Introduction.– Clean intermittent catheterization (CIC) is the method of choice for micturition in patients with bladder retention. It has constituted a revolutionary advance in the management of bladder and sphincter disorders of spinal cord injury patients, a population where urinary complications were the leading cause of morbidity and mortality. Patients practicing CIC should be managed by a physician familiar with urinary disorders. Many of these patients are followed by a general practitioner (GP) because of their geographic residence.

Methods.– Three hospitalized patients, aged 40–51 years, 2 female and 1 male, presented paraparesia or tetraparesia with sphincter disorders subsequent to combined sclerosis of the spinal cord in a context of Biermer’s disease. All had clinical signs of overactive bladder, pollakiuria and urine leakage. Bladder ultrasound was normal in three patients and urodynamics studies were not performed. One of the patients left hospital without learning self-catheterization and three patients were taking anticholinergics and vitamin B12 supplementation.

Discussion and conclusion.– There are few reports in the literature on voiding disorders in combined sclerosis of the spinal cord secondary to Biermer’s anemia. One study published by Misra et al. in 2008 reported eight patients with advanced stage disorders whose symptoms responded to vitamin B12 supplementation.

References


doi:10.1016/j.rehab.2011.07.147
Rééducation-réadaptation de l’appareil locomoteur et des pathologies du
years. Men were 2 years older than women. Mean duration of the disease the
participants did not provide their name, initials or file number. Fifty-six (81.2%)
not complete the questionnaire. For the 114 patients included in the analysis,
Results – 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 mictu-
rition 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.

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
(diurne, 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.

P010–EN
Evaluation of bladder-sphincter disorders scleroderma: 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
decline 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-
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