Introduction
Segmental spinal myoclonus; Spinal cord injury
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Segmental spinal myoclonus in a quadriplegic patient after traumatic spinal cord injury
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Abstract
Myoclonus has been defined as a muscular movement, which is sudden and brief, resulting from a muscular shake (positive myoclonus), or from the inhibition of muscular contraction (negative myoclonus) [1]. Among these, spinal myoclonus are mostly rhythmic, and topography limited to muscles innervated by one or two contiguous spinal segments. They may be unilateral or bilateral and are generally synchronous on both sides. They are most often stimulus-sensitive and may persist during sleep. Polygraphy EMG finds rhythmic, synchronous, bilateral bursts with a frequency of discharge from 0.3 Hz to 8 Hz. They are associated with various spinal cord insults. Levetiracetam can partially reduce myoclonus [3].

References
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P095-e
Vertebral and spinal cord hydatidosis
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Introduction.– Verteobromedullary hydatidosis is rare. It is described in the literature with case.
Observation.– We describe a case of 39-year-old Moroccan woman who was hospitalized for paraparesis. She has a precedent history of pleural and hepatic hydatic cyst. Symptoms start 20 days before with mechanic low back pain and intermittent claudication without fever. The neurological exams found paraparesis and hypoesthesia without superior sensitive level. Magnetic Resonance Imagery (MRI) showed cystic lesions of dorsal vertebrae (D7–D11) on pre- and lateroverbral. Lesions have progressed in median spinale. Surgical excision with dorsal decompressive laminectomy was performed. Medical treatment was 6 months of albendazol (400 mg/day) associated with rehabilitation. Evolution was favorable and patient has found daily activity. Discussion.– MRI is very helpful for the diagnosis of verteobromedullary hydatidosis [1]. Biological exams are often normal. Prognosis is good but the recurrence risk is high [2].
References
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P094-e
Paraparesis revealing ochronosis: a case report
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P097-e
Support for a tetraplegic patient secondary to the drug hypersensitivity syndrome DRESS syndrome
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Keywords: DRESS syndrome; Quadriplegia and bacitram
We report the case of 51 years old, Asian patient, no particular antecedents with a urinary infection treated with bacitram. Two days after the beginning of the treatment, the patient was hospitalized with febrile skin rash, neurological and gastrointestinal disorders.