

## Version anglaise

P047\_EN

**Post-traumatic osteolysis of the distal clavicle (PDOC): Two rehabilitation cases. To consider in patients with a painful and swollen acromio-clavicular joint several months after a trauma!**

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**Introduction.**— Post-traumatic osteolysis of the distal clavicle (PDOC), first described in 1936, is rare and its exact pathogenesis remains unknown. We present two cases diagnosed in our center, following a sprained acromioclavicular (AC). **Observations.**— 20-year-old lumberjack with AC sprain stage 2 after work trauma and persistent pain in four months. Physical examination revealed a swollen and painful AC, moderately decreased ROM and painful impingement tests. Biology was normal, MRI at 3 weeks showed AC effusion and clavicular bone edema. At 4 months the x-ray and the scanner show an AC diastasis, blurred and nibbled distal clavicular edge. After failure of medical therapy (analgesics, intra-articular corticoid therapy) an indication for surgery was retained

39-year-old blind technician, with stage 2 AC sprain after fall from bicycle and persistent pain after 8 months. Physical examination reveals a swollen painful AC, subnormal amplitudes. Radiological assessment initially showed slightly enlarged AC (RX), AC effusion, notched distal clavicle (MRI 5 months), an enlargement of the AC space with lytic changes of the distal clavicle (RX 8 months). After failure of medical treatment (analgesics and physiotherapy, infiltration refused), 13 months after trauma, surgical indication was retained.

**Discussion.**— The PDOC is a condition that must be considered when an AC is still painful and swollen several months after a trauma or in case of repetitive strain injuries in certain sports. The pathogenesis probably involves microfractures of the subchondral bone. The clinical signs are nonspecific. Radiographs lead to the diagnosis with an enlargement of the AC space, distal clavicular resorption without affecting the acromial side. MRI shows AC effusion and edema of the clavicular side. The differential diagnosis includes septic arthritis, spondyloarthropathies, tumors, but the context is different. Evolution is biphasic, with a lytic phase of 12–18 months and after a phase of reconstruction. The treatment is conservative but also may be surgical if the evolution is unfavorable after several months, as in our cases *Pour en savoir plus* Schwarzkopf R. Bulletin NYU Hosp 2008;94–101.

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**Achilles tendinitis in Haglund's disease: Role of functional treatment. Report of one case**

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**Keywords:** Heel pain; Haglund's disease; Achilles tendinitis; Rehabilitation

**Introduction.**— Haglund's disease is a painful swelling of the hind foot of mechanical origin, in connection with a conflict foot–shoe tied to a morphological abnormality of the posterior superior calcaneal tuberosity with bursitis retrocalcaneal and pre-Achilles and achilles tendinopathy. It is predominantly observed in women and is often bilateral. It is a disabling condition especially among athletes. This case report allows us to describe the main clinical and radiographic characteristics of Haglund's disease, and the principles of the rehabilitative treatment of Achilles tendon disorders, associated with a review of the literature. **Case report.**— A 23-year-old male presented heel pain followed by the appearance of a purplish swelling at the posterior heel

Plain radiographs showed the existence of a conflict between the achilles tendon and the posterior superior angle of the calcaneus associated with

achilles tendinitis in MRI. After failure of functional treatment, the patient underwent surgical correction, the posterior superior edge of the calcaneus with combing of the achilles tendon associated with a functional treatment. The outcome was favorable with regression of pain and resumption of daily activities

**Discussion.**— Haglund's disease is one of the causes of posterior heel pain causing a handicap in life and sports. Its management must be well studied. The indication for surgery is raised only after failure of conservative treatment

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**Rehabilitation treatment of adhesive capsulitis**

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**Keywords:** Pain; Capsulitis shoulder rehabilitation

**Introduction.**— The rehabilitation treatment of adhesive capsulitis is fundamental. It is designed in parallel with drug therapy or immediately after injection of the shoulder for “intensive” rehabilitation. The conduct of the rehabilitation program is based on certain patient-related and disease-related factors.

**Materials and methods.**— This is a retrospective study of 22 cases of adhesive capsulitis managed in the service of Physical Medicine and Rehabilitation EHU Oran between January 2010–2011

**Results.**— Our population consisted of eight men and 14 women, mean age 59.2 ± 11.1 years. Diabetes, shoulder trauma histories are notable. The period of rehabilitation treatment averaged (6 months), 11 patients (50%) received injection therapy before or during rehabilitation. The number of sessions required was on average (12)

**Discussion–conclusion.**— The treatment of adhesive capsulitis depends on the stage of the disease. A hyperalgesic phase should be limited to symptomatic treatment. Means physioanalgesics (cryotherapy) and postures with an abduction pillow at night are the only ones to try on the rehabilitative plan. Any attempt to gain range of motion is doomed to failure and may even aggravate the table. The disappearance of rest pain allowed us to begin a job gain articular infiltration has helped considerably. The average improvement in VAS pain was 50/100. Age appears to influence the functional outcome (VAS pain)

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**Delay of consolidation and bisphosphonates: Two cases**

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**Keywords:** Bisphosphonates; Delayed healing

The diagnosis of delayed healing after tibial fracture (mentioned 20 to March 26 weeks after tibial fracture according to the authors) should be examined as soon as possible to provide treatment, and preserve function. We report 02 cases of delayed union treated with bisphosphonates.

**First observation.**— 73-year-old female, hypertension, insulin dependent diabetes admitted in July 2010 for stiff left ankle with complex regional pain syndrome type I following a fracture of two bones of the left leg (one third of the tibia and lower third higher of the fibula) occurring in January 2010 conservatively treated. Radiography control made 6 months after trauma showed fracture nonunion with diffuse bone demineralization.