**Keywords:** Back school; Low back pain

Between 01/09/10 and 01/09/11, 106 patients were included in a multi-disciplinary back school teaching program with an initiation to spinal prophylaxis and specific muscles exercises practice. To be included in this thirty hours long intensive program, patients had to be working, to be under 62 years and suffering from non-specific chronic low back pain. Patients were interviewed 18.6 months ET = 3.9 after their treatment.

**Results.**—Fifty-nine patients answered the questionnaire representing 56.6% of the population. Two patients were excluded because they underwent surgery; the study thus concerned 57 patients. The average age was 44.3 years ET = 9.5. The sex-ratio was 1. The clinical diagnosis, at the inclusion, was common low back pain in 64% of the cases and sciatica in 36% of the case. By the end of the program, the physical scores (ITO, SORENSEN, flexibility) improved significantly. The pain measured on a numeric scale (from 0 to 10) decreased, passing from 2.48 to 1.64 (P = 1.02E-17). At follow up, although the pain level was lower than at its inclusion value, the difference was not statistically significant, although 45% of the patients estimated their pain decreased by more than 50% and 33% of them estimated this diminution above 75%. Acute low back pain episode decreased by 58%, and disappeared for 30% of the patients. Among patients regularly consuming pain medication by the time of the inclusion, 81% estimated to have reduced their use at follow up.

There was a significant reduction of the Quebec back pain disability score from 25.5 at inclusion to 14 at follow up (P = 0.0009). Seventy-nine percent of the patients estimated their satisfaction of the undergone program over 75% (scale from 0 to 100). At evaluation, global satisfaction seemed correlated to the percentage of improvement of the pain and inversely correlated to the final score of incapacity of Quebec.

**Conclusion.**—This work tends to show that patients undergoing a back school teaching program keep benefits of it at 18 months regarding to their functional capacities and their use of pain medication. Patients’ satisfaction seemed to reflect the obtained profit.

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**P108-e Neck pain revealing an Eagle syndrome. A case report**

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**Keywords:** Styloid; Eagle; Treatment

Eagle syndrome also called elongation of the styloid process is a clinical entity characterized by radio-ossification of the stylohyoid ligament which may manifest clinical signs related to the compression of neurovascular structures in the vicinity. This is a common cause of neck pain and craniocfacial pain. The objective of this work is to report on this radio-clinical entity through a case and review of the literature.

**Observation.**—He is a 37-year-old patient who consults for left neck pain evolving for nine months, more frequent and intense, exacerbated during hyperextension of the head and lunge. He also complained of sore throat during mastication. Clinical examination showed a bilateral filling dimples tonsillaires and palpation of the styloid processes reproduced the pain. Radiological assessment with a panoramic radiograph and CT of the neck confirmed the diagnosis of Eagle syndrome. The patient refused to be operated. An infiltration was performed followed by rehabilitation and postural with partial resolution of symptomatology but satisfactory.

**Discussion.**—Eagle syndrome is semiological characterized by a great variability, making it impossible to identify a characteristic clinical picture. The standard radiological examination usually confirms the diagnosis suspected clinically. MRI, with its multi-planar cuts, is essentially an examination of choice when the neurovascular conflict is existing. The treatment is surgical by resection of the process and the release of calcified structures neurovascular compression. Infiltration of corticosteroids may be administered to patients clinically little embarrassed or refuse the transaction. Rehabilitation is an indisputable complement in both treatment arms.

**Conclusion.**—This entity quite common but little known, poses a problem of differential diagnosis of many Otolaryngology and maxillofacial diseases. The careful clinical and radiological analysis can suggest the diagnosis.

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