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**Isolated axillary nerve neuropathy. Case report**
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**Keywords:** Axillary; Neuropathy; Rehabilitation

**Background.**– The axillary nerve dysfunction is a form of peripheral neuropathy. It occurs when the nerve is damaged, which supplies the deltoid muscle and skin around. Symptoms include pain, numbness in the outer portion of the shoulder, and weakness; this is the most common cause of symptoms of sensorimotor dysfunction of the upper extremities. These conditions are often difficult to distinguish, and often occur simultaneously.

**Methods.**– We analyzed medical records of 69 patients with EMG confirmed CR. EMG examination consisted of median and ulnar motor and sensory conduction velocity studies, and electromyographic examination of muscles representing C6, C7 and C8 myotome.

**Results.**– In 68.1% of patients isolated CR was diagnosed, and 31.9% of patients were diagnosed with the simultaneous presence and CTS and CR. Frequency of the cervical root involvement was: C7 (59.42%), C6 (30.4), and C8 (10.2%). Frequency of CTS in radiculopathies C6, C7 and C8 was 15.5%, 16.4% and 21.7%, with no statistically significant differences.

**Discussion.**– CR is often associated with CTS, with no correlation between the frequency of CTS and the level of radiculopathy. Different approach to the treatment of these conditions requires precise diagnosis, which can be achieved by referring patients to electrodiagnostic examination.

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**Treatment of co-contractions and muscle hypertonia of children with obstetric brachial plexus palsy (0BPP): Botulinum toxin. Twenty-five cases report**
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**Keywords:** Obstetric brachial plexus palsy; Treatment; Botulinum toxin

**Background.**– Depending on the plexus injury, two types of after-effects can occur. Co-contractions, resulting from a new organization of nerve fibers and muscle hypertonia. We will show the results of our treatment using botulinum toxin for these two types of after-effects. Use of botulinum toxin has been known since 2000, but currently study methods do not allow us to formally exploit results.

**Methods.**– We injected botulinum toxin in 25 patients showing co-contraction between the bicipes and the triceps and hypertonic of the latissimus dorsi muscle.

**Discussion.**– Only a joint work between surgeons, neurologists and rehabilitation doctors will enable to work out a more effective treatment and limit the functional after-effects of these patients.

**Further reading**

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