Discussion.– Kinesiotaping improves venous pain in women with CVI; pain that would be partially attributed to a placebo effect.

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P296-e

Chylothorax in yellow nail syndrome
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Keywords: Chylothorax; Yellow nail syndrome; Lymphedema

Background.– Yellow nail syndrome (YNS) is a rare condition that involves the association of yellow nails, lymphedema and/or respiratory symptoms. YNS is commonly associated with pleural effusion and bronchiectasis. The pathophysiology is unclear but recent proposals indicate a microvasculopathy with protein leakage. It is associated with connective tissue disease, cancer, immunodeficiency and endocrine disorders. The diagnosis is clinical and one of exclusion. No specific treatment exists. The YNS is considered underdiagnosed [1].

Observation.– A 56 years-old woman was referred for lower limb lymphedema treatment. She had been monitored by Internal Medicine service, for bronchiectasis, and common variable immunodeficiency. Nails had been dystrophic and yellow since childhood, so the YNS diagnosis was done. After 10 years, the patient showed progressive dyspnea due to right chylothorax. Neoplastic, infectious and systemic diseases were discarded. The chylothorax was treated with thoracentesis, pleurodesis and a high-protein, fat-free and medium-chain triglyceride diet. Initially, chylothorax improved, but recurred twice.

Discussion.– This is a case of YNS, a rare condition with a chylothorax, an uncommon complication. Because of its association with immune and neoplastic pathology, YNS knowledge is important.

Reference

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P297-e

Rehabilitation after cardiac arrest - polisensory stimulation. Case report
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Keywords: Cardiac arrest; Unconscious patient; Rehabilitation; Waking-up patient; Therapeutical hypothermia; Polisensory stimulation

Background.– Cardiac arrest (CA) with its complications is a fundamental social problem. About 50% of patients who survived the incident of CA, has to stay with medical care in their home.

Observation.– A patient with morbid obesity was admitted to Cardiac Intensive Care Unit after cardiac arrest. The condition of the patient was very serious (Glasgow Coma Scale - 5 points). Typical procedures and therapeutical hypothermia were introduced immediately. Non-standard physiotherapy was performed and was called as a polisensory stimulation. It included reflex stimulation, exteroceptive and proprioceptive stimulation, stimulation of all senses. Family participation in rehabilitation process was very essential. Including stay in other rehabilitation centers, patient came back home after 320 days of hospitalization. He could walk and perform activities of daily living with help despite the fact he was almost blind. To estimate neurological state of the patient we used a Barthel scale and a Rankin scale. Initial values - 0 points and rank 5 improved to 70 points and rank 3, respectively.

Discussion.– At present scientifically proved waking-up methods for unconscious patient do not exist. Main difficulties contain lack of universal and proper selection criteria and research tools which could fully reflect the neurological condition of unconscious patients.

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P298-e

Cardiac rehabilitation for elderly patients with coronary heart disease
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Keywords: Rehabilitation; Elderly; Coronary heart disease

Background.– One of the main problems in cardiac rehabilitation program (CRP) is the low participation rate among elderly patients.

Objective.– The aim of this study was to evaluate the effectiveness of CRP in patients with coronary heart disease (CHD) depending on age.

Methods.– Two hundred and thirty-eight patients with CHD after coronary revascularization were studied. The patients were divided into two groups: younger (< 65 years old (y/o)) and older (≥ 65 y/o) patients. The patient’s functional capacity, assessing of the six-minute walk test (6MWT), left ventricular systolic function (LVSF) were evaluated.

Results.– Main part (63.9%) of our patients was older than 65 y/o. Improvement of functional status was observed in both groups (P < 0.05). Exercise tolerance evaluated using 6MWT data increased in both groups (P < 0.05): in older group - from 264.8 ± 7.3 to 316.8 ± 15.5 meters and in younger group - from 301.9 ± 34.4 to 365.1 ± 58.9 meters. Improvement of LVSF was not statistically significant in both groups.

Discussion.– CRP is effective and important in CHD patients regardless of age.

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P299-e

First phase of rehabilitation after aortocoronary bypass surgery
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Keywords: Cardiac rehabilitation; Aortocoronary bypass surgery; Oxygen saturation

Background.– The first phase of rehabilitation after ACB surgery is early in-hospital rehabilitation and it’s a obligatory part of treatment protocol of cardiac patients. The aim of the study is to present the protocol of rehabilitation regarding oxygen saturation (SpO2) in Clinical Center of Montenegro.

Methods.– In this study, we followed 31 patients with protocol of rehabilitation. Monitored parameters are: age, sex, number of days of rehabilitation, SpO2 on the monitor, before and after therapy.

Results.– The age of patients is 59.2 years. Gender: men 87%, women 13%. The average number of days of rehabilitation is 5.3, SpO2 average value before treatment - after treatment 96.1 (SD 2.99) - 95.3 (SD 2.61), P = 0.122 (P > 0.05), SpO2 average value of the first day of rehabilitation, before treatment and after - treatment 98.42 (SD 2.40) - 96.84 (SD 2.86), statistical significance P = 0.021 (P < 0.05). The average value of SpO2 the last day before treatment - after treatment 94.58 (SD 2.31) - 95.90 (SD 1.66), statistically significant P = 0.003 (P < 0.05).

Discussion.– SpO2 was improved the last day of rehabilitation program with high statistical significance with patients after rehabilitation, indicating the success of the therapeutic program.

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P300-e

Interdisciplinary treatment of hyperesinophilic syndrome - Case report