Autonomic hyperreflexia and Devic’ optic neuromyelitis: A logical but poorly recognized combination: a case report
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Introduction.– Optic neuromyelitis (ONM) described by Devic is a disease of the central nervous system characterized by myelitis and optic neuritis. The disease is distinct from multiple sclerosis (MS) due to a specific antibody, Ig-ONM. Case report.– A patient born in 1956 developed ONM diagnosed in 1994. The clinical presentation associates paraplegia (AIS B) at Th6 and nearly total blindness. The patient can urinate spontaneously. The urodynamic tests show bladder-sphincter dysynergia and significant post-micturition residue. At post follow-up consultations, are noted erythematous face and high blood pressure; antihypertensive treatment was instituted. Later, due to the risk of autonomous hyperreflexia (AHR) associated with the poorly controlled bladder-sphincter function, the patient accepted learning self-catheterization. The blood pressure figures and the facial erythema were amended despite withdrawal of the antihypertensive treatment.

Discussion.– The spinal cord lesion in ONM may favor the development of autonomous hyperreflexia, corresponding to orthosympathetic discharges due to afferent destruction above Th7; most of these discharges arise from the perineal afferent destruction above Th7; most of these discharges arise from the perineum and, in our patient, from elevated bladder pressure. Episodes of hypertension are treated by management of the spinal irritation, in this case by pharmacological blockade of the bladder and clean intermittent self-catheterization. The rate of cardiovascular dysreflexia symptoms is about 20% in MS and could be greater in Devic’s disease. An American study has nevertheless shown that 45% of MS specialists underestimate the development of dysreflexia phenomena. The clinical manifestations of ONM should thus suggest possible autonomous hyperreflexia whose cause must be discovered.

References

Rééducation-réadaptation de l’appareil locomoteur et des pathologies du
were female. Mean age, in general at the time of evaluation, was 56
participants did not provide their name, initials or file number. Fifty-six (81.2%)
69 (23.5% of the 293 initial questionnaires) were correctly identified. The other
not complete the questionnaire. For the 114 patients included in the analysis,
variables recorded were: age, gender, duration of sclerodermia,
constituting the cohort of the Internal Medicine Unit of the Cochin Hospi-
Patients and methods.– This was a retrospective study of 32 children (28 girls, 4
boys) treated for micturition disorders from January 2005 to March 2011 in the
urodynamic unit of the physical medicine and rehabilitation unit of the El Kassab
National Orthopaedic Institute in Tunis. The clinical history and urodynamic
results as well as the neuroradiographic findings and urodynamic study were
recorded. Patients were followed at semestrial consultations.
Results.– Mean patient age was 7 years. Urinary infections were the most com-
mon clinical manifestation (84.37%). Bladder-urethral reflex was observed in
40.6%. Early stage renal failure was observed in one patient. The urodynamic
explorations revealed bladder-sphincter dyssynergia in 87.5%. Medical treat-
ment was effective in 75%. For five children (15.6%), the clinical state improved
and in three others (1.25%) conservative treatment failed. Duration of treatment
in completely cured children was 12 to 36 months. Mean time to resolution of
the symptoms was 2.6 years.
Discussion.– Functional micturition disorders are common in children, involving
a poorly stabilised or non-neurogenic bladder. History taking, physical exami-
nation, radiography, and urodynamic explorations can eliminate the diagnosis of
neurogenic bladder and orient the diagnosis and therapeutic management to mic-
turition dysfunction. This disorder may have serious consequences for the upper
urinary tract. In order to avoid these problems, early diagnosis and treatment
is necessary. Conservative treatment (medication associated with biofeedback
re-education) in children with micturitional disorders is effective when applied
in an appropriate manner (particularly in children with detrusor instability). In
certain situations, intermittent catheterization or even surgery may be required.


P010–EN
Evaluation of bladder-sphincter disorders sclerodermia: 69 patients
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Keywords: Systemic scleroderma; Bladder-sphincter disorders; Self-administered questionnaire

Introduction.– Scleroderma is a rare chronic disease of the immune system.
Bladder involvement is exceptional.

Patients and methods.– This study included 293 patients with scleroderma
constituting the cohort of the Internal Medicine Unit of the Cochin Hospi-
tal. In March 2010, a self-administered questionnaire was addressed to these
patients. The variables recorded were: age, gender, duration of scleroderma,
bladder-sphincter disorders, presence of urinary infections.

Results.– In all, 131 (44%) of patients responded with 114 completed question-
naires. Five patients had died, the address was inaccurate for six, two patients
decide participation in the study and one patient was hospitalized and could
not complete the questionnaire. For the 114 patients included in the analysis,
69 (23.5% of the 293 initial questionnaires) were correctly identified. The other
participants did not provide their name, initials or file number. Fifty-six (81.2%)
were female. Mean age, in general at the time of evaluation, was 56 ± 14.4
years. Men were 2 years older than women. Mean duration of the disease the
day of the evaluation was 9.3 ± 7.7 years. Twenty-seven women (48.21%) pre-
presented exercise-induced incontinence, 48 (85.71%) had bladder overactivity,
and 24 (42.85%) dysuria. Twenty-two women had a urinary tract infection
(39.28%), including three with fever (5.35%) and 21 (37.5%) treated with antibiotics. Two men presented exercise-induced urinary incontinence (15.38%) and
12 men had an overactive bladder (92.3%). Dysuria was present in 7 men
(53.38%). Two men had a urinary tract infection (15.38%), including one with
fever (7.69%); both were treated with antibiotics.

Conclusion.– Urinary disorders are more common in patients with scleroderma
than in the general population. Urinary disorders are more common than bladder
overactivity.

P011–EN
Transcutaneous electric stimulation (TENS) for the treatment of neurogenic and idiopathic overactive bladder: 24 cases
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Objective.– Demonstrate the efficacy of TENS for the treatment of neurogenic and
idiopathic overactive bladder (NOAB, IOAB).

Patients and methods.– Retrospective study of 24 patients with symptoms of
overactive bladder who failed to respond to anticholinergic medication. The
patients were divided into two groups by etiology: group 1 post-trauma NOAB;
group 2: IOAB. All patients were treated with TENS at the level S3. An adapted
protocol including one stimulation per hour for each session, three sessions per
week for 12 weeks was instituted without use of anticholinergic agents.
The patients were reviewed at treatment end then at 3 and 9 months. Urinary flow
and micturition diary were used to assess outcome: volume, intermiction interval
duurne, nocturne), frequency of urinary leakage between self-catheterizations
for IOAB.

Results.– Group 1 included 15 patients (1 f, 14 m), mean age 31 years
(27–35 years). Most patients (66.6%) were totally continent with decreased
miction frequency and increased miction volume at the end of the protocol.
This result was sustained at 3 and 9 months. Only 3 patients had recurrent
symptoms and were not satisfied with the protocol, requesting an alternative

treatment.

Conclusion.– The early results of TENS in patients with idiopathic or neurogenic
OAB are encouraging. This is a simple and effective non-invasive technique with
low cost. Long-term outcome remains to be determined.

P012–EN
Evaluation of sexuality in 53 paraplegic patients
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Introduction.– Sexual disorders are frequent in paraplegic patients. Few studies
have evaluated the impact on quality of life

Objectives.– Evaluate sexual disorders in these patients using validated scores
and assessing impact on quality of life.

Patients and methods.– This retrospective study included 62 paraplegic patients
treated from 2003 to 2009. Only 53 patients were retained for study (the
others were lost to follow-up or declined participation): 71% of patients
were male and 29% female; the sex ratio was 2.4 and the mean age 45.3
years. Etiologies were trauma (51%), tumor (21.5%), operated discal hernia
(27.5%). Spinal cord injury (thoracic and upper lumber) were noted in 55%,
equine cauda disorders in 45%; 20.5% of patients could walk, 29.5% with

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