Results.– Data analyses have shown some improvement in the peripheral circulation in this group of patients after rehabilitation.

Discussion.– The results have been influenced by the status of the circulation before the traumatic episode. Our study showed the need to develop more specific assessment tools.

http://dx.doi.org/10.1016/j.rehab.2014.03.865

P178-e

CLOVES syndrome and acute spinal cord injury: A case-report and review of the literature

C. Chotard a,∗, M. Le Fort a, O. Hamel b, H. Desal c, B. Perrouin-Verbe a

a Service de MPR neurologique, CHU de Nantes, Nantes cedex, France
b Service de Neurotraumatologie, CHU de Nantes, Nantes, France
c Service de Neuroradiologie, CHU de Nantes, Nantes, France

∗Corresponding author.

Keywords: CLOVES syndrome; Arteriovenous malformation; Spinal cord injury; Hematomyelia

Introduction.– CLOVES syndrome (Congenital lipomatous Overgrowth, Vascular Malformations, Epidermal nevi and Skeletal/Scoliosis/Spinal abnormalities) is a malformation syndrome recently separated from Proteus syndrome because of vascular abnormalities and absence of progressive bone hypertrophy.

Observation.– The diagnosis of a patient got modified at the age of 17 years after thoracolumbar MRI revealing epidural vascular malformations and, during the following year, incomplete acute paraplegia Th10. MRI objectified haematomyelia Th8-Th9 within a venous congestion from Th5 to Th12. After surgical exclusion trial, clinical presentation acutely worsened towards a C6 tetraplegia AIS A with a lesion syndrome extended to S3 and a severe dysautonomia. MRI confirmed a new intramedullary bleeding from Th12 to the bulbo-medullary junction. Angiography revealed an arteriovenous fistula epidural intradural contamination treated by embolization, with exclusion confirmed at a 6-month RMI and incomplete clinical improvement.

Discussion.– Before the angiography that permitted diagnosis, surgery had attempted to address the initial consequence rather than the cause and may have been a factor of hemodynamic decompensation. Some similar cases have been described in the literature; all must lead to an appropriate management of this risk of severe functional impairment due to a rare spinal cord syndrome.

http://dx.doi.org/10.1016/j.rehab.2014.03.866

P179-e

Charcot spine: Case report and literature review

K. Peuto a,∗, P. Kiény b, O. Hamel c, B. Perrouin-Verbe c

a Service de MPR neurologique, CHU de Nantes, 44093 Nantes cedex, France
b Service de Neurotraumatologie, CHU de Nantes, 44093 Nantes cedex, France
c Service de MPR Neurologiques, CHU de Nantes, 44093 Nantes cedex, France

∗Corresponding author.

Keywords: Charcot-Spine; Spinal cord injury; Autonomic dysreflexia

A 44 years old paraplegic man, paraplegic since 1980 (spinal cord ischemia), with a T4 AIS C paraplegia presented in 2008 an increasing spasticity leading to the implantation of a Baclofen Pump. The last 18 months were characterized by an increase of the daily dose of intrathecal baclofen. In February 2013, the patient developed low back pain, abdominal pain and the spine X-rays showed a known scoliosis. Five months later, the patient is hospitalized for intermittent acute hypertension which occurred while sitting and decrease in lying position. Imaging of the lumbar spine demonstrated a marked destruction of L2, an L1-L2 instability with abnormalities in the three columns associated with productive bony changes. The surgery consisted of anterior and posterior fusion with bone graft and instrumentation. After surgery, the patient was able to be in a sitting position without phenomena of autonomic dysreflexia (AD).

Since the first description by Charcot, 110 cases of Charcot Spine have been published, and occurred in 70% of the cases in traumatic complete SCI below an extended spin arthrodese. The particularities of this case are that the underlying disease is an incomplete non-traumatic SCI, and the presenting symptom was AD during postural changes.

http://dx.doi.org/10.1016/j.rehab.2014.03.867

P180-e

Uncommon presentation of a conus medullaris ependymoma

M. Zemmali a,∗, A. Bellalah a, N. Daoussi a, A. Ben Neir b, M. Kilani c, C. Gannouni c, N. Hattab c

CHU Fattouma Bourguiba de Monastir, Monastir

∗Corresponding author.

Introduction.– Lombosciatica may be caused by tumors. Most of the time it consists of metastasis as primary ones are rare. We report the case of a patient with bilateral sciatic pain due to a tumor of the conus medullaris.

Observation.– A 52-year-old man suffered from an L5 path bilateral sciatic pain for about one month. The sciatica is truncated to the knees and is not associated to sphincter dysfunction. At examination, the patient had a painful steep lumbar spine bent forwardly when walking and leading to slow little step gait. The finger-floor distance was 35 cm and the Lasègue’s sign was positive bilaterally. The deep tendon reflexes examination showed left brisk knee jerk reflex. Biological tests showed no inflammatory syndrome but radiological examination revealed degenerative L4-L5 disc disease with grade one spondyloolisthesis. The MRI showed a tumor lesion of the conus medullaris of 4 cm and with subarachnoid swarming. The patient was operated on and the final diagnosis was an ependymoma.

Conclusion.– Atypical lumbosciatica may be the consequence of spinal tumor. Although primitive ones are rare, the early diagnosis may improve the prognosis.

http://dx.doi.org/10.1016/j.rehab.2014.03.868