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P074-f

Récidives des lombosciatigles communes au Bénin

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Mots clés : Lombosciatigles ; Récidives ; Hygiène du dos ; Cotonou

La lombosciatigle est une pathologie ubiquitaire potentiellement invalidante. Indépendamment du traitement reçu, elle est souvent récidivante [1].

Objectif – Analyser les aspects épidémiologiques, cliniques et évolutifs des récidives des lombosciatigles communes suivies en rééducation au CNHU de Cotonou.

Méthode – Étude rétrospective à visée descriptive et analytique, ayant porté sur 126 cas de récidives de lombosciatigles (41 opérés et 85 non opérés) suivis dans le service de rééducation du CNHU de Cotonou, entre janvier 1998 et décembre 2008.

Résultats – La majorité des sujets était âgée de 40 à 59 ans et de sexe féminin avec un sex-ratio de 0,66. La fréquence des récidives des lombosciatigles a été de 11,02 % chez les non opérés et 8,17 % chez les opérés (p = 0,11). La récidence est survenue en moyenne à 2,01 ± 1,60 ans, surtout en l’absence de respect des conseils d’hygiène du dos (p = 10−8). Les ouvriers (25,4 %) et les employés de bureau (18,2 %) ont été les plus touchés. L’atteinte a été bilatérale (47,6 %), unilatérale droite (30,2 %). La racine touchée a été unique dans 83,3 %, dont L4 (7,1 %), L5 (62,7 %), S1 (13,5 %) et double (15,8 %) dans 16,7 %. Ont été associés à la douleur, claudications intermittentes (61,9 %), parésies (33,3 %), déficit moteur (31,0 %), amyotrophie (10,3 %), perturbation des réflexes (38,1 %), troubles sensitifs (35,7 %) et positivité du Lasègue (47,6 %). L’évolution des récidives des lombosciatigles a été peu satisfaisante et a été conditionnée par le respect des conseils d’hygiène du dos.

Discussion-Conclusion – Lévitration des récidives des lombosciatigles a été peu satisfaisante et a été conditionnée par le respect des conseils d’hygiène du dos.


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English version

P072-e

Conservative treatment of lumbar radicular pain on lumbar spinal stenosis

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Keywords: Lumbosacral radicular pain; Spinal stenosis; Disability; Conservative treatment

Introduction.– Lumbar spinal stenosis can cause lumbosacral radicular pain. The management remains controversial among conservative treatment and surgical treatment.

Materials and methods.– Retrospective study of 25 patients hospitalized between January 2010 and December 2011 in a department of Physical Medicine and Rehabilitation, for radicular lumbosacral pain due to lumbar spinal stenosis, assessed by epidemiological data, functional symptoms, data from the clinical, X Ray and prior treatments. Therapeutic response was assessed by subjective improvement in pain and improvement of the clinical syndrome.

Results.– Twenty-five patients: 16 women and 9 men, mean age 52.6 years (between 31 and 76 years). The lumbosacral radicular pain was unilateral in 14 cases and bilateral in 11 cases, 10 cases of claudication, associated to bladder dysfunction in 3 cases. Postural syndrome was observed in 11 cases, spinal syndrome in 21 and radicular syndrome in 9. A sensory disturbance was found in 6 cases and a motor disorder in 1 case. Muscle testing at rest and during exercise performed in 13 patients revealed a muscular deficit in 1 case. X-ray of the lumbar spine performed in 24 patients showed at least a sign of lumbar spinal stenosis. The lumbar scan (20 cases) and spinal MRI (3 cases) showed a constitutional-type in 5 cases, degenerative in 4 cases and mixed in 16 cases. All patients underwent medical treatment during hospitalization, associated with infiltration of epidural corticosteroids in 15 cases (12 radio controlled and 3 blind) and rehabilitation sessions 5 to 7 days for an average of 3 weeks. The program was adapted to each patient. Fourteen patients followed the back school. Discontinuous traction was indicated for 9 patients, traction of Cotrell for 1 patient. All patients were given advice on healthy living. Fourteen patients had lumbar device and 1 a body cast Low back pain disappeared in 20 patients and radicular pain in 23 patients. Surgery was indicated in 1 case with a good clinical course.

Discussion-conclusion.– The treatment for lumbar spinal stenosis begins with conservative treatments. Surgical decision remains the ultimate recourse to conservative treatment failure and/or worsening of the neurological or of the bladder status.

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P073-c

Digestive disorders in orthopaedic treatment with brace cast reduction of spinal deformation: Retrospective study of 53 cases

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Introduction.– The orthopaedic treatment of spinal deformation with brace cast is used from a long time and it has demonstrated its efficiency. Digestive disorders may occur under this treatment, they are potentially serious such as superior mesenteric artery (SMAS) or cast syndrome. The frequency of the occurrence and the importance of these disorders depend on the technique to set-up the casts. Our methodology consists in initially correct moderately, then thanks to successive felting during several weeks we obtain the optimum correction.

Methods.– Monocentric retrospective study of children treated with brace cast. The incidence of digestive disorders was listed as: type 1: pain, constipation, type 2: nausea, vomiting, and type 3: sub-occlusal intestinal syndrome or incoercible vomiting.

Results.– Fifty-three children were included (girls: 72%). 45% of the children developed digestive disorders, distributed between 24% of type 1, 17% of type 2 and 4% of type 3 (2 cases). The average time that the symptom begins was 5.74
days after placement of the cast. The two cases of type 3 (2 girls) suffered from incoercible vomiting early after the placement of the cast (abdominal pain from Day 0 and Day 1). The clinical and complementary examinations suggest here a possible SMAS for one of them. Symptoms disappeared thanks to the stop of the feeding, with hydration and with the removal of the cast after gastric emptying.

**Conclusion.**– This study shows that digestive disorders during treatment with brace cast are frequent but they are mild in 96% of cases. Nevertheless, incoercible vomiting soon after placement of cast should evoke a SMAS requiring emergency treatment. In our work, we have not identified predisposing factors for these disorders.

**Further reading**

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**Recurrences of low back pain with sciatica in Benin**
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**Keywords:** Low back pain; Sciatica; Recurrent; Back hygiene advices; Cotonou

Low back pains with sciatica (LBPPWS) is an ubiquitous disease potentially disabling. Regardless of treatment received, it is often recurrent [1].

**Objective.**– To analyze epidemiological, clinical and prognostic aspects of recurrent LBPPWS followed in rehabilitation department of the teaching Hospital in Cotonou.

**Method.**– Retrospective study aimed to descriptive and analytical, that examined 126 cases of recurrent LBPPWS (41 operated and 85 non-operated) followed in rehabilitation department of the teaching Hospital in Cotonou, between January 1998 and December 2008.

**Results.**– The majority of subjects were aged 40 to 59 and females with a sex ratio of 0.66. The recurrence rate of LBPPWS was 11.02% among non-operated and 8.17% in surgical patients ($P = 0.11$). The recurrence occurred on average $2.01 \pm 1.60$ years, especially in the absence of compliance with hygiene tips of the spine ($P = 10^{-9}$). Workers (25.4%) and clerks (18.2%) were most affected. Invovlement was bilateral (47.6%), right unilateral (30.2%). The root was affected only in 83.3%, which L4 (7.1%), L5 (62.7%), S1 (13.5%) and double (L5 and S1) in 16.7%. Were associated with pain, intermittent claudication (61.9%), paresthesia (33.3%), motor deficit (31.0%), atrophy (10.3%), disruption of reflexes (38.1%), sensory disturbances (35.7%) and positivity of Lasègue Sign (47.6%). Evolution of recurrent LBPPWS was not satisfactory and was subject to compliance with hygiene advice back.

**Discussion-conclusion.**– Absence of significant difference in the occurrence of recurrent LBPPWS between operated and non operated, the strong influence of hygiene of back as their appearance or their evolution: suggests the importance to refine operative indications and the observance of hygiene rules back.

**Reference**

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