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**Common peroneal nerve compression by a synovial cyst of the superior tibiofibular joint (in a case report and literature review)**

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**Keywords:** Common peroneal nerve compression; Synovial cyst; Superior tibiofibular joint

**Introduction.**-- Popliteal synovial cysts encountered in rheumatoid arthritis or other degenerative diseases (Baker cysts) are well known, but the cysts of the tibio-fibular are more rare. Since 1921, about 75 cases were reported in the literature. Our observation highlights the value of magnetic resonance imaging.

**Observation.**-- A 47-year-old woman patient without previous medical history, who ran for pain of the outside of the left leg accompanied by a discreet steppage gait lasting for 2 months with no notion of trauma. Physical examination disclosed a deficit in muscle strength side at 3/5 at the anterior tibial, fibular lateral, long and short extensor communis digitorum and a touch of hypoesthesia anterolateral aspect of the leg and the dorsum of the left ankle. Palpation has not found mass at the fibular neck. Plain radiographs showed no bone damage. The electromyogram found a partial conduction block of the common peroneal nerve just below the knee. MRI showed a double training rounded, well circumscribed, cystic-like. During the excisional biopsy, exploration showed two cystic multiloculated, taking origin at the superior tibiofibular joint. Histological examination confirmed the diagnosis of synovial cyst. The postoperative course was marked by the disappearance of pain. After 6 months of rehabilitation, the patient had regained the sensitivity and muscle strength side in 5/5 on muscle loss.

**Discussion.**-- Compression of the common peroneal nerve is the most common cause of motor and sensory paralysis. The common peroneal nerve compression by a synovial cyst is exceptional, which explains the delays diagnosis and treatment. The electromyography can easily locate the compression level neurological and MRI allows for accurate diagnosis of the lesions quickly. The pain disappears rapidly after decompression and neurological recovery settles after a period of ten months on average. The prognosis depends on the severity of neurological deficit and especially preoperative disease duration. If it was less than 4 months, functional outcome is generally satisfactory.

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**Chignon brace for a teenager with pseudo-paraplegic Ehlers-Danlos syndrome**

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**Keywords:** Ehlers-Danlos Chignon orthosis dynamics; Proprioceptive disorders; Dystonia

**Introduction.**-- Gait disorders have been studied little in Ehlers-Danlos syndrome but can be very disabling, restricting social life and favouring school exclusion. These disorders occur as a consequence of proprioceptive impairment, pain, fatigue and, as we have seen recently, of dystonia. Too often they are regarded, wrongly, as psychopathological.

**Case report.**-- A young girl, first seen in our unit at the age of 14 years, was confined to a wheelchair and complained of lacking any sensation in her legs below mid thigh. A psychiatric problem had been considered to be the origin of the problem. The diagnosis of Ehlers-Danlos syndrome with hypermobility had just been established. The standard appliances were prescribed: plantar device with retrocapital median weight bearing, vault, subcuboid support and special compressive clothing. She was able to walk with a walker but remained dependent on a wheelchair and two crutches. Amantadine contributed to improvement by reducing the dystonia.

The patient’s functional status was completely modified by the addition of a cruropedial device, the Chignon brace, which allowed resumption of transfers and long periods of nearly normal walking without a cane and without fatigue. The Chignon brace is articulated at the knees and ankles and provides adjustable elastic traction at these joints to support movement and proprioceptive responsiveness. Such a result is explained by the proprioceptive and rehabilitative role of these devices on gait pattern.

**Discussion.**-- This case highlights new possibilities for functional recovery with nearly normal gait in a disease not often encountered in rehabilitation medicine.

**Further reading**


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**Vitamin D deficiency among veiled Moroccan women**

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**Keywords:** Deficiency; D vitamin; Veiled women

**Objective.**-- To highlight the vitamin D deficiency among veiled Moroccan women to prevent its impact on bone fragility.

**Materials and methods.**-- A prospective study of prevalence in the greater Casablanca included 38 women aged 24 to 65 years wearing the veil and protective clotting who consultant our PRM outpatient service from July 2011 to March 2012. Women with a comorbid condition or disease responsible for hypovitaminosis D were excluded. Correlations were sought between hypovitaminosis D and study variables: age, parity, the existence of associated diseases, clinical signs, and ongoing treatments.

**Results.**-- Serum vitamin D levels were low in 38 patients, varying from 8 to 24 ng/mL. Clinical signs were: bone pain (n = 26), muscle pain (n = 15) and muscle weakness (n = 4).

**Discussion and conclusion.**-- The endemic nature of severe hypovitaminosis D among women aged 19 to 49 years wearing protective clotting in the greater Casablanca was confirmed. The need for vitamin D assay in young women presenting musculoskeletal pain and/or chronic fatigue, especially if they wear protective clotting, was demonstrated. The prescription of vitamin D is a preventive measure required in this population.

**Further reading**


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