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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Low back pains with sciatica (LBPCS) 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 LBPCS followed in rehabilitation department of the teaching Hospital in Cotonou.

**Method.**—Retrospective study aimed to descriptive and analytical, that examined 126 cases of recurrent LBPCS (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 LBPCS 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. Involvement 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 LBPCS was not satisfactory and was subject to compliance with hygiene advice back.

**Discussion-conclusion.**—Absence of significant difference in the occurrence of recurrent LBPCS 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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