Small bowel obstruction by superior mesenteric artery syndrome: A diagnosis to know after intensive care stay

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Introduction.– The superior mesenteric artery syndrome (SMAS) is a small bowel obstruction corresponding to a compression of the third portion of the duodenum (D3) between the mesenteric artery and the aorta. It was described for the first time by Rokitansky in 1861. This compression is due to the desparation of the adipose tissue between the aorta and the mesenteric artery. It is observed in the states of thinness or severe undernutrition. The clinical signs are a small bowel obstruction without hyperthermia but with fast degradation of nutritional state and water-electrolyte imbalance. The diagnosis is confirmed by imagery with duodenal dilation upstream to the obstacle with linear stop at the level of D3. The treatment is a nutritional care based on refeeding by parenteral nutrition, or by enteral way with duodenoejunostomy.

Case report.– We report the case of a patient of 29 years old, thin (68 kg for 1.90 m), hospitalised for a severe craniocebral trauma. The evolution was complicated by pulmonary embolism. After recovering a basic level of functioning (as assessed by the rehabilitation practitioner and a neuropsychologist) the patient was discharged home where the patient and family are left to manage their problems alone. Nothing new really happens until a social worker or an on-line association or a concerned professional refers the patient or family to a dedicated PRM unit. To date, our work cannot be exhaustive and two types of patients still do not benefit from our intervention because they are in other departments, mainly traumatic brain injury in psychiatric wards and elderly orthopaedic patients. We are however currently developing such interventions in other departments of our hospital.

Vein thrombosis of the upper limb and central neurological lesions: About three cases

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Introduction.– Deep vein thrombosis (DVT) of the upper limb is rare (1–4% of all DVT) with considerable morbidity, related to the risk of pulmonary embolism. Despite a preventive anticoagulation, patients with central neurological injury are frequently exposed to such thromboembolism, due to blood stasis, hypercoagulable state, and the aggression of the vessel wall increased by the presence of peripheral venous catheterization. We report three cases of deep vein thrombosis of the upper limb, diagnosed in rehabilitation service in two head trauma and a spinal cord injury quadriplegic. Only one case was complicated by pulmonary embolism.

Discussion.– We will discuss through a literature review the pathophysiology of this entity and its main risk factors and specificity in a rehabilitation service.

Case report: Abdominal transcutaneous exposure of the distal tip of a ventriculo-peritoneal shunt for post-traumatic hydrocephalus