Introduction.– Rotator cuff tears have a negative impact on the functional prognosis of persons with spinal cord injury subjecting them to further impairments. These tears are inevitably progressive by nature.

Objective.– The proposed study was prospective and non-controlled. Its objective was to define the functional, lesional and clinical profiles as well as therapeutic pathways of patients with spinal cord injury seen in medical-surgical consultation for shoulder pain and/or shoulder-related impairments.

Materials and methods.– Twenty-eight patients with spinal cord injury including 23 with paraplegia, were seen in the framework of a specialized consultation due to the importance of their painful shoulder and/or functional impairment. Eighteen out of the 28 subjects had preventive or reconstructive surgery on one or both shoulders. The mean delay between initial injury and rotator cuff surgery was 28 years.

Results and discussion.– Surgery became necessary for more than half of the population seen in this consultation. The time to surgery was quite lengthy. Results revealed the relevance of early screening based on a real strategy of multidisciplinary care management. When surgery becomes necessary, an early and as minimally invasive as possible approach would be the most adequate solution. Preventive acromioplasty should also be discussed.

Further reading


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Spinal cord compression in hereditary multiple exostoses

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Keywords: Hereditary multiple exostoses; Spinal cord compression

Introduction.– Hereditary multiple exostoses is an autosomal hereditary disorder that is characterized by the presence of exostoses. Occasional complications of spinal cord compression are reported during the disease evolution. It’s due to spinal exostoses. Its evolution is slow and the first symptoms are unspecific like walking troubles.

Observation.– A 71-year-old patient with hereditary multiple exostoses is addressed to the department via the emergencies for increasing walking troubles responsible for frequent falls. The clinical examination finds an AIS D upper C4 spastic tetraplegia left predominant. For 4 years, walking has been possible within a 100 m area with a Zimmer. MRI shows exostoses originating from the C2 right lamina with vertebral canal development, responsible for spinal cord compression. Decision is taken to practice surgical decompression with exostoses resection to prevent worsening.

Discussion.– All the bones can be concerned in case of a hereditary multiple exostoses. Most frequent locations are on long bones mainly around knees and forearms. Neurological complications are not the most frequent ones but are far from being exceptional, different studies show their presence in 1 to 9% of patients. Cervical rachis lesions represent 80% of vertebral lesions and the most frequent one is The C2 vertebra. When following these patients it’s important to look for myelopathy signs. In case of walking problems and spinal cord irritation, MRI permits to see the extent of the lesion and decide whether to operate or not.

Further reading


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The relationship between ambulation level and HDL values in male spinal cord injured patients

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Keywords: Spinal cord injury; Paraplegia; Tetraplegia; Physical activity; HDL; Lipoproteins

Objectives.– The risk of cardiovascular disease is high in spinal cord injury (SCI) patients. The blood lipid profile is an important element determining the cardiovascular risk. The profile may be modified due to a physical mobilization or to a reduction in physical activity. Among the lipoproteins, high-density lipoprotein (HDL) is the most influenced by a reduction in physical activity. We studied the relationship between HDL level and physical activity in SCI patients.

Material and methods.– Sixty-three male SCI patients followed in our unit were included in this study. Inclusion criteria were: male gender, aged more than 18 years, time since SCI greater than 12 weeks. Demographic variables, and disease duration were recorded. Patients were evaluated according to their ASA and the Walking Scale for Spinal Cord Injury (WISCI).

Results.– Mean age was 41.1 ± 14.1 years, time since SCI 36 months (3–240 months). Mean HDL level was 39.53 ± 9.33. The median motor score was 56.76 ± 21.42 and the mean WISCI score 10.14 ± 5.33. The mean HDL level was 39.91 ± 9.82 mg/dl in paraplegic patients and 37.54 ± 9.23 in tetraplegic patients (P = 0.47). There was no significant correlation between HDL level, WISI, motor score and time since SCI (P = 0.898, 0.55 and 0.27 and r = 0.176, 0.243 and 0.141 respectively.

Conclusion.– In our study, we were unable to identify a link between walking, motor score and HDL level in SCI males. The level of walking being only one element of physical activity, the daily duration of physical activity, and activities of daily life should also be taken into account.

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Membres fantômes surnuméraires chez un patient paraplégique

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Introduction.– Des cas de membres fantômes surnuméraires ont été rapportés principalement après lésions cérébrales hémisphériques (hémisphère droit). Chez les blessés médullaires, ce phénomène reste exceptionnel. Dans une récente revue de la littérature, Curt et al. [1] ont fait état de quatre cas publiés. Il s’agit presque exclusivement de tétraplégiques incomplets. Nous rapportons ici la 1ère observation, à notre connaissance, de membres fantômes surnuméraires chez un patient paraplégique.