Tendinopathy in therapeutic failure: Retrospective study of the treatment

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Keywords: Tendinopathy; Treatment; Physiotherapy

Purpose.– Determine if the situations of therapeutic failure can be linked to insufficiency of treatment.

Methods.– Retrospective study by questionnaire concerning the patients seen in medicine of sports in the teaching hospital of Limoges for tendinopathy between April, 2010 and June, 2011. The questionnaire was tested on a sample before the beginning of study.

Results.– About 88 concerned patients, 71 answered, 12 were lost of view and five refused to participate. Eighty-two percent were sportmen, the medium age was of 43 years. The main locations were: Achilles tendinopathy (30%), plantar fasciitis (30%), patellar tendinopathy (19%) and epicondylitis (13%). Sixty-one percent of the patients had been treated by physical therapy: 20% had had eccentric muscular exercises, 35% deep transversal massage, 34% stretching. Moreover, 72% were treated by NSA1, 21% by injection of corticosteroids, 32% saw the dentist and 23% the osteopath. Finally, 56% momentarily stopped their sports activity.

Conclusion.– Very few patients were treated by eccentric muscular exercises and stretching who constitute the basic treatment of tendinopathy. NSA1 is very often used while tendinopathy is not of inflammatory origin.

http://dx.doi.org/10.1016/j.rehab.2012.07.187

P004-e

Brachial plexus injury after clavicle fracture: a complication not to be recognised. About one case

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Introduction.– The commonly accepted treatment of clavicle’s fracture is orthopedic. Surgical treatment is reserved for open clavicle’s fractures and fractures partnering with neurovascular injury. But most often, the neurological diagnosed acute are related to mechanisms of brachial plexus traction not directly related to the clavicular fracture. At distances, complications are mainly represented by the nonunion (1%), and hypertrophic bone wedge. Neurological complications secondary are less well known.

Observation.– A young man, whose age is 16, suffered a fractured right clavicle after a crash with moto. It is conservatively treated, immobilized for two months by a scarf. The evolution is marked by the installation of a pain syndrome of the cervical spine and right upper limb with decreased sensation and strength in the

http://dx.doi.org/10.1016/j.rehab.2012.07.188
Osteoid osteoma: CT-guided percutaneous radiofrequency thermal ablation; a case report

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Keywords: Osteoid osteoma; Talus; Treatment; CT-guided percutaneous radiofrequency

Introduction.– Osteoid osteoma treatment was based for a long time upon surgical resection, with a lot of failure and complications.

Observation.– A 16-year-old soccer player presented at 3 months from so called ankle spain, pain while running, direction’s change and while ball striking. Talus palpation is painful. X-ray is normal, RMI shows osteoid osteoma. Aspirin has no efficacy. CT-guided percutaneous radiofrequency with biopsy is performed in outpatient care facility.

Full weight bearing is possible within 24 hours. Pain disappears in 48 hours. The patient returns to sport within 8 days (soccer and alpine skiing). Twelve months afterwards the patient shows neither recurrence nor residual pain while returning to sport at the same level.

Discussion.– Patients experience symptoms that may delay the diagnosis and the treatment which is detrimental for an athlete. Percutaneous radiofrequency thermal ablation localizes the lesion and produces local tissue destruction by converting radiofrequency into heat. A non-exhaustive review of the literature shows that this is a quick and low iatrogenic.

Conclusion.– Percutaneous radiofrequency thermal ablation provides reliable, excellent pain relief and early return to function with minimal morbidity as compared with traditional open techniques. More invasive and expensive treatments become difficult to justify.

Further reading


http://dx.doi.org/10.1016/j.rehab.2012.07.191

A rare cause of carpal tunnel syndrome: Intramuscular haemangioma of the forearm about one case

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Keywords: Carpal tunnel syndrome; Haemangioma intramuscular of the forearm

Introduction.– The carpal tunnel syndrome includes all signs secondary to compression or irritation of the median nerve in a tunnel inextensible. The idiopathic etiology remains the most common and CTS revealed the existence of an intramuscular haemangioma of the forearm is exceptional. The purpose of this observation is to remind the possibility of extracanalri etiologies, including tumor, in the genesis of a CTS.

Observation.– This is a worker of 34 years, sent to the service for rehabilitation after surgical resection of a tumor of the forearm responsible for typical