

Conclusion: Our data demonstrates that factors predictive of 30-day readmission are a combination of patient factors and the development of post-operative complications. Rates of readmission can be reduced by taking measures to address these specific issues. Future research will focus on factors that predispose to the development of intra-abdominal collections.

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SELECTIVE NECROSECTOMY FOR INFECTED PANCREATIC NECROSIS

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Objective: Until recently, a diagnosis of infected pancreatic necrosis (IPN) warranted necrosectomy, which was associated with high morbidity and mortality rates greater than 20%. Our objective was to assess how pre-operative percutaneous drainage changed the management of IPN in this institution in terms of need for necrosectomy and morbidity associated with IPN.

Methods: In 2008 this institution changed its approach to the management of such cases opting instead for percutaneous drainage with selective deferred necrosectomy. A total of 38 consecutive patients with infected pancreatic necrosis from January 2008 to December 2014 were included.

Results: All 38 underwent percutaneous radiological drainage and selective necrosectomy was performed on 15 where the infected necrosis did not completely resolve. 23 patients did not require surgery and were managed with pancreatic drain insertion, optimal nutritional and critical care interventions. Median peak APACHE and SOFA scores were 10 (range 0–18) and 3 (range 0–10) prior to radiological intervention. Overall mortality was 5% (n = 2).

Conclusion: This study demonstrates that radiological guided drainage of infected pancreatic collections can, in most cases, prove curative and, if not, facilitate delayed surgical intervention with improved outcomes.

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REAL FIVE YEAR SURVIVAL AFTER RADICAL SURGERY FOR PANCREATIC CARCINOMA: CAN IT BE PREDICTED WITH THE USUAL PROGNOSTIC FACTORS?

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Objective: Surgery of pancreatic adenocarcinoma with curative intent is the only treatment that offer a long-term survival possibility, with a reported 5-year overall survival rate ranging from 15% to 25%. However, it is only an estimation of long term survival in the majority of reports, that could be higher than expected. Our aim is to report the real 5-year overall survival rate based on a large series from a single centre and match it with similar reports.

Methods: This is a retrospective analysis of patients with pancreatic adenocarcinoma presenting with 5-year survival rate after the operation performed between 2004 and 2010. We also performed a review of the literature searching for similar series to compare to.

Results: A total of 128 patients had pancreatic adenocarcinoma resection. Seven patients were lost during the follow up and 4 passed in the early post operative period. The 5-year survival rate of the series is 7.69% (9/117). The analysis of our series and the 8 similar series (388 patients) found in literature shows that some of the well known bad prognostic factors as positive lymph node, poor differentiation grade, R1 resection may be present in these patients. The only bad prognostic factor never present in all patients, including ours, is the post operative AJCC stage III and IV.

Conclusion: Well known bad prognostic factors can be singled-out in patients with actual 5-year survival rates, post pancreatectomy. The only bad prognostic factors are never present are a T4 and/or M1 stage diagnosis.

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HIDATID CYSTS OF THE LIVER IN PEDIATRICS POPULATION. EXPERIENCE OF A PUBLIC HOSPITAL

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Objective: Describe hidatic cyst of liver in children's.

Methods: A retrospective, descriptive and observational study of 23 medical records of patients with liver *Echinococcus granulosus* infection, treated between January 1993 and June 2016 at the National Hospital of Pediatrics J.P.Garrahan were reviewed. They were diagnosed based on international diagnostic criteria of OMS, which is considered the epidemiology, clinical, typical lesion imaging, pathology, serology, and parasitology.

Results: Of the 23 cases, only 16 patients (69.5%) had hepatic cysts and 7 (30.4%) also presented cysts associated in other sites (lung, spleen, retroperitoneum).

All patients received deworming treatment between 2 and 3 months prior to surgery and 2 months after, except for one patient who did not receive preoperative treatment and received albendazole plus praziquantel postsurgical for cyst breakage. Of the total, 21 patients (91.3%) received surgical treatment, 15 of which (65.2%) were approached by open technique, 5 (23.8%) laparoscopic and 1 (4.7%) by percutaneous puncture (PAIR). We used always laparoscopic control in the surgery. The systematic surgical treatment included percutaneous puncture, aspiration and sending the material to pathology for diagnosis, injection saline solution and re-aspiration, previous marsupialization.

Conclusion: Hydatid disease remains a prevalent disease in our environment and in the pediatric population. The best approach cysts are in the location emerging and in hepatic lateral side segments. Intraoperative ultrasound is useful to confirm the location and assess the relationship with vascular elements.