P020-e

Functional prognosis of the diabetic amputee
Z. Djrowad a, K. Terki b, B. Bounedjemi Zellat a, F. El Abed a, F. Benlebnana a, L. Khensous a, T. Bouhadiba c
a Service de médecine physique et réadaptation, établissement hospitalo-universitaire 1er-novembre-1954, BP 4166, Ibn Rochd, 31100 Oran, Algeria
b SEMEP, établissement hospitalo-universitaire 1er-novembre-1954, Oran, Algeria
c Service de chirurgie orthopédique et traumatologique, établissement hospitalo-universitaire 1er-novembre-1954, Oran, Algeria
*Corresponding author.
E-mail address: djrowadziania@yahoo.fr.

Keywords: Diabetes; Amputation; Equipment

Diabetic amputees require a multidisciplinary approach. We report this presentation by functional difficulties encountered in connection with the state of the stump, and time to care.

Population and methods.—Fifty-three patients seen from January 2011 to 2012, we enjoyed trophic status of the stump, the impact of diabetes and functional, deadline for taking charge.

Results.—Male sex ratio 3/1, mean age 60 years [22–89 years], 70% are disadvantaged, 24.6% worked in the occurrence of amputation, 30% consult the first year. Amputations involve the leg (62.2%), thigh (32%), double amputees (5.6%). Patients experiencing pain (36%), the phantom limb (22%), edema (16%), the flexion deformity is present (22% leg), (thigh 17%), the stumps short leg (13%). Leg amputees are paired, thigh amputees feel difficulties (18%) live in FR, they have comorbidities (hemiplegia, Parkinson’s, visual disturbances (one cécit) heart disease [MI], late amputations).

Discussion.—The functional difficulties affecting patients visiting late (Complicated diabetes, delayed healing). Leg amputees have conditions trophic. Double amputee are empowered in FR, they have more disability and one justify the assistance of another person.

Further reading

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P021-e

Interest of the ultrasonography in the diagnoses and treatment of traumatic neuroma after limb amputation
S. Kocer a, B. Erhan b
a Centre de MPR de Coubert, route de Liverdy, 77170 Coubert, France
b Istanbul PMR Training Hospital, Turkey
*Corresponding author.
E-mail address: echorehab@gmail.com.

Introduction.—Post-traumatic neuroma, also called amputation neuroma, is related to a proliferation of organised nerve fibres after amputation leading to pain which may be difficult to control without a surgical procedure. Prosthesis wearing may be compromised. We used ultrasonography to visualise the neuroma and targeted injections to establish the differential diagnosis.

Material and methods.—Three patients with above-knee were referred to our unit for very bothersome pain of the amputation stump compromising devise fitting. Different analgesic treatments and devise remodelling were unsuccessful. Ultrasonography visualised two neuromas (amputation above the bifurcation of the sciatic nerve).

Results.—Lidocaine injections were used as a therapeutic test in all three patients. The injections relieved the pain in two patients but not the third. The physical examination conducted after nerve block enabled comprehension of the underlying pain mechanism related to a conflict between the prosthesis and a bone protrusion. Relief was partial and of short duration. We did not use the phenol injection test as proposed by certain authors (Gruber, 2003). The patients were referred to surgery after marking the localisation of the neuroma to facilitate resection.

Conclusion.—Ultrasonography enabled a perfect visualisation of the nerve structures. It can be a useful aid for the diagnosis and treatment of certain nerve disorders such as the posttraumatic neuroma. We continue our series of patients in order to study this approach in a larger cohort.

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P022-e

Positive effects on walking with custom-made shoes for a 78-year-old-man
B. Requier a, A. Delarque, J.-M. Viton, L. Bensoussan, G. Lotito, E. Martin
Pôle MPR, CHU Timone, 264, rue Saint-Pierre, 13385 cedex 5 Marseille, France
*Corresponding author.
E-mail address: benoit.requier@etuemail.univmed.fr.

Keywords: Custom-made shoes; High custom-made shoes; Hemiplegic gait; Stroke patient

Introduction.—Report of a case of right hemiplegia due to a left Sylvian stroke attack from a cardio-embolic origin, who have a pathological, painful walk and treated with custom-made shoes and a left simple crutch.

Observation.—Hemiplegic stroke patient with a right lower limb spastic paresis responsible of: hanging forehead, ankle instability, the decrease of walking distance and mechanical knee pain (VAS 60/100). Clinically, there was a right pyramidal hemiparesis with a spasticity predominating on the right lower limb extremity (quadriceps 1/5, triceps surae 4/5 of the modified ashworth scale), varus equinus, irreducible hallux erectus, claw toe syndrome. The ankle mobility was –5° of flexed knee dorsiflexion, –25° of straight knee dorsiflexion, 30° of inversion and 0° of eversion. The sensory testing was normal.

The activity limitation concerned the mobility with restriction of participation (Hobby as mountain walking).

The custom-made shoes were performed in order to correct the equinus and to maintain the frontal plan of the ankle. The gait analysis, recorded with and without custom made shoes, found an improvement of gait characteristics: a walking speed from 22 cm/s to 64.3 cm/s; cadence from 43.3 length/min to 86.4, a more symmetric and a longer stride length, a better balance which allow him to leave the crutch, a better ankle stability, a reduction of the hanging forehead and of the knee pain (VAS 30/100); the walking distance was more than a kilometer, which was enough to resume the leisure.

Conclusion.—The custom-made shoes answered to the patient expectations by this new gait characteristics, a reduction of the hanging foot, a safer stability, which allowed an improvement in the activity and participation of the patient. The gait characteristics were significantly improved.

Which is according to the study of Eckhardt concerning the effects of high custom-made shoes on gait characteristics and patient satisfaction in hemiplegic gait, despite the lack in the literature of high-proof level studies evaluating the effect of custom-made shoes in hemiplegic gait.

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