painful zone with a personal EVA nerve. This sensitive cartographia was effected with a monofilament 15 g. A enabled to evaluate the intensity of neuropathic pain and identify the reached analgesic pills which did not much relieved the pain. A map of the allodynia The somatosensory rehabilitation was started in March 2012. The patient took CRPS was diagnosed with Bruehl criteria and a scintigraphy. – stage in acromioplastia post-surgical of left shoulder in October 2011. The shoulder was normal. – none stimuli on the allodynia territory. – a distant vibrotactile counter stimulation realised with Vibralgic at 300 Hz, 0.9 v

The somatosensory rehabilitation consisted in:

– a distant vibrotactile counter stimulation 8 times a day during 1 minute with confortable stimuli in C8-D1;
– a distant viber counter stimulation realised with Vibragtic at 300 Hz, 0.9 v during less than 1 minute;
– none stimuli on the allodynia territory.

An assisted active range of motion exercise of the left shoulder was effected. The pain was gone, the alldonic territory had decreased to disappear one month later. The patient did not take treatment any longer. The range of motion of shoulder was normal.

Discussion.– The treatment of CRPS must start early with interdisciplinary management. Many treatments have been effected no so successfully and with sometimes severe side effects. New techniques, like mirror therapy or somatosensory rehabilitation could be explored. Further reading


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P088-e

Nitrous oxide interest in pain management to gain joint work within the framework of complex regional pain syndrome type I of a case

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Keywords: Equimolar mixture oxygen-nitrous oxide; Regional pain syndrome complex type I; Joint stiffness

Introduction.– Mobilization of a stiff knee in NITROUS within a complex regional pain syndrome type I of a case.

Objectives.– Nitrous oxide interest in pain management for a joint job gain.

Clinical case.– Mrs H.F., 45 years, CRPS type I in the right knee of posttraumatic origin.

Clinical examination.– Diagnostic criteria and severity score CRPS Budapest. At least one symptom in each group is present. At least one sign in the four groups was found.

Total number of symptoms and signs present: 12/18. Walk with 2 CA with stiffness in his right knee, independent with ADL in long sick.

Support.– Day hospital with physical therapy at 3 times/week. Intolerance TT requires dose adjustment (maximum tolerated 10 mg). Mobilization painful; flexion 70°, extension 0° after 16 weeks. Making use of nitrous oxide for its analgesic and relaxant [2] and its safe use to maintain the swallowing reflex [1].

After explanation of the gesture, nitrous oxide administration (maxi/5 min, flow 12 L) before mobilization followed by a gentle passive mobilization (flow 12 L, maxi/20 min) with bending posture respecting the no pain.
Twelve sessions were conducted.

Results.– An amnesic effect on pain may occur during mobilization. Flexion: 95° active. Pain: 0/10 at rest and walking. Improving the quality of walking with a smooth and not increase walking speed without technical assistance. Resumption of his previous 26 months work after the diagnosis of CRPS-I. Scintigraphy: net regression process CRPS-I detected in his right knee in 2010. Regularization of all households hyperactive.

Discussion and conclusion.– This would be for the benefit of nitrous oxide in the mobilization of a stiff joint including CRPS-I through a permitting algo-functional improvement and joints that enabled our patient to return to his previous work.

References
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P080-e
Intrathecal ziconotide and baclofen, an efficient association
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Keywords: Chronic pain; Spasticity; Ziconotide; Baclofene; Intrathecal treatment

Introduction.– Intrathecal ziconotide has shown its efficiency in chronic resistant pain, we studied the association with baclofene in spastic pain management.

Patients.– Seven patients, 4 female, 3 male, average age 54.3 years old [39; 75] have been treated with continuous intrathecal infusion of baclofene, ziconotide and morphine. Four had a failed back surgery syndrome, 1 peripheral nerve lesion, 1 spine injury, 1 cerebral palsy. Ziconotide has been introduced after the failure of an intrarachidian morphine + baclofene treatment.

Results.– The average decrease of pain intensity after we began the ziconotide treatment was equal to 31 mm on visual analog pain scale, from 68 to 37 mm [43; 1800 mg per day] and 342 g per day [43; 1800 mg per day] for baclofene. Ziconotide had to be stopped for 3/7 (43%) because of side effects, with a full recovery after treatment interruption. One patient kept auditory hallucinating but did not want any dosological modification since he was satisfied with the antalgic level. Most of the side effects occurred during the first semester of our using of ziconotide due to a too fast dose increase. The commonest side effects were: nausea, dizziness, ataxia, visual and auditory hallucination. No treatment failure has been noticed for two years. Initial treatment administration has to be as low as possible (1 μg per day in our population) in order to obtain antalgic effect without major side effects. A slight increase of doses (+0.3 μg per week) allows pain management without side effects.

Conclusion.– Ziconotide in association with intrathecal baclofene is a good way to deal with chronic pain with spasticity.
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P081-e
Clinical, ultrasonographic and CT markers for botulinum toxin injections into the piriformis muscle
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Keywords: Piriformis muscle; Ultrasound; Botulinum toxin

Objective.– The study of the literature concerning the treatment of piriformis muscle syndrome (PMS) to validate the role of botulinum toxin injections performed after failure of medical management and rehabilitation. The few reported series confirm the results significantly superior to placebo injections and even repeated anesthetics and/or corticosteroids. The piriformis muscle belongs to the deep part of the gluteal region where the need for radiological identification. Our team couples the ultrasound with electromyography detection, allowing the latter through an active lateral rotation maneuver (in a subject supine on the healthy side) to optimize the injection site. Ultrasound, with constant technical progress and the development of new sensors, allows very interesting morphological evaluation of the muscle and its relationship with the main sciatic nerve. The objective of this study was to validate the clinical and ultrasonographic markers compared to CT and anatomical data.

Patients and methods.– Five patients supported for SMP received botulinum toxin injections under ultrasound and CT with a minimum of 3 months between each injection, the second injection performed because of insufficient improvement of symptoms.

Results.– The clinical markers of projection of the piriformis muscle is defined by a triangle whose base joins the posterior superior iliac spine and the upper part of the inter-gluteal fold, and whose summit is next to the upper pole of the greater trochanter. Ultrasound (abdominal convex probe tone) body muscle is visualized on the lateral edge of the sacrum with a depth of 4.8 cm for the CHU Farhat Hached Souss, 115, avenue Mohamed Salah Sayadi Souani, 5000 Monastir, Tunisia
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Keywords: Algodystrophy; Pregnancy

Algodystrophy is a regional pain syndrome, characterized by complex neurovascular abnormalities. Pregnancy appears through mechanical factors promote dystrophy of the lower limbs. We report a case of bilateral hip dystrophy diagnosed during postpartum. This is a 31-year-old woman, primipara, who presented in the third quarter of pregnancy (35 weeks gestation) mechanical bilateral groin pain with functional impairment. She has consulted in postpartum (4 days after birth). The review noted a limp, functional impairment with a VAS pain 70%. Standard radiographs postpartum showed speckled locoregional demineralization hips. MRI confirmed the diagnosis of CRPS hips. The patient took analgesic treatment with a discharge and rest for 3 months. She has not received bisphosphonates because she breastfeeding. Disease duration was 24 weeks. The evolution was marked by the persistence of residual pain (VAS 20%) without sequelae.

The analysis of our results compared to literature, allows to identify the main characteristics of this variety of reflex sympathetic dystrophy: gradual onset in the second or third trimester, location in the hip alone or associated with other locations [1–3]. MRI is currently the modality of choice for the early and differential diagnosis [1,3]. The course is generally favorable [3]. Algodystrophy during pregnancy is rare and is often misunderstood. MRI have an important place in the diagnosis of this disease. The safety of bisphosphonates during pregnancy and lactation remains to be demonstrated.

References
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P090-e
Algodystrophy and pregnancy: About a new case
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