presence of distal paresthesias. The existence of a deficit of power of flexion and abduction (C5-C6 territory) is established clinically and the diagnosis is finally made by CT objectifying a wedge hypertrophic clavicle bone sheathing the brachial plexus.

The patient is operated, the intervention to resect the bone block. Clavicle fracture undergone bone grafting and internal fixation. The evolution is favorable to a near-normal functional recovery.

**Discussion.**– Neurological deficits away from a broken clavicle are the result of nerve compression related to a secondary displacement, enlargement of bone or hold the existence of a pseudoneuromus of the artery or the subclavian vein. The incidence of this complication is 1%. The neurological picture can be installed in a few months or years. Involvement of the posterior and medial branch of the brachial plexus is most often encountered in connection with a plexus compression between the first rib and the clavicle bone wedge to cause symptoms usually ulnar. The period of surgical management determines the speed of recovery, the prognosis is usually favorable.

**Further reading**

**Observation**

**P006-e**

Aseptic osteonecrosis of the lunatum (Kienbock disease) and handicap in a case report

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**Keywords:** Kienbock disease; Functional treatment; Surgical treatment

**Introduction.**– Idiopathic avascular necrosis of the lunatum is a rare pathology whose pathogenesis is multifactorial with a genetic involvement, anatomical, mechanical and also metabolic. It causes functional impairment and a handicap of the hands and is complicated by carpal tunnel syndrome and arthritis of wrist.

**Observation.**– A 53-year-old woman, right-handed, a housewife, followed for an insulin-recurring balanced for 20 years. She then reported 12 months of the right wrist joint pain, tingling in both hands and functional impairment in activities of daily living.

On physical examination, there was pain on palpation of the lunatum, a limited wrist flexion/extension, motor and sensory deficits in the territory of the median nerve with positive provocation tests (Tinel, Phalen). Plain radiographs of the right wrist shows necrosis of the lunatum stage IV with collapse and signs of arthritis of the wrist. The scanner of the wrist confirms diagnostic. The electromyography found a bilateral carpal tunnel syndrome greater on the right.

Neurology of the median nerve and wrist immobilization orthotic for 4 weeks followed by reeducation and an analgesic therapy was allowed improvement of symptoms and functional impairment.

**Discussion.**– Kienbock’s disease, has been known since 1843. The relative rarity of this pathology, the absence of internationally agreed upon classification and the many therapeutic methods, make it difficult to care for this disease. It often involves a young adult who has wrist pain associated or not with a limited range of motion of the wrist and above the loss of clamping force with pain around the lunatum. Plain radiographs of the wrist may be normal at the beginning stage. In cases of diagnostic doubt, we must practice an MRI or scanner.

The choice of the functional treatment or surgery depends on several factors including the patient’s age and his profession, the side attained, the stage of disease, the existence of unequal length of the two bones in the arm or wrist arthropathy.

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**P007-e**

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 inextricable. 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 extracanal 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
Radial shock wave therapy in the treatment of lateral epicondylitis

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Keywords: Radial shock wave therapy, Lateral epicondylitis

Introduction.– Lateral epicondylitis is one of the most common overuse syndromes. There are different treatment modalities and their effectiveness is rather controversial.

Aim.– Evaluate the effect of radial shock wave therapy in lateral epicondylitis.

Material and methods.– Treat with one session per week for 5 weeks patients with lateral epicondylitis. A session consisted of 2500 shocks at 2 bars. Frequency was 5 Hz and 10 Hz for the last 500 shocks. Pain was evaluated before treatment, at 3, 6 and 12 months after treatment at rest, at palpation and during Dr. Simons’ test (VAS) and the Patient-Rated Tennis Elbow Evaluation (PRTEE) questionnaire were performed.

Results.– Sixteen patients, mean age 47.2 ± 2.3 years 15.6 ± 4.6 lasting for months were included in the study.

VAS values were:
– at rest from 3.75 ± 0.49 before therapy to 1.94 ± 0.46 at 3 months and 0.69 ± 0.38 at 1 year;
– at palpation from 7.44 ± 0.38 before therapy to 3.56 ± 0.40 at 3 months and 1.46 ± 0.56 at 1 year;
– at Thomsen test from 5.87 ± 0.46 before therapy to 2.5 ± 0.40 at 3 months and 1 ± 0.38 at 1 year.

PRTEE showed significant reduction of pain and functional improvement. The total score improved from 56.75 ± 2.34 before therapy to 27.53 ± 3.7 at 3 months and 13.69 ± 4.48 at 1 year.

Discussion/Conclusion.– Radial shock wave therapy can be recommended as second-line treatment in lateral epicondylitis evolving for more than 6 months when other conservative treatments have failed.

Further reading
