P011-e
Chignon brace for a teenager with pseudo-paraeplegic Ehlers-Danlos syndrome
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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. Amitriptyline contributed to improvement by reducing the dystonia.

The patient’s functional status was completely modified by the addition of a curupedial 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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P012-e
Vitamin D deficiency among veiled Moroccan women
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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 clothing 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 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.