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**Torticollis revealing a cervical pseudomeningocele, case report**

A. Diebold*, S. Deffontaines Rufin, E. Bayen, D. Mazevet, A. Peskine, P. Pradat Diehl

*Service de médecine physique et réadaptation, hôpital Pitié-Salpêtrière, 83, boulevard de l’Hôpital, 75013 Paris 13*, France

Corresponding author.

**Introduction.**– Pseudomeningocele is a known but uncommon complication of spinal surgery that may result when a dural tear occurs.[1,2] Reported cases are mostly localised in the lumbar region following a laminectomy. We report the case of a voluminous pseudomeningocele occurring a few months after a cervical laminectomy.

**Case report.**– A 53 year old patient has been hospitalised for rehabilitation of a tetraparesis following the second surgical resection of a recurrent cervical meningioma. Five months later the patient complained of cervical pain with laterocollis. The MRI showed a voluminous pseudomeningocele and the already known residual tumor. An antalgic medication treated efficiently the cervical pain. In absence of complication, no surgery was indicated. A close follow up with repetition of cervical MRI was decided.

**Discussion.**– Pseudomeningoceles may be asymptomatic or revealed by local pain, recurrence of radicular pain, intracranial hypotension or meningeal symptoms (posture-related headaches, nausea or vomiting, photophobia), tinnitus, palpable mass. MRI is the diagnostic study of choice. Complications may rarely occur: nerve root or spinal cord herniations, progressive delayed myelopathy, meningitis. Different treatments are possible, depending on the mass characteristics, symptoms and complications: close observation, conservative therapy with prolonged bed rest in Trendelenburg position, placement of an epidural blood patch, lumbar subarachnoid drainage, or surgical closing of dural tear [1–4].

**References**


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**Economic impact of musculoskeletal disorders among hospital staff**

A. Jellad*, M.A. Bouaziz, S. Salah, Z. Ben Salah

*Médecine physique et réadaptation, CHU Fattouma Bourguiba, rue 1er-Juin, 5019 Monastir, Tunisia*

*Corresponding author.

**Objectives.**– To study the incidence and the economic, functional and quality of life impact of musculoskeletal disorders (MSDs) among hospital staff.

**Patients and methods.**– Cross-sectional study (January 2010 - June 2010) involving a cohort of hospital staff of the University Hospital of the city of Monastir (Tunisia). Administered questionnaire including epidemiologic, clinical, functional, costs, quality of life and working conditions.

**Results.**– Of the 1527 staff of the University Hospital about 433 participated in this study. The average age was 33.6 years ±9.6 years and the sex ratio = 0.78. The participants were 173 doctors, 215 staff members belonging to allied professions and 51 hospital workers. The incidence of MSDs in this population was 65.3% (283/433). MSDs were dominated by low back pain (74%), neck (38.1%) and knee pain (23.3%). Eighty-five patients (30%) had a work leave of at least one day. The average direct cost for MST was 248.163 ± 266.831 DT (137.868 ± 148.239) with a total annual direct cost of 70230.300 DT (E39,016.833). The indirect cost average was 117.244 ± 328.832 DT (65,135 ± 182.684) with a total indirect annual cost of 33180.26 DT (18433,477 €) with a total annual cost of 103,410.56 DT (57,450.31 €).

**Discussion.**– In our population, the direct cost was higher than the indirect cost, contrary to data in the literature. This can be explained by the cost of one day of work leave which is much more costly in Western countries. Furthermore, the functional impact of MSDs in our population is comparable or superior to that reported in the literature. MSDs are multifactorial diseases with considerable impact on socioeconomic, functional impairment and quality of life issues in all work areas including hospital staff.