P028-e
Rehabilitation treatment of the thoracic outlet syndrome (TOS)
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Objective Identify the different modalities of rehabilitative care of TOS through a review of the literature and our experience in the unity of physical medicine and rehabilitation (PMR) in Mahdia.

Material and methods A retrospective study during the last three years including patients with TOS addressed to the unity of PMR of Mahdia. The evaluation was clinical (visual analogue scale pain VAS, examination of the cervical spine and dynamic tensioning test of the brachial plexus), functional (Orset stage) and radiological. A program of 15 rehabilitation sessions has been achieved.

Results 14 patients (13 women and one man) with a mean age 39.92 years were collected. Symptoms were primarily neurological with paresthesia in 71.42%, a C8-D1 cervical radiculopathy in 21.42% of cases, heaviness in the upper limbs in 14.28% of cases. Venous symptoms and hand edema were found in 28.57% of cases. Raynaud’s syndrome was found in only one case (7.14%). The Wright manoeuvre was positive in 35.71% of cases and Roos test was positive in 78.57% of cases. The dynamic test revealed a tensioning of the brachial plexus by the median nerve in 57.14% of cases and by the ulnar nerve in 42.85% of cases. A double crush syndrome was found in 21.42% of cases. Initial average pain VAS was 73 mm. Radiological assessment revealed a cervical rib in 14.28% of cases and mega-apophysis C7 in 21.42% of cases. After rehabilitation, there was an improvement in pain (mean VAS 21 mm) and short-term results were good in 78.57% of cases.

Discussion and conclusion TOS rehabilitation is often efficient; it corrects the muscle imbalance reducing the diameter of the thoracic outlet and decompensating his asymptomatic constitutional smallness. If there are no serious vascular or neurological complications, it remains the first-line treatment.

Keywords Thoracic outlet syndrome; Rehabilitation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

References

http://dx.doi.org/10.1016/j.rehab.2015.07.104

P030-e
Hip septic arthritis diagnosed during rehabilitation of a trans-tibial amputation due to a diabetic foot ulcer: a case report
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Introduction A major part of lower limb amputations concerns patients with diabetes, and is related to the appearance of a diabetic foot ulcer, that can cause serious complications if it becomes septic.

Observations A 64-year-old woman with diabetes mellitus, socially isolated, is hospitalized, being in a hyperosmolar coma; her diabetes was decompenzated by a toxic shock due to a necrotic diabetic foot ulcer, requiring right trans-tibial amputation. Then she was admitted to a rehabilitation unit, where she was suffering from increasing left hip pains (strongly limiting her capacity to walk), in a clinical and biological inflammatory context, that led us to make a MRI. A liquid collection into left ilio-psosas muscle associated to a rapidly destructive left hip arthritis were diagnosed. PET-scan was in favour of a septic arthritis. Surgery enabled to make biological samples (finding a Bacteroides fragilis and meticillin-resistant Staphylococcus aureus infection), and a to implant a hip spacer, pending a hip prosthetic replacement.

Discussion The most likely etiologic diagnosis—although not certain—seems to be an infected psosas hematoma (the first hip pains she notified were accompanied by a slight hemolysis), that caused septic hip arthritis by spreading by contiguity. Among anaerobic hip infections, Gram-positive cocci are most frequently found in patients having been treated by surgery (such as arthroplasties), whereas Gram-negative bacteria are more related to debilitating patients who had not had any hip surgical treatment [1].

Conclusion In case of diabetic foot ulcer infection, we should always think about the risk of a systemic infectious complications. Atypical left hip pains can be the only symptom of an infected psosas hematoma in debilitated patients as described in this observation.
Maximal passive external rotation of the shoulder


Introduction

Shoulder pain is a common clinical problem. Various diagnoses are known but this problem is often non-specific. The joint hypermobility syndrome (JHS) has never been described in association with SSS. We report three cases of idiopathic SSS associated with JHS.

Cases report


Discussion

SSS first described by Boinet in 1867 is a rare cause of shoulder pain. A “mechanical conflict” between the rib cage and the scapula is proposed. The conflict may be favoured by the presence of congenital or acquired bone abnormalities (exostosis, scapula fractures), muscle abnormalities (atrophy, tumors) or others like bursitis. In about 30% of the cases SSS no specific cause is found. CT, MRI and EMG are often required in the diagnostic process. Our 3 cases with SSS were only associated with positive criterion of JHS and shoulder passive external rotation more than 85°. Shoulder passive external rotation > 85° is a criteria of shoulder hyperlaxity but not of JHS. Only one patient was known for glenohumeral dislocation. We believe that JHS could be a factor favouring development of non-specific SSS, although the exact mechanism of SSS remains unclear. Treatment is based on rehabilitation often with poor results. We recommend searching a JHS as well as shoulder hyperlaxity in case of SSS.

Keywords

Shoulder hyperlaxity; Joint hypermobility syndrome; Shoulder hyperlaxity

Disclosure of interest

The authors have not supplied their declaration of conflict of interest.

Reference


http://dx.doi.org/10.1016/j.rehab.2015.07.105

P031-e

Joint hypermobility syndrome must be investigated in case of snapping scapula syndrome

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Introduction

The snapping scapula syndrome (SSS) is an uncommon clinical picture responsible for significant discomfort. Various diagnoses are known but this problem is often non-specific. The joint hypermobility syndrome (JHS) has never been described in association with SSS. We report three cases of idiopathic SSS associated with JHS.

Cases report


Discussion

SSS first described by Boinet in 1867 is a rare cause of shoulder pain. A “mechanical conflict” between the rib cage and the scapula is proposed. The conflict may be favoured by the presence of congenital or acquired bone abnormalities (exostosis, scapula fractures), muscle abnormalities (atrophy, tumors) or others like bursitis. In about 30% of the cases SSS no specific cause is found. CT, MRI and EMG are often required in the diagnostic process. Our 3 cases with SSS were only associated with positive criterion of JHS and shoulder passive external rotation more than 85°. Shoulder passive external rotation > 85° is a criteria of shoulder hyperlaxity but not of JHS. Only one patient was known for glenohumeral dislocation. We believe that JHS could be a factor favouring development of non-specific SSS, although the exact mechanism of SSS remains unclear. Treatment is based on rehabilitation often with poor results. We recommend searching a JHS as well as shoulder hyperlaxity in case of SSS.

Keywords

Shoulder hyperlaxity; Joint hypermobility syndrome; Shoulder hyperlaxity

Disclosure of interest

The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.107

P086-e

Total hip arthroplasty according to the indication

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Objective

The aim of this work is to determine the quality of life after rehabilitation for total hip arthroplasty (THA) in our Moroccan context, and according to the indication of THA.

Patients and methods

This is a prospective study from January 2013 to June 2014 on THA (including 7 bilateral) indicated by severe inflammatory or degenerative hip diseases, and sent to the Physical Medicine and Rehabilitation Ibn Rushd Hospital in Casablanca for functional rehabilitation. The quality of life of our patients was assessed by the Western Ontario and McMaster scale Universities Arthritis Index (WOMAC).

Results

30 women and 15 men, mean age 47.5 years (20–75 years). 30 THA for severe inflammatory hip disease (including 5 bilateral), 22 PTH (including 2 bilateral) for degenerative hip disease. The mean VAS pain decreased from 60/100 to 12/100. The quality of life of the patients was improved in all cases. We compared the results according to the indication, degenerative hip disease versus inflammatory. The disappearance of pain after joint replacement surgery was similar in both groups. Functional status and quality of life of patients with inflammatory diseases, especially rheumatoid was altered.

Discussion

In our cases, the indications justifying the prosthesis were characterized by the predominance of inflammatory hip disease; this is explained by the systematic recruitment of such patients for postoperative rehabilitation in physical medicine and rehabilitation in this context. Improving the quality of life confirms the good results expected after total hip replacement despite some socio-cultural adaptations needed, especially for religious practice. The difference in quality of life as a function of the indication can be explained by the presence of another particular joint damage in inflammatory diseases.

Keywords

Total arthroplasty; Hip disease; Quality of life

Disclosure of interest

The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.107