Methods  We were studied retrospectively the medical records from these patients.

Results  Out of the 46 cases, 60.8% were younger than 7 years, 41.3% 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 safer procedure, with fewer complications and shorter length of stay.

Poster abstracts

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

1R Cavaco Fernandes, 2E Itela Sanchez, 3S Sanjuan Rodriguez, 4N Fuentes Bolaños.
1Paediatric Surgery, Hospital Materno Infantil, Badajoz, Spain; 2Paediatrics, Hospital Materno Infantil, Badajoz, Spain

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 forma-

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

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

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 translacation. 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 postoperatively. 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

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