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# Abstracts

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Department. Abdominal pathology was the main diagnosis (62.8 %), of those, 45.0 % with peritonitis, 18.3 % in occlusion and 12.7 % with incisional hernia. The most frequent reason for surgery was related to 30 day elective surgery complications (52.2 %). The 30-day mortality for these patients was 31.6 %.
**Conclusion:** Any cancer patient can experience emergencies that require surgical consultation and possible surgical treatment. The Surgical Oncology Department should be ready to deal with a great variety of surgical emergencies, inside and outside the department, in a multidisciplinary setting.
**References:**
**Disclosure:** No significant relationships.

### O049

### LARGE BOWEL OBSTRUCTION DUE TO COLORECTAL CANCER AND LYMPH NODE CLEARANCE: A RESULTS OF A STANDARDIZED RESECTIVE STRATEGY

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**Introduction:** Colorectal cancer is still the main cause of large bowel obstruction. Surgical resection is the gold standard treatment and the latest international guidelines recommend to sample at least 12 lymph nodes to obtain an adequate staging. This study is comparative evaluation of the lymph node clearance obtained in emergency and elective colorectal surgery.
**Material and methods:** Data were obtained from prospective registry of emergency and elective colorectal surgery. We selected patients with colorectal cancer underwent R0 resection, and the two groups were compared using the Propensity Score Method (PSM) using the following variables: gender, age, location and stage of disease. Results in terms of lymph node clearance were assessed using lymph -node harvest (NHL), number of positive lymph nodes in the surgical specimen and lymph -node ratio (LNR).
**Results:** From 2006 to 2012, 87 patients were operated for colorectal cancer in emergency with an R0 resection. The most frequent localization was the one left colic (52.8 %). The majority of patients (42.5 %) underwent surgery for Stage III tumor. The NHL average in this group was 18.6, with an average of positive lymph nodes of 3.1 and an average 0.18 LNR.
**Conclusion:** The preliminary analysis conducted so far has documented how the nodal clearance obtained in patients operated in emergency has to be considered adequate and higher than recommended in international guidelines (average 18 vs. 12 nodes). No difference were obtained between the two groups in terms of linfonode clearance
**References:** Patel et al Can J Surg 2014 Ansaloni et al World J Emerg Surg 2010 Gunderson et al J Clin Onco 2008
**Disclosure:** No significant relationships.

### O050

### A RARE CAUSE OF ACUTE ABDOMINAL PAIN: ACTINOMYCES INFECTION OF COLON MIMICKING A MALIGNANT NEOPLASM DUE TO INTRAUTERINE DEVICE

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**Introduction:** Actinomycosis is a rare, progressive granulomatous disease. Here, we present a patient who had a mass both in the proximal part and in the distal part of transverse colon due to Actinomyces infection.
**Material and methods:** A case report.
**Results:** A 47-years-old woman was admitted to emergency unit with abdominal pain and fever. She had a history of abdominal pain for four days. She has been with an intrauterin device for 10 years. On her physical examination, her abdomen was distended and tenderness was found on the right upper quadrant. Contrast-enhanced computed tomography revealed 17 mm wall thickness compatible with tumor growth in the 6 cm segment of the proximal part of the transverse colon and 2 nodular lesions which are compatible with implants and 5.5 × 4 cm another tumoral lesion in the distal part of transverse colon. Colonoscopy revealed edema and induration at the long segment of the colon wall. Biopsies taken at colonoscopy was resulted as actinomyces like microorganism colonies. Computerized tomography guided trucut biopsy was taken from the lesion which was thought implant and the microscopic examination of the specimen revealed a granulation tissue rich from polymorphic nuclear leukocyte. Upon receiving the pathology report, she treated with systemic intravenous penicillin for 14 days. Intrauterin device was removed. She saved from the nontherapeutic laparotomy. She was discharged on 24th day with complementary treatment using oral antibiotics. 3 months later after treatment, lesions totally disappeared in the control computed tomography.
**Conclusion:** This case demonstrates that development of inflammatory mass mimicking colon tumor secondary to actinomycosis is difficult to predict in the preoperative period and unnecessary surgery can be performed.
**References:** 1. Intrauterine device associated actinomycosis mimicking sigmoid colon tumor. Muezzinoglu B, Kus E. Indian J Pathol Microbiol. 2010 Oct-Dec;53(4):848-9. doi:10.4103/0377-4929.72083. 2. A rare case of ascending colon actinomycosis mimicking cancer. Filippou D, Psimitis I, Zizi D, Rizos S.BMC Gastroenterol. 2005 Jan 4;5:1. 3. Actinomycosis mimicking abdominal neoplasm. Case report. Waaddegaard P, Dziegiel M. Acta Chir Scand. 1988 Apr;154(4):315-6.
**Disclosure:** No significant relationships.

## COMPLICATIONS: EXTREMITY FRACTURES

### O051

### RISK FACTORS FOR INFECTIOUS COMPLICATIONS AFTER OPEN FRACTURES. A SYSTEMATIC REVIEW AND META-ANALYSIS

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**Introduction:** Despite therapeutic advancements, amputation rate due to chronic osteitis or severe soft tissue infection is still estimated between 4-10 % [1-3]. Many factors are believed to influence the development of infectious complications, but a risk assessment model has not yet been established. The aim of this study is to provide an overview of described risk factors for infections after open fractures.