M. Popoff *, A. Dongas, C. Jourdan, A. Brotier, A. Schnitzler
CHU Raymond-Poincaré, 104, boulevard Raymond-Poincaré, 92380 Garches, France
*Corresponding author.
E-mail address: popoff.mel@gmail.com.

Introduction.– Hydrocephalus is a frequent complication after head trauma (0.7 to 29% [1]). Ventriculoperitoneal shunting (VPS) is a standard treatment of hydrocephalus, but has multiple complications (4 to 5%/year) [2]. We describe an exceptional case of abdominal transcutaneous exposure of the distal tip of the shunt.

Observation.– A 53-year-old patient suffered severe head trauma after falling down stairs. After a month of coma, the patient progressed towards a state of minimal consciousness. Because of the lack of neurological improvement and the radiological aspect of hydrocephalus, a VPS was inserted. A month later, the patient presented an infectious syndrome, clinically and biologically, associated with vomiting and worsening consciousness. The abdominal scar of the VPS changed from a hardened aspect to that of a subcutaneous liquid collection. The collection was drained leading to the identification of Corynebacterium striatum. The abdomino-pelvic CT showed a subcutaneous thickening. The brain CT showed increased hydrocephalus. The next day, the distal tip of the VPS came out through the abdominal scar. The shunt was surgically removed. The microbiological culture of the cerebrospinal fluid and the shunt identified the same germ as in the collection. After an adapted antibiotic treatment outcome was favorable.

Discussion.– To our knowledge, no earlier case of percutaneous exposure of the distal tip of a VPS through the abdominal scar has been reported. Some cases of umbilical exposure or displacement through abdominal-pelvic organs (bladder, womb, appendix, and scrotum) or through the urethra or anus have been described. Other abdominal complications of the VPS were described (peritonitis, pseudo-cyst), the prevalence of which is increased with a history of abdominal surgery. Considering the frequency of complications, early diagnosis is crucial. An attentive examination of the abdomen both clinically and radiologically (including the surgical scar) is necessary in all patients with a ventriculoperitoneal shunt that present an infectious syndrome.

References

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Returning to work after brain-damaged, prognostic factors. A retrospective cohort study of 100 subjects
J. Zouker *, J.-B. Albanese, K. Autret, R. Le Floch, M. Gruson, F. Chapelain, B. Nicolas, P. Gallien
Pole Saint-Hélier, 54, rue Saint-Hélier, 35000 Rennes, France
*Corresponding author.
E-mail address: pc.gallien@wanadoo.fr.

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Objectives.– Evaluation of the success rate of socio-professional reintegration of a population with brain-damaged, accompanied for socio-professional integration by a professional integration cell, research of prognostic factors of this rehabilitation, study of the difficulties of returning to work and job retention in this population. Finally comparative evaluation of this support, based on the new recommendations of the HAS approach early socio-professional insertion.

Methods.– Retrospectively studied of 100 patients hospitalized in a rehabilitation center between 2007 and 2010, having suffered from stroke, head injury or brain tumor. Data were collected from four sources: medical records of rehabilitation center (type of brain injury, initial severity (GCS) score of functional independence at the entrance and exit from the center, the presence of a shoring family), data from professional integration cell, telephone interview subjects using a questionnaire guide (social and professional status pre- and post-injury), contact with occupational physician using a questionnaire guide.

Results.– The rate of return to work is best for the patient with stroke than for victims of TBI. Family support, support in the return to work process by the socio-professional integration cell of the center and absence of behavioral sequelae appear to be predictors of success of the reintegration process.

Conclusion.– This study highlights the improving rate of social and occupational rehabilitation of brain-damaged people when accompanied by a socio-professional integration cell through a process of early insertion. Family support and absence of significant cognitive sequelae seem to be positive factors for a return to work.

Finally, it reaffirms the importance of a strategy of supporting brain-damaged in the process of vocational rehabilitation, based on new recommendations of the HAS on the process early insertion.

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