Introduction.– Electrocution accidents are serious; they involve not only the prognosis but are also the cause of amputations, multiple sources of pain, delayed healing, and retarded orthotics. This clinical case of a young mason illustrates another type of complication, secondary systemic involvement.

Objectives.– Treatment objectives were: relieve pain, monitor trophic status of amputation stumps, fit appropriate orthotics, and restore the patient’s independence for occupational and daily life activities.

Case report.– A 32-year-old right-handed male suffered electrocution by high voltage electrical cables in 2007. He presented 3rd degree burns of the upper limb and left distal portions of the lower limbs. Hospitalized in intensive care, he suffered a dislocation of his left shoulder and had a skin graft; both feet had to be amputated. The patient was followed for control of trophic disorders of the amputation stumps, neuropathic pain and sequelar subjective pain.

Results.– Local treatment of these disorders, anxiolytic and analgesic therapy and fitting orthotics for the lower limbs helped restore this patient’s autonomy.

Discussion.– Multiple amputations subsequent to electrical shock require careful monitoring of stump trophicity. The management scheme must be well conducted to enable early fitting of orthotic devices and prevent deconditioning. This challenge begins at the time of the accident and continues during the rehabilitation phase and beyond.

Further reading

P079–EN
A strange foot not far from CRPS I
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Keywords: Ankle; CRPS1; Diagnostic criteria

Introduction.– Since the work of the “International Association for the Study of Pain” (IASP), complex regional pain syndrome type 1 (CRPS I) or algodystrophy includes motor disorders (tremor, dystony, myoclony) as diagnosis criterion. This can lead to confusion with some neurologic disorders which can wrongly be considered as CRPS I. The following observation illustrates this problem.

Observation.– A 31-year-old man was hospitalised in a rehabilitation clinic in April 2007 with suspected CRPS I with persistent pain in the left leg. In 2005, the patient underwent ligament reconstruction at the right ankle. In May 2006, a recurrence of his ankle sprain was treated conservatively. The course of this pathology was unfavourable with an extension of the pain areas (leg and foot) as well as an appearance of abnormal motion. Toe motion in abduction was observed (especially TS) followed by a flexion clump; an hypoesthesia in the sural nerve area, a scar alldynia and discrete vasomotor disorders. The scintigraphy was compatible with a stage 2 algodystrophy. Lower limb electromyography was normal; measurement of pseudo periodic activity of the motor unit at the foot level (abductor of the 5th toe, 4th interosseous). A “Painful legs and moving toes syndrome” was diagnosed which was treated with gabapentin and carbamazepine with a partial improvement.

Discussion.– The “Painful legs and moving toes syndrome” is a rare pathology rehabilitation specialists should recognize. The origin is often peripheral nerve damage. The medullar interneuron activation (between the dorsal and ventral horn) is considered as the source of the efferent motor nerves which are responsible for the abnormal movements. This observation illustrates the need for a demanding approach before establishing the diagnosis of CRPS I and the respect of the 4th criterion of the ASP (exclusion of this syndrome when another pathology may explain pain and dysfunction).


P080–EN
Psychological effects of pain and physical disease on seriously war injured soldiers
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Keywords: War injured soldiers; Physical wound; Pain; Inventory-scale for traumatic neuroses

Introduction.– Soldiers sent to fight missions during foreign operations are particularly exposed to physical wounds, and to psychological wounds and in particular to war trauma. According to Freud, an organic wound can protect the person from war trauma, but what is the situation in real life? Physical pain of physical wound seems to be more protective than the injury itself.

Aim.– To study psychological effects of severe physical wounds and to study the role and impact of pain in war injured soldiers.

Methods.– We wanted to recruit about 30 war-injured soldiers with a severe physical wound. Were included soldiers who sustained loss of limb, loss of organic substance, and/or loss of functionality. They were contacted at the beginning of the rehabilitation period (1st month) for two interviews: (1) typical anamnesis questionnaire, Inventory - Scale for Traumatic Neuroses (ISTN), questionnaire on pain (Term for pain [QDSA], Pain check-up EVAL, Scale of pain impact on the everyday life [QCD23]) and (2) Rorschach test and Thematic Aperception Test (TAT). Patients were contacted again 6 months later for the same interviews.

Results.– To date, 4 patients have been assessed (three at one month, one at six months). Their most common concerns involved their physical state and their recovery. According to them, only those elements could have an impact on their psychological state. The pain had an influence on their mood, their sleep and also their relationships (pain questionnaires). Post-traumatic symptoms were noted (ISTN) and even though they are not high, they had an impact on mood, sleep, relationships, and had an interaction with pain. Since the injury, a control of the psychological movements was still acting (Rorschach), during the reviviscences and especially during the reactivation of pain.

Discussion.– Pain seems to be important for the psychological reorganization needed after a war trauma. This beginning study should permit an improvement in the psychological therapy proposed for injured soldiers from the start of their rehabilitation.


P081–EN
Management of shoulder pain in the hemiplegic patient: Experience of the University Hospital of Casablanca
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Keywords: Hemiplegia; Pain; Shoulder

Introduction.– The prevalence of shoulder pain after hemiplegic stroke is 70%. A shoulder-hand syndrome, adhesive capsulits may be the cause, favored by a glenohumeral subluxation or significant spasticity. The etiologic diagnosis is mainly clinical. The treatment is mainly based on preventative taping, and prudent mobilization and electrostimulation.

Objectives.– Recall the clinical, therapeutic and prognostic elements and to evaluate our results based on data from the literature.

Methods.– Prospective study on the management of shoulder pain in 12 hemiplegic patients seen between October 2008 and March 2011.

Results.– Twelve patients, age: 51 ± 19 years post-stroke time: 3 to 28 weeks (15.5 ± 12.5); sex ratio: 8 F/4 H; hemiplegic side: 9 right/3 left, pain assessed by VAS (initial: 8 ± ; after treatment: 3 ± 1); etiologies: 10 subluxations/3 complex regional syndrome type I.