rehabilitation unit from January to June 2012: men older than 70 years of age, all patients after spinal surgery, and patients with urinary symptoms.

Results.—Screening concerned 18% of hospitalised patients in our unit. Thirty-six percent of evaluated patients had a urinary retention: 40% in men older than 70 after hip arthroplasty, 30.76% of patients after spinal surgery. Fifty percent of patients with retention had a positive urinary bacteriologic exam.

Discussion and conclusion.—Prevalence of urinary retention after orthopaedic surgery and infectious risk.

References

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P127-e

Patellar tendon late rupture after anterior cruciate ligament reconstruction with a bone-patellar tendon-bone autograft

A. Vouilloz*, F. Luthi
Clinique romande de réadaptation, avenue Grand Champsec 90, 1950 Sion, Switzerland
*Corresponding author.
E-mail address: aurelie.vouilloz@crr-suva.ch

Keywords: Patellar tendon rupture; ACL reconstruction; Postoperative complications

Introduction.—Patellar tendon (PT) rupture after anterior cruciate ligament (ACL) reconstruction with a bone-patellar tendon-bone (BPTB) graft harvest is a rare complication (0.24%) [1]. It requires surgical repair to restore continuity of the extensor mechanism.

Observation.—A 20-year athlete suffers from an ACL rupture (soccer injury). An ACL reconstruction with BPTB graft harvest is performed. Then, the patient attends a rehabilitation program. Both objective and subjective results are excellent at the end of the treatment. One year after the ACL reconstruction, the patient starts again playing football. However, 15 months after ligament reconstruction occurs a patellar tendinopathy treated over several months. Outcome see finally favourable but with anterior knee pain during strenuous sport activities. Two and a half years after the reconstruction occurs a patellar tendon proximal rupture with a slip and fall mechanism of injury. The rupture was treated with tendon suture and cable. The cable is removed 4 months later. Persistent loss of strength and anterior knee pain justify an extensive rehabilitation. Outcome concerning pain is finally favourable. Two years after the tendon suture, the isokinetic tests show no more significant deficit (lower than 10%).

Discussion.—Patellar tendon rupture is a rare complication. It often happens quite early after graft harvest (mean time 18.7 days) but it also may come later as here. The mechanism of injury usually occurs on wet ground. Rupture is almost always complete and requires surgical intervention. Few partial tears are described and may be treated non-operatively. Despite early loss of knee flexion and quadriceps muscle strength, the long-term outcomes after PT rupture are positive but rehabilitation process is long (often > 1 year). Using routine bracing after ACL reconstruction with BPTB is not recommended because of the rare nature of these injuries and the increased likelihood of developing knee stiffness. This clinical presentation highlights the importance of a close monitoring in case of on-going anterior pain after BPTB reconstruction.

Reference
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P128-e

Compression of the ulnar nerve at the wrist by anatomical variation of anterior ulnar muscle.

About one case

E.H. Kassimi
Service de médecine physique et de réadaptation fonctionnelle, hôpital Ibn Rochd, CHU Ibn Rochd, 1, quartier des hôpitaux, 20100 Casablanca, Morocco
E-mail address: kassimi24@hotmail.com

Keywords: Compression; Ulnar; Wrist; Treatment

Introduction.—The compression of the ulnar nerve is the second compressive neuropathy after carpal tunnel syndrome.

The most common site of compression is elbow, but compressions are described all along its path in particular at the Guyon’s canal. The etiology of idiopathic compressions is usually at the elbow as opposed to Guyon’s canal where we find frequently extrinsic or intrinsic compression agent.

We report a rare case of ulnar nerve compression at the wrist by an anatomical variation of the flexor carpi ulnaris.

Observation.—It is a 40 years old woman, right-handed, who consulted for tingling and paraesthesia at the territory of the ulnar nerve. At the clinical examination the patient has a decreased sensitivity and motricity of the ulnar nerve with the presence of an elongated mass of ulnar border of the wrist the ultrasounds showed muscle hypertrophy that was confirmed by MRI. EMG also confirmed a lengthening of sensory conduction of the ulnar nerve at this region.

Discussion/Conclusion.—Surgical exploration revealed hypertrophy of flexor carpi goes down to Guyon’s canal. The intervention consisted of a resection of a portion of muscle that compresses the ulnar nerve with neurolysis and opening of Guyon’s canal, with good clinical improvement postoperatively. The ulnar nerve is rarely compressed at the wrist. This compression is most often and, unlike carpal tunnel, due to a local cause. Various published series are unfortunately too often oriented or too short effective to provide a statistically significant distribution of different etiologies enable encountered.

The case report illustrates the diagnostic traps related to variations and muscle abnormalities. The contribution of MRI is useful for the diagnosis of anomalies and variations muscle.

Further reading

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P129-e

Hurling pin!

M. Iakova*, M. Assal, X. Crevoisier, F. Luthi
a Service de réadaptation de l’appareil locomoteur, clinique romande de réadaptation SUVA Care, 90, avenue Grand Champsec, 1950 Sion, Switzerland
b Clinique La Colline, faculté de médecine, université de Genève, 6, avenue de Beauté-Séjourné, 1206 Genève, Switzerland
c Service d’orthopédie et de traumatologie Pierre-Decker 4, CHU Vaudois, site hôpital orthopédique, 1011 Lausanne, Switzerland
*Corresponding author.
E-mail address: maria.iakova@crr-suva.ch

Keywords: Hemophilia; Total ankle arthroplasty; Fracture

Introduction.—The destructive arthropathy of the ankle is a complication of hemophilia. After failure of conservative treatment, total ankle arthroplasty has also become a therapeutic option. Among the complications associated with this type of intervention, a fracture can occur in about 25% of cases [1]. We present the first description of a proximal tibia fracture caused by the implanting of a pin of the ancillary when performing an ankle arthroplasty in a hemophilia type A patient.

Observation.—An hemophilic patient of 51 years old, already carrying a total right knee arthroplasty is also operated for a total right ankle arthroplasty. The intervention is complicated by a fracture of Chapat tubercle which is fixed eight days after the first operation. Progressive weight-bearing started at the 6th week. A month and a half later a spontaneous mechanical pain centered below the right tibial tuberosity appeared. Radiographs exclude a problem with the knee prosthesis, but reveal an irregularity of the anterior cortex, 6 cm below the tibial tuberosity. A computed tomography shows a transverse fracture of the tibia, centered on a hole corresponding to a pin of the ancillary put in place for the ankle arthroplasty. Treatment is conservative. Bone mineral density showed
osteopenia at the lumbar spine, but normal values at the femoral neck. The outcome was favorable and X-rays confirmed the fracture healing.

Discussion.– This is the first description of a proximal tibia fracture after ankle arthroplasty. This fracture occurred near a total knee prosthesis in patient with hemophilia. Hemophilic patients may suffer from increased risk of a secondary fracture following an osteoporosis [2], but it is not the case here. The cause of this atypical fracture remains unknown (local bone fragility associated with hemophilia? Alteration of bone strength near the total knee arthroplasty?). This clinical case highlights the absolute need to exclude a fracture when recent mechanical pain, even in cases of atypical location.

References

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P130-e
Characteristics of the pathology of the shoulder of the patient Moroccan diabetic
H. Azamnasso a, S. Zahi b, N.S. Diagne c, G.T. Kpadonou d, F. Lmidmani a, A. El Fatimi a

a Service de médecine physique et réadaptation fonctionnelle, CHU Ibn Rochd, Casablanca, Morocco
b Service de médecine physique et réadaptation, CNHU-HKM, Cotonou, Benin

E-mail address: aznower@yahoo.fr

Keywords: Pathology; Shoulder; Moroccan diabetics; Quality of life

Summary.– Diabetes is a chronic disease with prevalence increasing from 6.4% in 2010 to 7.7% of the world population in 2030 [1]. It generates a lot of vascular complications affecting the organs especially the nubiests. Musculoskeletal disorders are also described in isolation and with the shoulder in diabetics [2] where the value of this work.

Objective.– To analyze the characteristics of shoulder arthropathy of the diabetic patient Morocco.

Method.– Transverse, descriptive and analytic study concerning 14 diabetics patients seen from March to April 2013 Department of Physical Medicine and Rehabilitation Functional CHU (teaching hospital) Ibn Rochd of Casablanca.

Result.– The mean age was 53 ± 11.97 years standard deviation with mostly women 87.5%. The average time to development of diabetes was 10.5 ± 7.44 years standard deviation and 81.3% type II, associated with hypertension 50%. Glycated hemoglobin was high, an average of 9.1 ± 2.14 despite treatment: insulin and/or oral diabetic tablet followed well 81.3%. 18.8% had already been hospitalized for ketoacidosis. The prevalence of arthropathy was 44.1% with 31.3% tendinitis of the headgear of rotator, 12.6% capsulitis and glenohumeral arthritis. The traumatic context 25%, average pain intensity VAS = 5 evolving since months were found. Bilateral disease 18.8%, 25% deltoïd atrophy, the supra and infraspinatus 31.3% with limitation frontal, sagittal 31.3% and transversal 43.8% were found. Hawkins and Yocum with all them, Neer 37.5%, Palm-up 25%, Jobb and Patte test 31.3% positive with functional limitation: Constant score 48.27/100 on average and break of acromial arch with conflict 25% in radiography, partial rupture of the supraspinatus and biceps 12.6% were observed on ultrasound. The quality of life is bad at 93.7% with ADDQoL without statistical influence of the arthropathies of the shoulder.

Discussion–Conclusion.– The shoulder disorders Moroccan diabetics are dominated by tendinitis of the rotator with significant functional limitation without an influence on their quality of life.

References

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P131-e
Knowledge of low back hygiene rules by teachers of physical education and sport in Cotonou


Service de rééducation et de réadaptation fonctionnelle, faculté des sciences de la santé de Cotonou, CNHU de Cotonou, 04 BP 808, Cotonou, Benin

*Corresponding author.

E-mail address: kpadonou_toussaint@yahoo.fr

Keywords: Teacher; Physical education and sports; Low back hygiene rules Practice of physical activity is beneficial for children and adolescents. But when it is poorly executed, sport may be responsible of traumatic or degenerative spine injuries. Among the elements of prevention of these risks is the respect of low back hygiene rules [1].

Objective.– To assess the knowledge and practice of low back hygiene rules (LBHR) among teachers of physical education and sport (PES) in Cotonou.

Method.– A prospective, cross-sectional and descriptive study was performed with 43 teachers of PES in Cotonou from November to December 2011. LBHR also advocated included those recommended in the activities of daily life, more specific postures adapted to subject spine in gymnastics, athletics and team sports. Gymnastics or athletics in the station built, lumbar lock should be observed during exercises requiring trunk flexion. Combined flexion and rotation should be avoided. Each position used during the exercises presented its specificity on LBHR.

Results.– The average age of teachers was 39.8 years with an average of 13.5 years of experience. Only 2% of teachers had a good knowledge of LBHR and 10% good practice rules. Age and number of years of practice of PES influenced the practice of LBHR.

Discussion–Conclusion.– Few teachers of PES were interested in the knowledge and practice of LBHR despite the risk of back pain incurred by learners and themselves in the exercise of their profession. That suggests the need for the establishment of a training of physical education teachers on LBHR.

Reference

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P132-e
Early major maxillary deformation after cerebral anoxia in an adult: Case report and literature review
J. Morel a,*, Y. Van Raay b, D. Batifol b, F. Coroian a, J. Froger c, I. Lafont a

a Service de médecine physique et de réadaptation, hôpital Lapeyronie, CHRU de Montpellier, 371, avenue du Doyen-Gaston-Giraud, 34295 Montpellier cedex 5, France
b Service de stomatologie, hôpital Gui-de-Chauliac, CHRU de Montpellier, Montpellier, France

c Service de médecine physique et de réadaptation, CHRU de Nîmes, Nîmes, France

*Corresponding author.

E-mail address: morel.juliette@hotmail.fr

Keywords: Cerebral anoxia; Dystono-dyskinetic syndrome; Oromandibular dystonia; Temporomandibular lexion; Arched palate

Introduction.– We were struck by a maxillary deformation with dental overlap and arched palate occurring one year after basal ganglia lesions secondary to a cerebral anoxia in an adult. Although these deformations are well known among children [1] with cerebral anoxia, we did not find any similar case in adults reported in the literature.

Observation.– A 22-year-old male suffered a cardiac arrest due to cardiac rhythm disorders of unknown origin. He presented with tetraparesis and immediate recurrences. After one year of evolution, we found an arched palatine deformation with predominant upper dental overlap, in a patient without any prior dental anomaly.

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