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Complications of intrathecal baclofen pump: A case report
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Keywords: Intrathecal baclofen infusion system; spasticity; intrathecal baclofen pump complications; baclofen withdrawal.
Background. Intrathecal baclofen (ITB) infusion has become a common treatment for severe spasticity. Many complications of these drug delivery systems have been reported, such as those related to improper dosing, mechanical failure of the implanted pump or catheter, or postoperative wound issues.
Results. A 47-year-old man, with spastic paraplegia due to D4 ASIA A spinal cord injury and right upper brachial plexus lesion, with a double barrel colostomy to heal a perineal pressure sore, presented an abdominal wound dehiscence with partial exposure of the ITB pump (350 µg/day, continued), associated with signs and symptoms of acute baclofen withdrawal, and eventual sepsis. As a result, the patient underwent removal of the baclofen infusion system, closure with plastic skin surgery, and placement of a new ITB infusion system (Synchronomed II, Medtronic), with the pump placed in the right abdominal region.
Conclusions. Patients with baclofen pumps require periodic monitoring, not only by the need for the pump, but also to assess the risk of complications related to dosing or mechanical implant dysfunction, which can be serious and life-threatening. It is important to inform patients about possible risks and complications of this device in order to be aware of warning symptoms.

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Sonoelastographic evaluation of forearm muscles spasticity
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Keywords: Sonoelastography; Forearm muscles; Spasticity
Background. Sonoelastography (SE), which is an ultrasound-based technique, can assess tissue elasticity. The objective of the study is to assess forearm muscles spasticity in patients with stroke.
Methods. Twenty-three stroke patients (17 males %73,9; 6 females %26,1) who had spasticity in forearm muscles (pronator teres, flexor carpi radialis, flexor carpi ulnaris, flexor digitorum superficialis, flexor carpi ulnaris) were evaluated with ultrasoundography. Elasticity Index (E), which indicates the tissue elasticity, was measured using SE. E value ranged from 0 to 6 (6 indicates hardest tissue).
Results. The bulkiest part of the muscles in short axis was targeted for the measurement. E values and E ratio were higher in affected forearm muscles compared with the normal side.
Conclusions. SE could be used to assess forearm spasticity in patients with stroke.

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Pain during botulinum toxin injections in spastic adults: Influence of the procedure
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Keywords: Cervical dystonia; Spasmodic torticollis; Botulinum toxin; IncobotulinumtoxinA
Background. Current prescribing information recommends botulinum toxin (BoNT) treatment intervals for cervical dystonia (CD) ≥12 weeks (≥10 weeks for incobotulinumtoxinA European labelling). However, many patients experience recurrence of symptoms before 12 weeks have elapsed.
Methods. A cross-sectional survey of patients with CD collected data on BoNT treatment intervals received and preferred intervals [1]. These were compared with intervals from an incobotulinumtoxinA clinical study in CD where patients were re-injected at flexible intervals ≥6 weeks based on patients’ requests and investigator-confirmed clinical need for retreatment [2].
Results. Most (78.4%) patients in the survey (n = 136) preferred treatment intervals ≤12 weeks; 46.3% preferred intervals ≥10 weeks. However, 47.1% of survey patients received intervals ≤12 weeks; 4.4% received intervals ≥10 weeks. In the clinical study, 821 incobotulinumtoxinA treatments were given at intervals of 6–20 weeks; 44.9% of treatments were given at intervals ≥10 weeks.
Conclusions. Many patients with CD would like individualised BoNT treatment regimens. When flexible treatment intervals are permitted, many patients choose shorter or longer intervals than the 12-week standard-of-care interval.

References

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