Algodystrophy: Study of a series of 60 cases

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Keyword: Algodystrophy

The algodystrophy is a condition characterized by a painful, vasomotor and trophic regional syndrome.

Retrospective study of 60 cases of algodystrophic hospitalization in Department of Rheumatology over a period of 15 years (1998–2013).

There are 35 women and 25 men, having a mean age of 49 years (16–75 years).

The average time to diagnosis was 3.7 months. Pain and functional impairment were present in almost all patients. Vasomotor disturbances were observed in 52 cases (86%), motor disturbance in 27 cases (45%) and abnormal in teguments in 6 cases (10%). Algodystrophy was multifocal in 6 cases, bifocal in 22 cases and unifocal in 32 cases. The locations observed were: the knee (5 cases), the foot (9 cases), the shoulder-hand syndrome (11 cases), the hand (5 cases), the hip (5 cases) and the ankle (5 cases). The radiological assessment showed a mottled bone loss in 66.6% of cases. Bone scintigraphy done in 33 cases showed increased uptake in all cases. MRI was performed in 21 patients. Secondary forms were observed in 65% of cases and traumatic causes in 25% of cases. The average MIF increased from 67.8 to 105.3/126; a discharge was prescribed in 60% of cases, Scottish baths in 58.3% of cases, splints in 13.3% of cases and rehabilitation in 58.3% of cases. Healing was reported in 75% of cases.

The algodystrophy is a complex regional pain syndrome [1]. Its diagnosis is usually based on clinical symptoms [1]. Bone loss is homogeneous or mottled on radiography. Bone scintigraphy shows increased uptake before radiographic signs [2]. MRI is indicated in doubtful cases [2]. Her current treatment is based on bisphosphonate and rehabilitation [3,4].

In patients with algodystrophy, the lower limb is the most common location and traumatic causes are predominant.

References

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Disability and functional outcome after Guillain-Barré syndrome (experience of department Casablanca): About 19 cases


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Introduction.– Guillain-Barré syndrome (GBS) is a primitive segmental acute inflammatory polyradiculoneuropathy with multifocal demyelination of autoimmune etiology. The vital and functional prognosis can be at stake in the short and medium terms.

Objective.– Assess, one year after the sickness on:
– the functional outcomes by the Functional Independence Measure (FIM);
– family and socioprofessional outcomes by measuring the quality of life (SF-36).

Materials and methods.– It is a retrospective study of 19 patients with GBS, which were taken care and followed in our department.

Results.– Of 19 cases, 12 patients were male; the mean age was 32.7 years. About the neurological level, all patients at admission had tetraparesis. Elements found bad prognosis in our series:
– need for assisted ventilation in 2 patients;
– duration of the installation phase less than 7 days in 6 patients;
– damage early axonal EMG in 11 cases.

Evolution, a year after the onset of the disease was favorable in most cases:
– the average MIF increased from 67.8 to 105.3/126;
– regarding the resumption of daily activities and work, 9 of the 11 patients initially professional activities have resumed the exercise of their professions, a patient could benefit from professional reclassification;
– quality of life measured with the SF-36 questionnaire, was improved in all dimensions in all patients.

Discussion/Conclusion.– The GBS is the most common form of acute polyradiculoneuropathy, initially committing serious disease prognosis and secondary functional outcome with residual functional sequelae can sometimes persist and interfere with daily activities and professional patients where the need a multidisciplinary early.

Treatment should not only be aimed at improving the disability of patients but also to limit the impact of the disease on their social.

Further reading

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