

presented with orbital floor fractures from October 2007 to October 2015.

RESULTS: 152 patients with 159 orbital floor fractures were included. 122 (80.3%) patients were male, and the mean age was 12.2 years. Twelve patients (7.9%) sustained orbital floor fractures with tissue entrapment. At presentation extraocular movement (EOM) restriction, diplopia, nausea, and vomiting were all associated with tissue entrapment ($P<0.001$). Amongst patients with trapdoor fractures, the presence of nausea and/or vomiting was predictive of tissue entrapment: positive predictive value 80%, negative predictive value 100%. For patients with tissue entrapment, poorer ocular outcomes (persistent EOM restriction and diplopia) were significantly associated with the length of operation ($P=0.007$), but not with the time interval to operation ($P=0.146$).

CONCLUSION: Nausea and vomiting are valuable predictors of tissues entrapment, particularly when EOM restriction and diplopia are equivocal. In our study, radiological findings were predictive of entrapment, but a lack of consistent language in this area limits the external validity of these results. Our study draws attention to the relationship between operation length and poorer ocular outcomes, suggesting that case severity/complexity and surgeon technique/experience may influence ocular outcomes.

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ATYPICAL PROLIFERATIVE LESIONS AFTER REDUCTION MAMMAPLASTY: INCIDENCE AND IMPLICATIONS IN 993 REDUCTIONS

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PURPOSE: Reduction mammoplasty occasionally reveals unsuspected proliferative lesions or carcinoma. Few studies examine incidence, risk factors, and outcomes in this population.

METHODS: Retrospective review was performed between 2000 and 2012. Pathology was categorized as benign, proliferative, or cancer (DCIS or invasive).

RESULTS: Five hundred seventy-three patients had 993 reduction mammoplasties (85% bilateral, 15% unilateral). Cancer was detected in 23 (2.3%) specimens and proliferative lesions in 148 (14.9%). Compared to patients with benign pathology, patients with proliferative lesions or cancer were older ($p<0.001$), with larger BMI ($p=0.001$), increased unilateral procedures ($p<0.001$) and more had a history of cancer ($p<0.001$). On multivariate regression analysis, age and prior breast cancer were independent risk factors for proliferative lesions (OR 1.057, CI 1.039–1.075, $p<0.001$ and OR 2.201, CI 1.291–3.752, $p=0.004$) and age significantly predicted cancer (OR 1.050, CI 1.009–1.093, $p=0.015$). There was no association with resection weight ($p>0.5$). Fifty-four percent of patients with proliferative lesions and no history of cancer had a change in management with increased surveillance, hormones, radiation, chemotherapy, or surgery. If there was a history of cancer, 31% had a change in management. Of patients with DCIS or cancer, all required treatment.

CONCLUSION: Proliferative lesions of the breast may be more common than previously reported. Age and a history of breast cancer increase risk for proliferative lesions. All should be referred to oncology.

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A COMPARISON OF OPEN VERSUS ENDOSCOPIC CARPAL TUNNEL RELEASE WITHIN THE SAME PATIENT

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PURPOSE: Several studies have shown less postoperative pain and faster improvement in grip and pinch strength with the endoscopic technique. The goal of this study was to prospectively examine subjective and functional outcomes, satisfaction, and complications after both ECTR and OCTR in the opposite hands of the same patient.

METHODS: This was a prospective, randomized study in which patients with bilateral carpal tunnel syndrome underwent surgical release with both endoscopic and open techniques. The initial operative approach utilized was randomly assigned to the more symptomatic hand. Demographic data