ing treatments, the beneficial effects of which on the long-term being difficult to dread by the patients.

**Reference**


http://dx.doi.org/10.1016/j.rehab.2014.03.790

## Posters

**P154-e**

**Intensive rehabilitation in a patient suffering from morphea profunda – results after treatment and 6-month follow-up**

M. Mickel*, M. Keilani, R. Crevenna

*Corresponding author.

**Department of Physical and Rehabilitation Medicine, Medical University of Vienna, Vienna, Austria**

**Background.** Morphea profunda (MP) is a cutaneous disorder which often has a progressive course with physical and psychological implications. Hardening of the skin is followed by joint contractures and limited mobility. Current medication is directed to improve present symptoms as no successful curative systemic therapy has been proven until now. (Follow-up) data relating to MP and PRM are rare.

**Methods.**– First consultation of a patient (male, 50a) because of progression of the disease, including weakness and limited mobility. The patient accomplished a multidisciplinary therapy including physiotherapy, occupational therapy, therapeutic ultrasound, low level laser therapy and lymphatic drainage (duration: 20 weeks). Evaluation by clinical examination and handgrip measurements. QoL and ADL were surveyed using standardised questionnaires (DASH, DLQI, SF-36). Results after treatment: ROM increased in almost all examined joints and hand grip strength improved. DASH decreased by more than 50%, SF-36 improved by all scales and summary scores except Social Functioning and Bodily Pain. DQLQ decreased.

**Discussion.**– We aim to demonstrate the supportive impact of an accompanying and structured physical medical treatment in a patient suffering from MP. Data of a 6-month follow-up will be presented.

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**P155-e**

**Pressure ulcer and health care network in PACA region (South-East, France)**

M. Timsita

*Corresponding author.

a Clinique de Provence Bourbonne, Aubagne, France

b Réseau ILHUP, Marseille, France

**Objectives.**– To describe pressure ulcer issue in PACA region; - network key role; - benefit of patients as well as city health authorities.

**Methods.**– incidence of spinal cord patient in PACA region according to 2007 SROS (healthcare regional organizational scheme); – incidence of pressure ulcer on spinal cord patient; – reason for readmission of spinal cord patient with pressure ulcer; – number of pressure ulcers followed by the network; – network organization.

**Results.**– This network still receives few requests for follow-up action from hospitals.

**Discussion.**– Pressure ulcers are still a serious issue for independent nurse due to complexity of the pathology – which needs overall patient’s care: nutritional follow-up, hygiene, local treatment, discharge, legislative framework –; the small number of reference centres and also the decrease in the medical network. City hospital network may be a solution because it makes this pathology treatment easier – by providing advices, nutritional follow-up, dressing application instructions, support for caregiver from a IDEL* –; supervisor holder of a wound healing DU.

**Further reading**

Medical tele-imaging overview in France and development prospects. www.has-sante.fr/portail/display.jsp?idsc=267736.


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**P156-e**

**Incidence of arm/lymphoedema in patients with sentinel-node-negative breast cancer**

P. Sánchez Tarifa*, M. Martín López De Abajo, C. De Miguel Benadíba, C. Varela Lage, E. Sánchez Navarro, L. Gijón Moreno, G. Arévalo López, B. Alonso Álvarez

Hospital Universitario Ramón y Cajal, Madrid, Spain

*Corresponding author.

**Objectives.**– To analyse the percentage of patients without lymphoedema after breast cancer treatment. We first aim to detail the incidence of lymphoedema in these patients, and then to determine the modality of treatment.

**Methods.**– Retrospective observational study involving 145 women with diagnosis of breast cancer, when negativity of the sentinel-lymph node biopsy was confirmed during 2009–2010. Variables (described below) were statistically analysed with SPSS20.

**Results.**– Median age: 60 years. Affected breast side: 58.6% left, 35.3% right, 6.2% both sides. Previous injuries: 5.2% scar, 2% others. Surgical incision: 74% axillary, 27% breast. Surgical complications: 0.8% seroma, 1.5% others. Surgical incision: 4.4% axillary, 1.8% breast. Surgical complications: 0.8% seroma, 1.5% others. Following treatments: 1.4% neoadjuvant chemotherapy, 46.2% coadjuvant chemotherapy, 3.4% radiotherapy, 71% hormonal therapy. Median number lymph node: 2 axillary, 0 extraxillary. Grade of lymphoedema: 75% I, 25% IIA. Developing lymphoedema and rehabilitation’s treatment: 8.4%. Treatment of lymphoedema: 28.5% shock therapy, 2.5% maintenance therapy. Attending to the school of lymphoedema: 7.6%.

**Discussion.**– We found the percentage of women with breast cancer who had sentinel-node biopsy and developed lymphoedema to be reasonably similar to that reported in the bibliography. Physicians in every patient with breast carcinoma (regardless of the biopsy result) should consider this complication. Prevention – through school of lymphoedema and health recommendations – and treatment strategies are necessary to avoid this complication.

**Further reading**


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**P157-e**

**Long-term scrotal flap results for recurring ischial and perineal pressure ulcers in paraplegics**

C. Palayer*, A. Gelis, H. Rouayas-Mabit, B. Amara, C. Fattal

Centre Mutualiste Neurologique PROPARA, Montpellier, France

*Corresponding author.

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