contracts. Here, we present two case reports suggesting a definite interest in this domain.

Methods.– We reviewed patients who received BTI (2006–2011) for post-traumatic contractures of the upper limb. They were assessed for passive and active range of movement, pain (visual analogic scale) and passive and active functions.

Case reports.– The first patient suffered from severe and painful post-traumatic contractures of elbow and wrist flexors, following elbow dislocation, which severely limited joint extension and use of the hand. Oral treatment and physiotherapy had a very limited effect. Repeated BTI were performed in contracted and painful muscles, with limited doses (100U Botox®), each 2–3 months. In the 4–5 days following each injection, contracture and pain were reduced and this favoured active function of the antagonist muscles. Recovery was complete after four injection sessions, with fair satisfaction level. The second patient had been the victim of a traumatic injury of the upper extremity, with compartment syndrome. She suffered from severe multifocal painful contractures, impairing daily living, with loss of usage of the limb. Oral treatments and physical therapy had a modest effect. Iterative BTI were performed every four months (200U Botox®) for four years, with a partial, recurrent and constant gain on pain, active motricity, use of the limb, and level of satisfaction

Conclusion.– Following arthroplasty, BTI has yet shown definite effect on painful contractures of the hip and knee. Here, we present the first reports of such a symptomatic and functional effect on severe post-traumatic contractures. Botulinum toxin injections must be considered as a useful treatment for post-traumatic disabling contractures.

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Botulinum toxin type A interest in diagnosis and treatment of exostional leg pain
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Keywords: Botulinum toxin type A; Leg pain; Chronic compartment syndrome; Popliteal artery entrapment; Accessory soleus muscle.

Introduction.– Etiologies of exostional leg painful are numerous and may be associated. This diversity requires a precise diagnostic break-up, and makes its therapeutic management sometimes complex. How should some abnormalities (supernumerary muscles, functional popliteal arteries entrapment) be handled when their imputability in pain is uncertain? Botulinum toxin type A (BTX-A) has been successfully used for several years in some lesions of the lomotor apparatus. Our objective is to demonstrate its diagnostic and therapeutic interest in the chronic compartment syndrome (CCS), functional popliteal artery entrapment syndrome and the accessory soleus muscle. Observation.– We are presenting a few studies or case series which are in the process of being analysed or published. The first open and prospective study demonstrates the diagnostic and therapeutic interest of BTX-A in 31 patients with antero-external CCS of the leg of a mean duration of 31 months. Pain disappeared in 97% of cases. A moderate muscular deficiency is nearly constant and disappears between 1 and 5 months in 94% of cases, preventing only exceptionally an early resumption of running. Intramuscular pressures, three months after BTX-A, had normalized.
Eight patients presented a recurrence of pain between 6 and 30 months. In three patients with painful accessory soleus muscle treated by BTX-A injection within the muscle by stimulodetection, pain had disappeared. Two patients relapsed at distance. Five patients presenting with a functional trapped popliteal artery without anatomical lesion were treated by BTX-A injection. The results are in the process of analysis. A first patient was able to resume sport, as pain had disappeared and the echographic dynamic abnormalities had normalized. Discussion.– The precise use of BTX-A is a useful adjuvant in the diagnostic break-up of exostional leg pain, in addition to the absolutely essential complementary tests. It allows precising the imputability of anatomical or functional abnormalities in the origin of pain. BTX-A has its own therapeutic action allowing a prolonged amendment of some types of pain. In case of recurrence, it is an excellent pre-surgical test in non-responding pain with uncertain surgical results.

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Axial myofascial pain syndromes and botulinum toxin
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Introduction.– Botulinum toxin (BT) can be used in the treatment of neck and upper limb pain and in the management of low back pain with or without sciatica. Its use and justification in these indications are based on the myofascial pain concept according to Travell, which would be a malfunction of the motor endplate with excessive release of acetycholine.