years, quality-adjusted life-years, and incremental cost-effectiveness ratios. Univariate and probabilistic sensitivity analyses were performed.

Results Three scenarios were simulated in which the proportion of patients referred to thrombectomy after 6 hours was varied from 5%, to 10% and to 15% with SPCCT while it remained constant to 0% with CT-CTA. Three levels of SPCCT accuracy were simulated (perfect positive predictive value (PPV) (100%), intermediate PPV (78.1%), and low PPV (46.9%)). Over the three-month and lifetime horizons, all SPCCT-based scenarios improved QALYs and LYs compared to CT-CTA. Based on the currently used estimates, the probability that SPCCT is cost-effective at a willingness-to-pay threshold of £10 000 per QALY is above 50% in all scenarios.

Conclusions Based on preliminary results, replacing CT-CTA with SPCCT to identify and treat ischaemic stroke patients beyond 6 hours may be good value for money. However, additional data regarding clinical outcomes following SPCCT based strategies are needed before the cost-effectiveness can be fully assessed.

13 AUDIT OF A NEWLY DEVELOPED AMBULATORY CARE SERVICE AT DIANA PRINCESS OF WALES HOSPITAL GRIMSBY UK

Asem Ali, Jaidev Karmani. Northern Lincolnshire and Goole NHS Foundation Trust, UK

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Introduction The aim of the ambulatory care unit is to enable patients to be assessed, observed, diagnosed and treated without the need to be admitted to hospital and meeting their clinical needs by greater consistency of care through reduced clinical variability and improved patient experience, which can potentially reduce the number of clinical admissions, reduce time spent in hospital and helping to reduce overcrowding in the Emergency Department. We looked at performance of newly developed ambulatory care service at Diana Princess of Wales Hospital over 30 days period.

Methods Ambulatory care patients were selected who attended the service from 1st of October 2017 to 30th of October 2017. Information was collected by looking at the ambulatory care record spreadsheet, medical notes, discharge letters and hospital ambulatory care data. Service impact was analysed by numbers of service consumers, source of referral, impact on Accident and Emergency four hours target, appropriateness of referral, zero day discharges, length of stay for inpatients and diagnosis at discharge.

Results Patients were admitted to ambulatory care using the AMBS criteria and different ambulatory care models. Over the 30 day period, 260 attendances were recorded (male 123, female 137) which was 20% of the total medical admissions. 8% of the referrals were from the Accident and Emergency Department. The majority of patient were referred as chest pain and shortness of breath, the most common diagnosis being musculoskeletal chest pain. Other diagnoses included cellulitis, pulmonary embolism, respiratory tract infection, angina and urinary tract infection. More than 92% of the patients were discharged same day. Only 8% of the patients were admitted to the Acute Admission Unit and among these 50% of the patients were referred inappropriately. 16% of patients were classed as re-attendees, mainly for treatment with iv antibiotics for cellulitis or pending next day investigation. The

percentage of zero day discharges increased to 15% and there was an improvement in the Accident and Emergency four hour target exceeded to 5%.

Conclusion The newly developed ambulatory care service has helped to increase zero day discharges and improved the Accident and Emergency four hour target. Ambulatory care has not been utilised by primary care colleagues. Audit Results were shared with CCG to improve the referral rate by Primary Care. More investment is needed in future in ambulatory care by reinvesting money saved by reduced length of stay.

14 TESTICULAR SEMINOMA IN AN INFERTILE ADULT PATIENT WITH PERSISTENT MULLERIAN DUCT SYNDROME

¹Shaden Saleh Al Mousa, ¹Nufe Al Mansor, ¹Ammar Ashraf, ¹Mohamed Tahar Yacoubi, ¹Peter Sylvanus Bahame, ²Sohail Iqbal, ³Usman Saeed. ¹King Abdulaziz Hospital, Ministry of National Guard Health Affairs, Al-Ahsa, Kingdom of Saudi Arabia; ²Wythenshawe Hospital, Manchester University NHS Foundation Trust; ³Royal Blackburn Hospital, UK

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Introduction Persistent Mullerian duct syndrome (PMDS) is an autosomal recessive disorder characterized by the persistence of Mullerian duct derivatives (uterus, cervix, fallopian tubes and proximal vagina) in a phenotypically and karyotypically male patient. This internal male pseudohermaphroditism is usually an incidental diagnosis in children who present with cryptorchidism and inguinal hernia or in adults with cryptorchidism, infertility or an abdominal mass. PMDS is associated with a higher risk of malignant transformation of gonads. Here we present a case of testicular seminoma in an adult infertile patient with persistent MDS. The patient had laparoscopic bilateral orchidectomy with removal of fallopian tubes and commenced on long-term testosterone supplement therapy.

Subjects and materials A 42 years old morbidly obese (body mass index 57) infertile male patient had an elective admission for bariatric surgery. During pre-operative assessment, he was investigated for infertility and had an inguinoscrotal ultrasound to locate undescended testes. Postoperatively, he had MRI abdomen and pelvis. Six months later he had an urgent contrast enhanced CT abdomen and pelvis to rule out the causes of his right flank pain.

Result Pre-operative inguinoscrotal ultrasound revealed no testicular tissue in either the inguinal canals or the scrotum [figure 1]. Genetic screening confirmed 46 XY Karyotyping and hormonal profile showed raised FSH (26.3 IU/L) and LH (14.2 IU/L) and normal testosterone level (11.3 ng/ml). MRI pelvis confirmed the presence of a small, rudimentary uterus and bilateral fallopian tubes and identified bilateral adnexal masses (gonads) measuring about 3×2 cm. Emergency contrast enhanced CT abdomen [figure 1] showed a complex heterogeneous mass containing some air foci in right iliac fossa with twisted engorged vascular pedicle unrelated to bowel loops, presumed to be a twisted gonad. Following imaging evaluation, patient underwent laparoscopic removal of this mass, mildly congested appendix, normal looking left gonad and both fallopian tubes. Rudimentary uterus was left behind undisturbed. Histopathological analysis confirmed these gonads to be testicles with marked atrophic changes. Right sided testicle showed haemorrhagic infarction consistent with torsion along with a 5.5 cm classic seminoma [figure 1]. Full