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.


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 Snapping scapula syndrome; Joint hypermobility syndrome; Shoulder hyperlaxity

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

Further reading
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Quality of life after 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

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Total hip prosthesis and Muslim prayer: What quality of life for patients?

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Introduction Arthroplasty also interested youth. In osteoarthritis, the most frequent indication for total hip prosthesis (THP), Muslim prayer is often affected [1]. Arthroplasty allows restoration and improved quality of life (QOL) of patients.

Objectives To determine the impact of THP on QOL of patients in Morocco.

Methods Cross-sectional study, prospective, conducted in department of PMR in collaboration with the department of traumatology, University Hospital, Casablanca, Morocco. Patients with THP on hip disease were included. THP resumption were