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An unusual foreign body within the bladder in a paraplegic woman

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Introduction. – Intravesical foreign body was found in a woman traumatic paraplegia heterosondage during a routine ultrasound.

Observation. – A bladder ultrasound, performed in a 58-year-old post-traumatic paraplegia with neurogenic bladder to measure the volume post voiding during hospitalization for learning self survey reveals a hyperechoic foreign body shaped tube 7 cm long with a diameter of 0.8 cm. Until this patient was supported by home care nurses performing the heterosondages because it had not acquired sufficient skills for self-catheterization in two training consultations.

The diagnosis of foreign body is confirmed by a pelvic scan. The patient is supported by the rapidly urology team’s referral hospital. The foreign body removed by cystoscopy so traumatic, proves to be a case of catheter short. After discussion with the patient, this case would have been introduced at a heterosondage at home, and it can not specify the date of introduction. Hypotonia and perineal urethral local hypoaesthesia and taking morphine could facilitate this introduction.

Discussion. – The presence of a urinary catheter bag as intravesical foreign body is an unexpected and unusual complication [1]. It highlights the fact that nurses in the city do not always have the knowledge and training in the use of new materials such as short probes women. Ideally the implementation of a program of intermittent catheterization should be best in a rehabilitation stay or during iterative consultation with regular monitoring of patients by a specialized team [2].

References
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Sigmod volvulus in a patient with spinal cord injury: A clinical case and review of the literature

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Keywords: Sigmod colon; Volvulus; Spinal cord injury

Introduction. – Gastrointestinal dysfunction is a major cause of morbidity among individuals with spinal cord injury (SCI). Chronic complications such as obstitution and fecal incontinence are common. Intermittent sigmod volvulus (SV) is a rare complication in SCI patients. We report a case and review the literature on SV in SCI patients.

Observations. – A 54-year-old man with a traumatic SCI T12 AIS D in 2000 and L3 fracture in 2011, presented with a history of abdominal discomfort since a couple of months. Abdominal X-ray showed a distended colon descendents with an inverted U shape, consistent with SV. A diagnosis of an uncomplicated SV was established. Because of minor complaints the patient was given a low dose osmotic laxative to improve bowel transit. Four months later the patient showed persistent complaints of constipation alternating with diarrhea. A surgical reduction of the volvulus was planned. Initially, a laparoscopic approach was performed, but massive bowel distension and anatomical distortion hampered adequate view. Conversion to laparotomy was done and a sigmod resection was performed.

Discussion. – Following this case we performed a literature review on spontaneous SV and SV associated with SCI. Only one article on SV in association with SCI was retrieved describing a series of 8 patients (Fenton-Lee, 1993). The understanding of SV has improved over the years. Etiology of SV is unclear but is thought to be multifactorial. Immobility, prolonged colonic transit time and constipation may be predisposing factors. In general, the sigmod colon is the most common location of volvulus. Although spontaneous reduction have been shown to occur in about 2% of patients, conservative management in the hope that volvulus will reduce spontaneously, is not recommended. Emergency endoscopic reduction is the treatment of choice for acute volvulus, but satisfying clinical result is mostly temporary. A sigmod resection is advised as a definitive solution.

In case of persisting constipation in patients with SCI an abdominal X-ray should be performed in order to diagnose a possible volvulus that may present more silently, as this may have therapeutic consequences.

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Peripheral arterial disease in the SCI members: Are there any specificities?

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Keywords: Arterial disease; Spinal cord injury; Ulcer

Introduction. – The arterial disease of spinal cord injury can be expressed in a particular clinical presentation. It is about the poorly understood pathology of aging paraplegic condition.

Observation. – Mr. B., 39 years post-traumatic paraplegia T3 ASIA A from 17 years of evolution.

D0: consultation for contractures of the lower limbs. Research report negative irritating spines.