abdominal aortic aneurysms (AAA). Endovascular AAA repair (EVAR) combines a less-invasive approach with lower morbidity and mortality. We report our experience of EVAR at the US-Mexico border by an innovative partnership between cardiologists and general surgeons.

Materials and Methods
This is a retrospective review at University Medical Center of El Paso between August 2013 and May 2014. Patients were recruited by cardiologists (Texas Tech University Health Sciences Center of El Paso). Charts were reviewed for: Gender, ethnicity, medical comorbidities, aneurysm size, and outcomes at thirty days, ninety days, and one year.

Results
Four patients with abdominal aortic aneurysms received EVAR between August 2013 and May 2014. Three of four were male. Two of four were Hispanic, and two of four were White Non-Hispanic. Four had comorbid hypertension, three of four had chronic obstructive pulmonary disease, and two had hyperlipidemia. Aneurysms ranged from 3.4-7.6 cm, with a mean maximum diameter of 5.3 cm. Two had concomitant right common iliac aneurysms with maximum diameter ranging from 3.4-4.3 cm. One experienced post-operative cholesterol embolus syndrome. Two had no complications at 30 days, 90 days, and 1 year. Two had no complications at 30 days, but did not follow up at 90 days or 1 year.

Conclusions
EVAR is effective when performed by cardiologists with surgical support. We demonstrate an acceptable procedural and post-operative success rate using a multidisciplinary approach. In a medically underserved area EVAR with cardiology and general surgery support improve quality of care.

Predictors of a Prolonged Length of Stay in Children with Perforated Appendicitis

Imran Sayed, MD; Indu Pathak, MD; Zuber Mulla, MD; Loretta Hernandez, MD; Michael Sippel, MD; Laura Wise, MD

Background
Appendicitis is a common surgical emergency in children. We conducted a retrospective cohort study to identify clinical and demographic factors associated with a prolonged length of stay (PLOS) in children with perforated appendicitis (rupture and spillage of intestinal contents into the abdominal cavity).

Methods
The records of 197 children 0 through 17 years of age with perforated appendicitis who were hospitalized at one of two teaching hospitals located in El Paso, TX, and discharged January 2008-January 2014 were included in our sample. PLOS was defined as a length of stay greater than the 75th percentile value in our patient cohort which was 7 days. An initial log-binomial regression model failed to converge and hence logistic regression was used to calculate adjusted incidence odds ratios (OR) and 95% confidence intervals (CI).

Results
The overall risk of PLOS was 23.4% (46/197). Approximately 76% of the children who experienced PLOS and 94% of those who did not were Hispanic. After adjusting for private insurance status, presence of an abscess, asthma, consulting interventional radiology, and various antibiotics, Hispanics were less likely than non-Hispanics to experience PLOS: adjusted OR=0.19, 95% CI: 0.06-0.59. Children whose providers consulted the interventional radiologist had an increased odds of PLOS: adjusted OR=3.43, 95% CI: 1.22-9.67. The adjusted OR for PLOS for having private insurance (vs. another payor) was 0.52 (95% CI: 0.16-1.72).

Conclusions
Hispanic ethnicity was associated with a lower odds of PLOS while children who required the services of an interventional radiologist were more likely to experience PLOS.

Cervical Cancer and Human Papilloma Virus Knowledge and Beliefs Among Uninsured Border Women Due for Screening
Navkiran Shokar, MA, MD, MPH; Theresa Byrd, DrPH; Silvia Flores, PhD; Jessica Calderon-Mora, MPH; Alok Dwivedi, PhD; Eribeth Penaranda, MD; Jennifer Molokwu, MD

Introduction
Women residing on the border have a high cervical cancer incidence and one of the highest mortality rates in the US. We sought to estimate baseline knowledge and beliefs about cervical cancer screening and human papilloma virus (HPV) among participants due for cervical cancer screening within a community-based intervention.

Materials and Methods
Inclusion criteria: age 21-65, uninsured, and due for cervical cancer screening. Exclusion criteria: cervical cancer. Instrument: Validated items covering demographics, cervical cancer and HPV knowledge, perceived susceptibility, seriousness, benefits, barriers, subjective norms, processes of change, and self-efficacy. Analysis: Quantitative data were described using mean, standard deviation (SD), and range; categorical data were described using frequency and proportion.

Results
Survey response rate was 82.3% (301/364). Mean age=44 years (SD 10.68); Hispanic=96.3%; 7.3% had never had a pap smear; 21% had a past abnormal pap. Common barriers to screening: lack of insurance, expense, unaware where to go for testing, embarrassment, and pain. Mean scores: Knowledge=5.72 (SD 1.4, range 0-8); Benefits=10.71 (SD 2.47, range 6-24); Barriers=34.41 (SD 4.48, range 12-48); Subjective Norms=13.82 (SD 2.05, range 5-24); Processes of Change=10.23 (SD 1.71, range 4-16); Self Efficacy=35.56 (SD 6.54, range 9-45); HPV knowledge=3.48 (SD 1.44, range 0-6). HPV awareness=23.9%. HPV vaccine

Continued on page 20
awareness=57.5% and 5% had received HPV vaccination.

Conclusions
Overall, women had favorable beliefs about barriers and benefits to screening; logistic and socioeconomic barriers predominated over cognitive barriers; awareness of HPV and HPV vaccination rates were low. These findings will inform future strategies to address cervical cancer disparities in this community.

Cytomegalovirus Cholestasis a Cause for Prolonged Conjugated Hyperbilirubinemia

Leena Mathew, MD

Introduction
A 6-day old male was admitted for evaluation of conjugated hyperbilirubinemia. Examination showed jaundice and hepatomegaly. All anthropometric measurements were plotted at the 3rd percentile. He was born via vaginal delivery at 39 weeks, birth weight of 2.8kg, to a healthy 22 year old primigravida. He developed feeding difficulties on day 1. Chest radiograph revealed pneumonia for which IV antibiotics were given for 7 days. He was noted to be jaundiced on day 3 with marked elevation of direct bilirubin of 3.5mg/dL. GGT of 611units/L. Abdominal ultrasound showed atretic gallbladder and HIDA scan was concerning for biliary atresia. The laboratory and diagnostic work-up were repeated: T.Bilirubin 7.3 mg/dL, D.Bilirubin 3.3mg/L, GGT 1132units/L, abdominal ultrasound and HIDA scan - normal anatomy of liver and gall bladder, ruling out biliary atresia. Results of laboratory tests recommended for evaluation of neonatal conjugated hyperbilirubinemia were all negative except for TORCH antibodies which were equivocal for CMV. Urine culture for CMV was positive, confirming congenital CMV. He failed the hearing screen. Treatment was not indicated per ID recommendation. He was discharged home on day of life 10.

Discussion
Neonatal jaundice associated with a rise in conjugated bilirubin is always pathological. This case illustrates the importance of considering congenital infections, especially TORCH in the evaluation of neonatal cholestasis. This case is remarkable as CMV cholestasis is uncommon. Multiple literature reviews identify the association but only few case reports have been reported.

Conclusion
The diagnosis of congenital CMV should be considered in infants presenting with conjugated hyperbilirubinemia.

Characteristics and Management of Blunt Renal Trauma Injury in Children

Alan H. Tyroch, MD, FACS, FCCM; Yuichi Ishida, MD; Nader Emami, MD; Susan F. McLean, MD, FACS; Emily Rogers Delmas, MD

Introduction
Renal trauma in the pediatric population is due to blunt mechanism of injury. Our purpose was to determine the incidence, features, associated injuries, management, and outcomes of kidney injuries resulting from blunt trauma in the pediatric population in a single Level 1 Trauma Center.

Materials and Methods
This was a retrospective chart and trauma registry review of all pediatric blunt renal injuries at a regional level 1 trauma center that provides care to injured adults and children. The inclusion dates were January 2001 to June 2014.

Results
Of 5,790 pediatric blunt trauma admissions over 14.5 years, 68 children sustained blunt renal trauma (incidence: 1.2%). Their mean age was 12.4 years (range: 9 months to 17 years) and 66% were male. The mean hospital LOS was 9±9.5 days and 37% of patients were admitted to ICU with mean ICU LOS of 3±6 days. The mean ISS was 21±14. The most common mechanism of injury was MVC (46%). 57% of the patients had associated intra-abdominal injury with the liver being the predominant organ followed by the spleen. The mortality was 5.8% and none were caused by renal injury.

Conclusions
Renal trauma is rare in pediatric blunt trauma; most of them are low AAST injury grade. It’s commonly associated with intra-abdominal injuries, especially liver and spleen. The nephrectomy rate in pediatric trauma is low compared to adult trauma. The higher the grade is, more likely to have gross hematuria.

Perfect Office Space
(865 N. Resler Dr. Ste F & G) for lease becoming available March or April 2016. The office is conveniently located catty corner to Franklin High School on the corner of Resler and Redd (same shopping center as Ardivo’s restaurant). The office is currently being occupied by an optometrist. It is 2400 square feet with open space (approximately 900 sq ft) where the optical is and has 4 exam rooms with potential for a 5th room all with plumbing. There is a bookkeeping room with built in shelves. There is a perfect storage room for pharmaceutical supplies with shelves. It has a private office with private bathroom and two bathrooms for public/staff use. There is a lab/kitchen in the back as well. There is a big reception desk in the front with plenty of waiting area. Current lease is $3500 base rent with CAM fees of $918. If interested, please contact Stephen Applebaum, O.D. at 915-474-4040.