Surgical treatment by a pelvis bone graft of a chondrosarcoma: A rehabilitation case report
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Introduction.– Our goal was to describe a case of chondrosarcoma of the pelvis treated surgically followed by rehabilitation care.

Case report.– The patient was a 57-year-old woman with a diagnosis of grade II chondrosarcoma of the right ischium made in 1993. She was initially treated by partial excision of the ischium. Before the relapse in 2006, a total obturator excision including the pubis and ischium was done. She underwent revision surgery in 2010 for complete bone bank pelvis replacement. After surgery, sitting pressure on the pelvic bone was contraindicated and weight bearing was only partial. At 13 days postop at referral to rehabilitation, the operated hip was stiff and painful with sensorial impairment. At 2 months, the pain had resolved with good recovery of function.

Discussion.– Chondrosarcoma accounts for 10 to 20% of sarcomas. Generally asymptomatic long before diagnosis, the inaugural signs included bone pain, swelling, signs of compression or pathological fractures. The pelvic location produces specific technical difficulties both for resection and reconstruction. Management is a major challenge; complications are frequent. Multidisciplinary care is essential. Interilioabdominal amputation has not proved its superiority in terms of healthy resection margins or survival compared with resection which guarantees a better functional outcome [1]. The functional and vital prognosis depends on the quality of resection margins [1]. Rehabilitation remains a fundamental part of care, necessary to overcome the deficit caused by the surgical resection centered on obtaining healthy margins, the major prognostic factor. The goal of rehabilitation is to relieve pain, improve range of motion, muscle strength and patient autonomy for activities of daily living.

Reference

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Physical medicine and rehabilitation and multidisciplinary care in Lebanon: Current status and future prospects
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Objectives.– In Lebanon, multidisciplinary care is a new concept. The aim of the study is to describe the current status of each profession involved in the multidisciplinary team of Physical Medicine and Rehabilitation (PRM), by comparing the results with international standards and consider solutions.

Materials and methods.– A prospective, descriptive form of inquiry specialties involved in the multidisciplinary team of PRM in Lebanon (physiatrists, physiotherapists, occupational therapists, speech therapists, psychomotor and prosthesists). A grid covering demographic information, areas of work, method of payment, difficulties encountered in the work of each specialty.

Results.– For a population of 4,000,000, we have 15 rehabilitation physicians. Five working in a general hospital (for more than 150 hospitals), eight working in five rehabilitation centers. We noted 1579 physiotherapists, three-quarters working in private practice. There were 120 occupational therapists including only 25 working in rehabilitation centres. None of the 132 psychomotricity therapists worked in a rehabilitation centre. There were 50 orthotists and 220 speech therapists. Many difficulties were noted: the very small number of rehabilitation physicians; the uneven distribution of specialties in rehabilitation centres and geographically in the country (rural areas neglected). The lack of precise nomenclature, low or non-payment of sessions by third party payers and ignorance of certain specialties by physicians and the public. The absence of clear legislation as well as reference documents in Arabic hinders promotion of multidisciplinary team work.

Conclusion.– Multidisciplinary team work in Lebanon is still in a latent state. We must encourage the PMR specialty in our country which has more than 70,000 disabled persons. Laws are needed to hire team members in the hospital sector and offer a role for each team member in a comprehensive program defined by the PMR physician.

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