The ASIA score was A in 66.66% of cases, C or D in 33.33%. At 5 years post-trauma, there was a neurological recovery in 22.22% cases, resumption of walking with technical assistance in 11.11%. An increase of spasticity was observed in 40.74% and unrelievable disabling neuropathic pain in 25.92% of cases; 7.40% of patients exhibited poor adherence to self- intermittent catheterization. Wheelchair autonomy was acquired in 59.25%, autonomy in all activities of daily living in 22.22%. A depressive syndrome was observed in 25.92% and a life project was started in 14.81%.

Discussion.— The descriptive data from our series are similar to several studies: young age at the time of trauma and predominance of male gender and back injury. Various complications were involved in the impaired of quality of life of spinal cord injured patients: complete neurological deficit, presence of limited joint motion, decubitus complications, neuropathic pain and depressive syndrome. The persistence of neuropathic pain is an obstacle to the resumed independence and social reintegration.

Recovery of autonomy is necessary for social/occupational integration.

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Objective.— To report the epidemiological factors.

Materials and methods.— We studied the files of nine female patients (mean age 38.8 years): four were single women, five were married mothers of five children on average. These women lived in Bouira and underwent rehabilitation care in Tixeraine after fall out of an olive tree.

Results.— On average, the height of the fall was 3.5 m. The women fell on their back (n = 6), knees (n = 2), both feet (n = 1). Seven of the women were transported to hospital with the available means of transport and two via a vehicle with medical care. Roy Camille fixation was achieved in all cases. The spinal level varied from T6 to L2. Complete neurological deficit was observed in seven patients and incomplete deficit in two; all nine had bladder retention nine cases. Associated injuries involved the hip joint (n = 1) and the calcaneus (n = 2). Average hospital stay was 5 months. At discharge the diagnosis was: complete paraplegia (n = 5), incomplete deficit (n = 3), total recovery (n = 1). Five of the women practice intermittent catheterization, two have an indwelling catheter and one has normal micturition.

Functional outcome was: wheelchair (n = 5), walking with technical assistance (n = 3), walking without assistance (n = 1). After discharge, the patients experienced satisfactory family reintegration. One woman was abandoned by the family; three patients were lost to follow-up.

Discussion.— Olive picking is still done by traditional methods in the Kabylia mountains in spite of the difficulty in reaching the very abrupt fields. Women are always present. The consequence of spinal cord injury is catastrophic since wheelchair autonomy in these living conditions is utopian.

Conclusion.— Olive oil, the indispensable product on the table in Kabylia might cost more than expected.

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