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Overweight after traumatic brain injury: Frontal syndrome or endocrine disorder?

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Keywords: Severe traumatic brain injury; Hypopituitarism; Screening.

Introduction.– Hypopituitarism is common after traumatic brain injury (TBI) and may decline spontaneously. The purpose of our work is to report a case of late-onset anterior pituitary dysfunction, comparing to the current literature and screening strategy.

Case report.– A 19-year-old man, suffered from a frontal syndrome involving disinhibition, bulimic behavior with weight gain of 8 kg at 3 months post-severe TBI. The systematic endocrine assessment, at that moment, is normal. We check it 6 months later because of the persistence of weight gain, 7 kg over the pre-TBI weight, despite restrictive diet. A thyrotropic deficiency was found associated with an hypocortisolism. Overweight persisted despite adapted substitutive treatment.

Discussion.– In a study involving 48 cases, thyrotropic deficiency is found, in only one patient at 6 months after the TBI, while it was normal before [1]. However, the cortisol deficiency is often reported. A screening strategy emerges from the expert conference of 2011 about screening endocrine deficits after TBI. They advise the early morning basal cortisol measure, in TBI’s patient hospitalized at least 24 h, presenting tomographic abnormalities or clinical signs of hypocortisolism. The endocrine assessment should be performed at 6 months if clinical findings suggest hypopituitarism, and systematically at 12 months. After the first year, in severe TBI, no new onset hormone deficiency was defined, then, no more investigation is required [2]. In addition, unspecific clinical signs, as in our case, major weight gain, should sound a warning to the need to repeat the endocrine assessment during the first year in severe TBI. This reason must be raised especially if there are behavioral or cognitive disorders.

References
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Parenthood and disability: Care pathway of a mother with cerebral palsy

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Keywords: Cerebral palsy; Parenthood; Pregnancy

Introduction.– Becoming a parent for a person with a disability, ask questions similar but different than those so-called “valid”. It is necessary that the future parent can identify specific issues.

Observation.– At the beginning of 2012, Ms. D, suffering from a dyskinetic cerebral palsy contact BreizhPAC networks for her take care during pregnancy. Links were made automatically with the PMI, following the declaration of pregnancy. The project to accompany this single mother in the arrival of her first child was the proper identification of all possible support in order to offer a maximum assistance particularly on the early days of the arrival of the child. In the same time a specific rehabilitation is set up to manage the physical effects of pregnancy on disability and study aids and adaptations necessary for the daily management of the child by the mother.

The physiotherapist worked on movements and postures within the framework of a physical training adapted to the capabilities.

The occupational therapist worked on the adaptation of nursery equipment.

The psychologist worked on the experience of Ms relative to its own histories and questioning about the consequences of the arrival of this baby in his life.

Results.– More than a year after the onset of this story mom and her baby live in an apartment which is totally adapted. They benefit from human assistance 22 hours on 24 every day.

Discussion.– It seemed interesting to share our experience to help health professionals who could be confronted with this situation and future parents with disabilities.

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Superior mesenteric artery syndrome and denutrition


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Keywords: Superior mesenteric artery syndrome; Denutrition

Introduction.– The superior mesenteric artery syndrome (SMAS) is a surgical condition that can lead to denutrition after bariatric surgery, obesity surgery or pregnancy. The diagnosis is based on clinical signs with pain related to the SMAS on the right upper quadrant. The consequences of denutrition are a reduction of the quality of life and may lead to hospitalization when critical situation is reached.

Case report.– We described the case of a 65-year-old left-handed patient following a hemorrhagic stroke on genu and anterior body of corpus callosum, who presented gesture and language disturbances. These symptoms fluctuated from one spot to another and from one moment to another. Disorders were bilateral.

Discussion.– With this case report, it is possible to assume that Ms D’s hemispheric functions organization is not only a simple reversal of the right-handers one. Even if symptoms were bilateral, there was a reversed predominance compared to a right-handed subject.

In that left-hemisphere lateralized person, largest exchanges could exist across the corpus callosum, which could alter interhemispheric cooperation balance.

Conclusion.– Callosal disconnection syndrome may disturb unilateral symptoms in right-handers due to the specialization of each hemisphere. In left-handed subjects, symptoms can be bilateral, may be more related to a bihemispheric disorder with less lateralized functional consequences.

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Keywords: Superior mesenteric artery syndrome; Denutrition; Brain injury

Introduction.– Superior mesenteric artery syndrome is a rare diagnosis often underestimated, which is the result of an extrinsic compression of the third portion of the duodenum in fatty cellular space between the aorta and the superior mesenteric artery.

We report a case of superior mesenteric artery syndrome observed in a young patient with a traumatic brain injury following a severe malnutrition.

Observation.– Mr B., 18 years, without particular medical history, was victim of an accident on the public road on the 11.22.2012 (initial Glasgow 5). At its support in the ICU, he has experienced vomiting with denutrition. Superior mesenteric artery syndrome was evoked on this clinical presentation, requiring the establishment of a jejunostomy tube, with a gradual weight regain. Despite numerous local complications following the pullout of the tube by the patient, the evolution was positive with healing of the median laparotomy and a progressive weight regain following a high protein hyperalimentation by jejunostomy tube and a recovery of oral feeding without specific gastrointestinal complications.

Discussion.– Postprandial epigastric pain, reflux, nausea, vomiting, anorexia and weight loss must evoke superior mesenteric artery syndrome. These pains are often relieved by curled up position or lateral decubitus position. Superior mesenteric artery syndrome is rare, but should be known and discussed in the context of severe malnutrition, it is related to the reduction of the fatty cellular space between the aorta and the superior mesenteric artery. In the acute phase, a nase-gastric aspiration and a left lateral decubitus positioning allow symptomatic improvement. It will be followed by a conservative treatment with renutrition by jejunostomy or parenteral nutrition, the goal is a weight regain for the restoration of adipose cellular mesenteric artery tissue.

In case of failure of conservative treatment, surgical options are possible. Conclusion.– Superior mesenteric artery syndrome should be considered in any patient with postprandial abdominal pain, nausea, vomiting, anorexia or weight loss. Thus the importance of nutritional support to prevent this risk must be underlined.

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Impact of traumatic brain injury on the evolution of quality of life during the five years following a road accident

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Keywords: Traumatic brain injury; Quality of life; WHOQOL-BREF; ESPARR

Background.– There is a lack of research on the long-term outcome after traumatic brain injury (TBI) in France. Our study evaluated the impact of TBI on the quality of life (QoL) during the first five years following a road accident.

Methods.– A prospective study was carried out among 957 injured road accident victims, aged ≥ 16 years, and living in the Rhône Department, France. QoL was repeatedly measured at 1, 3, and 5 years after the road accident using the brief version of the World Health Organization Quality of Life (WHOQOL-BREF).

The raw score of the overall quality of life, general health facet, physical health, psychological, social relationships and environment domains vary from 4 to 20; higher scores reflect better quality of life. All the analyses were performed using the hierarchical mixed models.

Results.– Overall, 22.7% of the injured road accident victims were categorized as TBI at inclusion. TBI was associated with the overall QoL and social relationships scores during the first five years following the road accident. We also found that some previous medical history were associated with the four domains of the WHOQOL-BREF, except the social relationships domain. During the follow-up, an occurrence of another accident or a disease such as a cardiovascular disease decreased the overall QoL. Our results also shown that subjects who practiced sports regularly before their road accident, subjects who were employed after their road accident, or subjects who received an accident’s compensation had higher general QoL score.

Conclusion.– Our results indicate a poorer QoL in subjects with TBI. This study also points out the necessity to take into account previous medical history of the patient in prognostic models after TBI.

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Long-term functional outcome of a cohort of severe traumatic brain injury patients after neurosurgical reanimation

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Keywords: Severe traumatic brain injury; Global outcome; Behavioral and cognitive sequelae; Glasgow Outcome Scale Extended; Dysexecutive questionnaire

Objective.– The aim of this study is to describe global and functional outcome of patients with severe traumatic brain injuries (TBI) long time after neurosurgical reanimation. This work is included in a larger project of correlations between cerebral imagery, cognitive impairments and handicap after severe TBI.

Patients and methods.– Patients from a neurosurgical reanimation’s cohort of thePitié-SalpêtrièreParisianHospital were included, with initial severity data recording. A French version of Glasgow Outcome Scale Extended (GOSE) assessed the global functional outcome. The Dysexecutive Questionnaire (DEX) and a complaint questionnaire measured behavioral and cognitive impairment.

Results.– These preliminary results rely on nine patients evaluated 87 month in mean after TBI. The average Glasgow Coma Score was 12 [4–15]. The average duration of sedation was 5.8 days [0–17]. Six patients had a good recovery (GOSE 1 or 2), two a moderate disability (GOSE 3 or 4) and 1 had severe disability (GOSE 5). Patients’ principal complaints were memory trouble, difficulty for double task, irritability, fatigability and anxiety. All patients were living at home. The average score on the DEX were 17.5 [2–33]. Six patients had rehabilitation after neurosurgical reanimation. None of them had specialized medical care in Physical Medicine and Rehabilitation.

Discussion.– Long time after TBI, the global outcome for these patients appears heterogeneous. The persistent behavioral and cognitive impairments showed important consequences in daily life for the majority of them. The initial severity score did not predict the severity of these sequelae. This study will allow correlating behavioral and cognitive impairment with anatomical lesions observed in diffusion tensor imaging and resting state, sequences of magnetic resonance imaging.

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Repercussion on professional activity of post-concussion syndrome subsequent to a mild traumatic brain injury–prospective study over six months

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Keywords: Mild traumatic brain injury; Post-concussion syndrome; Return to work

Goal.– Looking for the existence of repercussions on professional activity of a post-concussion syndrome subsequent to a mild traumatic brain injury.

Population and method.–
– Prospective descriptive study over six months;
– Inclusion specifications: victims of a mild traumatic brain injury (mTBI) according to the definition of WHO; admitted to Emergency; aged 18-62; exercising a professional activity;