Observation.— We present the clinical case of a patient aged 61, suffering from multiple sclerosis with neurogenic bladder, who underwent a brickier surgery in 2007. Hospitalized in our department in 2013 in the change baclofen pump postoperative period, it occurs an episode of hypothermia to 35.5 °C with chills. Clinically there is an abdominal bulging around the Bricker hole. TDM shows a parastomial hernia of the bricker, compressing urinary cavities and causing renal cavities dilatation. Urines are derived by a probe inserted into the stoma opening. Ultrasound control shows slim urinary cavities. The patient will have revision surgery for resection of the hernia and interposition of a prosthetic plate.

Discussion.— Parastomal hernia is a palpable lump, highlighted to cough or elevation of legs. The abdominal CT finds a protrusion of abdominal contents through the wall. Its treatment is surgical and transposition of the stoma site is sometimes necessary. Only few cases are discussed in the literature except in cases of parastomal hernia post cystectomy in bladder cancer surgery [1].

References

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Deep cerebral stimulation and Parkinson’s disease: What is the effect of the bladder dysfunction?
CHU de Reims, 48, rue de Sébastopol, 51092 Reims, France
*Corresponding author.
E-mail address: lulucre_76@hotmail.fr

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Introduction.— Bladder dysfunction complicates generally Parkinson’s disease after several years. Patients complaints irritative bladder disorders. On urodynamic data, we registered vesical hyperactivity. Often, its occur motor complications as dyskinesies and motor fluctuations over the years. These motor complications are sometimes deep cerebral stimulation indication. This study aim is to evaluate the effect of the deep cerebral stimulation on the urinary dysfunctions.

Materials and method.— Eight paper review were analyzed (n = 81 patients) between 2003 to 2010. Methodology were very different according to the studies. Deep cerebral stimulation improved continence phase in 6/8 studies, by delaying bladder sensation (four studies) and by increasing vesical capacity (mean volume + 130 mL in four studies). On the other hand, voiding was not modified.

Discussion.— This review talk about the role of basal ganglia in continence-voiding bladder cycle. So, it seems that basal ganglia improve at the same time bladder sensation and detrusor motor control. Besides, urodynamic testing were not associated with symptoms as clinical evaluation in these few studies. Other studies could be developed to confirm these tendencies and determine if there is a therapeutic interest of the deep cerebral stimulation (associated or not with drug therapies) with urinary dysfunctions regulation in Parkinson’s disease.

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