Gomes C, et al. Schistosomal myelopathy: urologic manifestations and uro-somiasis are described since 1930, mainly in endemic countries [2], some inflammatory response and the severity of fibro-obstructive chronic disease.

References

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P166-e
Rapid onset myelitis in 2 French patients at return of West Africa: Think NeuroSchistosomiasis

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Keywords: Spinal cord injury; NeuroSchistosomiasis

Introduction. – Etiological diagnosis of myelitis is an emergency in order to provide appropriate treatment and reduce neurological complications [1]. We report the cases of two patients with a non-compressive subacute myelitis. Observations. – During a stay in Africa (Ivory Coast, Ghana), two patients developed neurological signs 3 weeks: paresthesia in S1-S2 territory, hypoes-

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P168-e
A rehabilitation modelling video prototype for spinal cord injured (SCI) people: From production to impact evaluation

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Keywords: Video modelling; Spinal cord injury; Rehabilitation; Nursing

Introduction. – TT changes in digital interfaces and internet consulting as in platforms as Youtube considerably influenced the way people search health information. This is particularly important for SCI people whose highly affected mobility [1] damages their ability to gather resources and access information. Methods. – Two preliminary studies were conducted, first accessing health information needs of participants, the 2nd regarding content validity by 7 independent experts. The main study evaluated the video’s impact. Modelling videos were: spirometry, transfer wheelchair-vehicle, Standing frame, Push-up and managing curbs.

Discussion. – A pre-test/post-test study involved 5 independent researchers whose evaluation reported mobility gains in the intervention group (P < 0.05). The interviewing study concluded immediate knowledge gains (P = 0.011). Similar results were found in different modelling video studies [2,3].

References


P167-e
Charcot spine L5-S1 following diffuse idiopathic skeletal hyperostosis: A case report

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Keywords: Charcot spine; Diffuse idiopathic skeletal hyperostosis; Autonomic dysreflexia

Introduction. – Charcot spinal arthropathy is an vertebral neuropathic arthropathy characterized by disc and vertebral degeneration with massive bone formation of an articulation. It results from an impairment of joint innervation with loss of proprioception and sensitivity to pain, associated with repetitive microtraumatism [1].

Observation. – We report the case of a 62-year-old man suffering from a complete C6 sensorimotor tetraplegia following a cervical traumaism in 1980. The evolution was characterized by the progressive appearance of an spine stiffness in extension, that revealed an associated diffuse idiopathic skeletal hyperostosis. After almost 30 years of evolution of the tetraplegia, the patient presented autonomic dysreflexia indicative of pseudo-tumoral Charcot spine L5-S1 with anterior hypertrophic osteophytosis compressing the vesical dome. The arthropathy concerned the last mobile joint under vertebral ankylosing hyperostosis.

Discussion. – This observation confirms the key-role of complete sensory deafferenation and abnormal mobility of the vertebral joint on the emergence of Charcot spinal arthropathy. The full loss of mobility of the dorsal and lumbar spine, following diffuse idiopathic skeletal hyperostosis, probably provoked the onset of L5-S1 Charcot spine.

Reference


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