATE: DOES AUTOLOGOUS GASTROINTESTINAL RECONSTRUCTION REDUCE CATHETER-RELATED BLOOD STREAM INFECTIONS?

R Coletta, N Lansdale, BA Khalil, A Morabito. Paediatric Autologous Bowel Reconstruction and Rehabilitation Unit (Pabrru), Royal Manchester Children's Hospital, Manchester, UK

10.1136/archdischild-2014-307384.1533

Background and aims Catheter-related blood stream infections (CRBSI) occur frequently in Short Bowel Syndrome (SBS) children on parenteral nutrition (PN). Central venous catheter (CVC) complication and complete loss of central venous access are indication for intestinal transplantation. Autologous gastrointestinal reconstruction surgery (AGIR) is mandatory in any chronically PN-dependent patient when there is substantial bowel dilation to reduce bacterial translocation. We reviewed patients who underwent lengthening surgery and calculated the rate of CRBSI pre and post surgery.

Methods PN dependent children with SBS were identified. Inclusion criteria were CVC for PN administration pre and post-operatively, CVC removed after weaned off PN and having gained enteral autonomy. CRBSI episodes were defined as temperature above 38.0 °C, along with positive blood culture microbiological infection from the CVC.

Results Nineteen patients were identified (male $n = 13$). Median gestation was 35 (33.5–36.5) completed weeks and birth weight 2080 g (1725–2374). Ten patients underwent tapering enteroplasty, eight Longitudinal Intestinal Lengthening and Tailoring (LILT) procedure, and one Serial Transverse Enteroplasty (STEP) procedure. Median duration of PN was 5.3 months (2.9–6.6) pre and 9.0 months (4.2–10.9) post surgery. A total of 115 septic episodes were confirmed (70 prior to surgery and 45 post surgery). The total rate of catheter related sepsis was significantly lower after AGIR compared to before it ($p = 0.016$).

Conclusions CRBSI frequency in PN dependent patients with dilated bowel reduces after AGIR. AGIR appears associated with significantly reduced frequency of CRBSI in PN dependent children with bowel dilatation. These findings warrant further exploration in larger, preferably controlled studies.

PO-0913 A REVIEW OF CUFFED VS. UNCUFFED ENDOTRACHEAL TUBES IN CHILDREN

¹D Crankshaw, ²M Entwistle. ¹Medicine, Lancaster University, Lancaster, UK; ²Anaesthetics, Royal Lancaster Hospital, Lancaster, UK

10.1136/archdischild-2014-307384.1534

Background and aims The use of cuffed endotracheal tubes in paediatric patients is still a controversial topic. This paper aims to investigate whether cuffed or uncuffed tubes should be used in children under the age of 8 based on the literature that is currently available on this topic. Currently there are no guidelines on this topic.

Methods literature review.

Results The results of the first four studies reviewed all show significant results in favour of use of a cuffed endotracheal tube and a change in current practice. None of the studies reviewed showed that patients were more likely to suffer injury as a result of using a cuffed tube. This is important as the review covers a variety of patients including those undergoing elective operations, burn patients and those who are critically ill. All of the