Patients and methods.—Monocentric retrospective study of 63 SCI patients due to cervical spondylotic canal stenosis admitted to the university hospital of Nantes during the period 2000-2010.

Results.—The studied population consisted of 50 men (79.37%) and 13 women (20.63%) with a mean age 61.1 years (range 30.5 to 88.2). The SCI was due to a fall in 77.78% of cases and traffic accidents in 22.22% of cases. The initial ASIA Impairment Scales were AIS A in 4 cases (6.35%), AIS B in 6 cases (9.52%), AIS C in 22 cases (34.92%) and AIS D in 30 cases (47.62%). The initial motor level was C3 in 4 cases C3 (6.35%), C4 in 18 cases (28.57%), C5 in 22 cases (34.92%), C6 in 6 cases (9.52%), C7 in 6 cases (9.52%) and C8 in 1 case (1.59%). 66.66% of the patients underwent surgery in a mean delay of 50 days (range D1-D213). Three patients died at the acute phase. At discharge, the analysis of the ability to walk showed that 52.38% were able to walk without devices, braces or physical assistance; 25.40% walked with cans or crutches, 12.70% used a manual wheelchair and 30.63% an electric wheelchair. Concerning the mode of voiding: 71.43% recovered a spontaneous micturition, 7.94% had an indwelling catheter or suprapubic catheter, 4 performed self intermittent catheterization, 2 were on intermittent catheterization by a care giver. Four patients underwent urological surgery: one splinenterotomy, one continent cystostomy, two non-continent urinary diversion (Bricker). 58.73% returned to home without caregiver, 15.87% with care giver, 14.29% were in geriatric nursing home.

Discussion.—The analysis of this cohort confirms the data of the literature: the etiology of the trauma is mainly a fall in elderly subjects, the lesions are more often incomplete and the evolution is mainly favorable. 66.66% of the patients underwent surgery, this fact may explain the favorable outcome of our cohort, but this point is still debated in the literature.

References
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CO40-004-EN
Evaluation of the long-term results of functional surgery of the upper limbs in tetraplegic individuals
T. Albert a,*, C. Leclercq a, C. Arlet a, E. Fournier a, P. Vincent c, S. Regnier a, L. Floris a, a CMPR de Bobigny, 359, avenue Paul-Vaillant-Couturier, 93000 Bobigny, France
b Institut de la main, clinique Jouvenet, Paris 16, France
c Centre de réadaptation de Coubert, Coubert, France
*Corresponding author.

Keyword: Surgical rehabilitation of the tetraplegic upper limb

Introduction.—Tetraplegic patients who receive a program of upper limb functional surgery followed by appropriate rehabilitation improve their prehensile capacities, and activities of daily living. But very few studies have evaluated the long-term results.

Goal.—To evaluate the outcomes of rehabilitative surgery of the upper limbs after a minimum of five years.

Method.—All tetraplegic patients having undergone rehabilitative surgery of the upper limbs more than five years ago at our centre were called in for re-evaluation.

Evaluation focuses on:
- standard analytic measurements of the upper limb: range of motion, muscle strength (BMRC), and sensory evaluation;
- assessment of different types of prehension;
- functional independence;
- patient’s satisfaction: VAS, and a satisfaction questionnaire.

Results.—68 patients underwent surgery, 9 deceased, 11 live abroad, 12 lost to follow-up, 36 responded and 25 agreed to participate (70% of those who responded), that were evaluated by two different methods. In the group of 13 patients “reviewed” the majority of patients improved analytical and functional remains at a distance with a great satisfaction. There are two cases of secondary syringomyelia occurred in which the benefit is more limited in the long term.

In the group of 12 patients who were accepted to be interviewed that functional outcomes are worse in 5 patients but the degree of satisfaction remains high on average. We find again a case of syringomyelia.

Discussion and conclusion.—Initial results show that patients who are stable in terms neurological keep the long term performance of gripping and functional independence equivalent to those obtained early. Patients are very satisfied with the long-term outcome and would recommend this surgery in a similar case. In three cases of syringomyelia results were not maintained, which demonstrates the need to track this complication.


CO40-005-EN
Kinematic patterns of modified grasp (tenodesis) in C6 quadriplegic patients
Université de Lyon, université Lyon 1, Inserm-UMRS 534, Bron et service de médecine physique et réadaptation neurologique, hospices civils de Lyon, plateforme « Mouvement et handicap », hôpital Henry-Gabrielle, 20, route de Voiries, 69230 Lyon, France
*Corresponding author.

Keywords: Tenodesis; C6 tetraplegia; Kinematic

C6 quadriplegic patients can achieve functional grasp using tenodesis effect. Grasping kinematics of modified prehension after tetraplegia have been poorly reported in the literature. This study investigated the kinematic parameters in pointing and tenodesis grasping in these patients. Four complete C6 quadriplegic patients and four healthy subjects were included. Each subject performed three different tasks: i) pointing to two targets with the forefinger, ii) reaching for and grasping a 7 cm diameter apple; iii) reaching for and grasping a vertical floppy disk.

 Movements were recorded with an optoelectronic system at a sampling rate of 50 Hz. The kinematic parameters computed were: Movement Time (MT), Peak Velocity (PV), wrist extension and pointing accuracy.

In both pointing and grasping tasks, patients showed a longer MT compared to control subjects. Pointing errors were slightly more pronounced in the sagittal plan. In the grasping tasks, the main difference was observed for the wrist angle. During the transport phase, quadriplegic patients presented a more pronounced wrist flexion compared to control subjects. During the grasping phase, tetraplegic patients achieved a more important wrist extension known as “tenodesis effect”.

Active wrist extension in quadriplegic subjects occurs later after the onset of movement, unlike the early opening of the hand in control subjects, indicating that this grasp using tenodesis reflect an intentional compensatory mechanism.


CO40-006-EN
Compared duration of hospital stays according to the age of traumatic SCI patients hospitalized for the surgical treatment of a pelvic pressure sore by myocutaneous flap at the University Hospital of Nantes
A. Fouasson Chailloux a,*, M. Le Fort a, J. Rome-Saulnier a, F. Lejeune b, F. Bellnier-Waast a, B. Perrouin-Verbe a
a Service de MPR neurologique, CHU de Nantes, 85, rue Saint-Jacques, 44093 Nantes cedex 01, France
b Service de chirurgie plastique et réparatrice, brûlés, CHU de Nantes, Nantes, France
*Corresponding author.

Keywords: Spinal cord injury; Pressure sore; Aging

Aim.—To compare the duration of hospital stays after surgery for pelvic pressure sore by myocutaneous flap between two groups of traumatic spinal cord injured patients according to the age.