Patients and methods Six patients were treated in the physical medicine department (Besançon) from 2009 to 2014 for trochanteric pain, with tears of the gluteus medius tendon confirmed by MRI. They all received suture surgery.

Results It was 4 women and 2 men (mean age 71 years). The interrogation at diagnosis: pain lasting for 5.4 months [3.5–9], no injuries reported, visual analog scale(VAS) 7.6 [5–9], sudden onset (83%), night pain (100%), Blazina score ≥ 3 (100%). Clinical examination: normal and symmetric range of motion except a limitation of 10 degrees of lateral rotation on the symptomatic side for 5/6 patients (83%), symptomatic triad (stretching, resisted contraction, palpation) in 100% of cases, positive Trendelenburg sign for 5 patients (83%) and 4/6 patients with decrease of the gluteus medius strength (cotation 4/5). All patients had an MRI: partial rupture (1 case), complete rupture (5 cases) of the anterior fibers of the gluteus medius. After failure of medical treatment, conducted on average 4.7 months [3–11 months], a surgical treatment was chosen for all patients. Clinical reassessment 6 months after surgery: significant improvement on pain: VAS = 2.4 (0 to 5.5) (P < 0.01), disappearance of night pain in 5/6 cases (83%), disappearance of lameness (4/5 cases) except for one patient with persistent loss of gluteus medius muscle strength (cotation 4/5).

Conclusion Tears of the gluteus medius tendons are likely to be a more common cause of pain in the greater trochanteric region than previously thought, especially if there are sudden onset, night pain, loss of muscle strength or Trendelenburg sign. The most useful examination technique for diagnosis is MRI. The surgical suture is recently proposed. That produce good to excellent functional results and reduce pain in this series.

Keywords Pain; Clinical assessment; Tendon surgery

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Posters

P035-e

Obturator externus musculotendinous injury in a professional basketball player

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Introduction Acute muscle injuries in the lateral rotator group have been rarely described in the medical literature. The purpose of this study is to describe the diagnosis and treatment of an uncommon injury: obturator externus musculotendinous injury. Case presentation A 30-year-old male patient, professional basketball player, presented with right groin pain during a game, resulting from a controlled slide movement. Pain increased 1 hour after the game in the right groin and radiated to the buttock area. Examination finds no abnormalities during the specific testing of the adductor, hamstring or iliopsoas muscles, but the patient presents with diffuse pain during active hip mobilisation. Muscle testing in resisted external rotation reveals slight but existing specific pain. Slight pain and tenderness to palpation was also noted on the ischial tuberosity. Ultrasound examination and MRI revealed grade III distal obturator externus musculotendinous injury, combined with quadratus femoris muscle oedema. Our patient followed a functional treatment, combining rehabilitation (eccentric and proprioceptive exercises of pelvic and hip stabilising muscles), and re-education, which allowed him to return to professional competition 10 days after trauma.

Discussion In the medical literature, no international publication has ever reported this type of injury, due to its typical minor functional impact. This injury is caused by an eccentric contraction of the obturator externus. It seems to be under-diagnosed. Discomfort can be minor in daily life, due to muscular compensations, but it can be detrimental for elite athletes. Patients seem to recover rapidly, without an actual relation to the severe imaging findings. In addition, those muscles are not routinely assessed during ultrasound scan, and MRI is not often performed due to relative minor functional limitations. As a consequence, we insist on the need to perform a comprehensive clinical examination which will guide the ultrasound scan to the lateral rotator group of muscles. The ultrasound will confirm the need for hip MRI. Our clinical case shows that targeted rehabilitation will ensure a rapid return to competition without sequelae, and provide excellent functional performance, with a return to pre-injury level of sport.

Keywords Obturator externus muscle; Acute groin pain; Pelvic stabilization; Ultrasound; Musculotendinous tear

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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P036-e

Rupture of the pectoralis major muscle; exceptionally traumatic pathology: About a case report and literature review

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Introduction The rupture of the pectoralis major muscle trauma is a rare condition. It occurs most often in the young athlete following a sharp contraction of pectoralis major muscle on arm extension-abduction. The diagnosis is confirmed by diagnostic tests including ultrasound and MRI. Support can range from medication to surgery, which when early works better if it is undertaken late, not to mention the interest of functional rehabilitation in all tables operated or non-operated.

Observation Patient aged 30 years, right-handed, without special medical history, amateur sports (weightlifting). During a workout, while trying to lift the weight bench press position, it has a tear with a very intense pain in the arm and right shoulder followed by functional impairment total of the right arm. The persistence of symptoms that did not yield to drug therapy, the patient was seen in 3 days after our structure, an ultrasound of the shoulder and pectoralis major objectified had a partial tear of the joint appearance musculo tendon of the pectoralis major muscle. An MRI was requested for diagnostic confirmation. The treatment was focused on the analogic treatment with suited functional rehabilitation. The evolution was marked by the relief of pain and recovery of the function of the right arm.

Discussion/conclusion The rupture of the pectoralis major muscle remains exceptionally traumatic pathology. The diagnosis is often ignored in the acute phase, although the clinic is very telling. MRI is the diagnostic tool of choice. Early surgical repair in cases of complete rupture allows complete functional recovery.