ing treatments, the beneficial effects of which on the long-term being difficult to dreads 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
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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. DQLI 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)
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Keywords: Pressure ulcers; City health network in PACA region

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 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. 1 * 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
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Keywords: Lymphoedema; Breast cancer; Rehabilitation; School of lymphoedema

Background. – Our purpose is the analysis of the percentage of patients, who developed arm lymphoedema in patients with breast cancer who had a negative sentinel-node biopsy without additional axillary dissection after 3 years of this surgical procedure.

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, 35.2% right, 6.2% both sides. Previous injuries: 5.2% scar, 2% others. Surgical incision: 73% axillary, 27% 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
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Keywords: Pressure ulcer; Burns; Rehabilitation medicine

Objectives. – To describe scrotal flap outcome in 22 ischial and perineal pressure ulcers in patients with spinal cord injury. Our purpose was to analyse some results of the long-term follow-up of the scrotal flap.

Methods. – The scrotal flap was used for the treatment of recurring pressure ulcers in 22 paraplegic patients that were resistant to the conventional treatments. The flap was performed using the blood supply from the deep inferior epigastric artery. The follow-up was performed over 24 months. The variables studied were the following: pain, ability to walk, ability to sit, total duration of hospital stay, and treatment of the flap.

Results. – Pain was decreased in all cases, ability to walk was increased in 78%, ability to sit in 73% of cases. The total hospital stay was decreased (93%). The flap was treated successfully in 86% of cases, improved in 14% of cases.

Discussion. – The scrotal flap is an effective treatment for recurring pressure ulcers in paraplegics. The long-term follow-up showed a good result in most cases.

Further reading

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Pressure ulcers – burns / Annals of Physical and Rehabilitation Medicine 57S (2014) e212–e217

Keywords: Recurring pressure ulcers; Spinal cord injury; Muscle-cutaneous flap; Scrotal flap

Background.– Pressure ulcer, major complication in persons with paraplegia, often requires a quick surgical decision. Muscle-cutaneous flaps of the gluteus maximus or hamstrings are the main techniques used for ischial pressure ulcers. The recurrence rate of these surgeries remains quite important. Scrotal flap has been described as an alternative [1], but long-term results have never been evaluated.

Observations.– Three patients with paraplegia with recurring ischial and perineal pressure ulcers on the right side with a history of multiple surgeries (≥ 3) had scrotal flap surgery by the same operator between 2001 and 2008. Proper wound healing was achieved in 2 months without complications. Long-term outcomes (5 to 12 years) were excellent without local recurrence or complication.

Discussion and conclusion.– The good long-term outcomes can probably be explained by the anatomical structure of the scrotum (multiple sliding planes, elasticity, rich vascularization). This flap represents a possible alternative for patients who had multiple surgeries and for whom teams are running out of surgical options.

Reference
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P158-e
Lymphedema secondary to breast cancer: Rehabilitation and quality of life
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Keywords: Lymphedema; Breast cancer; Rehabilitation; Quality of life

Background.– Lymphedema is a common complication of breast cancer. He may have a functional impact, aesthetic, psychological and impaired quality of life. Our goal is to assess the rehabilitative management of secondary lymphedema in breast cancer and its impact on quality of life.

Methods.– This was a prospective study during 4 years including patients referred for upper limb lymphedema secondary to breast cancer. Evaluation before therapy and after 6 months later had focused on the measurement of the circumference of the upper limb, visual analogue assessment (VAS) pain and a specific questionnaire for lymphedema (LMS 27).

Results.– We recruited 17 patients after rehabilitation, there has been a marked decrease in limb circumference, an improvement in VAS pain and improved quality of life on the LMS 27. These results were maintained after 6 months.

Conclusion.– The rehabilitation is crucial for its positive effect on the severity of lymphedema and quality of life.

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P159-e
Lipoatrophia semicircularis: A case report
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Keywords: Lipoatrophy thighs; Semicircularis; Pressure-induced

Background.– Localized lipodystrophies are characterized by a loss of subcutaneous fat from small areas of the body. The pathogenesis is unknown. One rare cause of localized lipoatrophy include repeated pressure against any body part.

Observations.– We describe a case in a 38-year-old woman of Lipoatrophia Semicircularis (LS). The patient worked as stewardess, almost always wearing tight pants. She has taken advice of depressions on one thigh, later bilateral. No trauma or exertion. ECO and ECO Doppler were ordinary. NMR showed atrophy of the subcutaneous fatty tissue with segmental concentric and bilateral allocation involving the circumference of the thighs. She was prescribed compression stocking through waist. Three months later, she was in complete remission.

Discussion.– LS is characterized by horizontal semicircular depressions distributed to form a band with scaly changes at the periphery. The asymptomatic, often bilateral and symmetric lesions are localized on the anterolateral aspect of the thighs. Most of patients recover spontaneously in life. A minority of cases require physical therapy.

Further reading

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