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P009-e

The future of spinal cord injureds, experience of the physical and rehabilitation medicine department of the Military Hospital of Instruction Mohammed V-Rabat/Morocco

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Keywords: Spinal cord injured; Complication; Management

Introduction.– The rapidity the quality of treatment dispensed to an injured person are factors of reducing the secondary morbidity due to a spinal cord injury. Their application must be regularly evaluated within every hospital structure. In Morocco, there is no epidemiological register to spinal cord injuries nor their application. Our study aims to give a clear idea about this matter.

Materials and methods.– Here is a retrospective study of 116 spinal cord injureds (80% of militaries in activity, 7% of civils and 13% of retired militaries) taken on along the last decade within the service of physical and rehabilitation medicine of the military hospital of instruction Mohamed V-Rabat/Morocco concerning 53% of paraplegic and 4% of tetraplegic (43,1% ASIA A, 22,41% ASIA B, 18,96% ASIA C et 15,51% ASIA D) which the average age is 40.5 years and sexe ratio M/W 4/1. The etiologies are traumatic in 2/3 of the cases.

Results.– Forty-two percent of bedsore with a median time to onset of 6 months (21%backheels, 19% intertrochanteric fractures, 14% occipitals and 9% malleolars), 19% of urinary infections (42% *E. coli*) are not treated in 1/5 of cases, 12% of spasticity (including one treated case by intrathecal baclofen), 8% of paraosteoarthropathie (72% in hip, 28% in knee), 7% of respiratory complications, 5% of stiffness, 4% of neuropathic pain and 3% of autonomous hyperreflexia. After an average stay of 7.73 weeks: 47% of return to partial activities and hobbies, 31% of defect engine recovery, 15% of stable condition and 5% of sight loss.



Discussion.– The average age within which the spinal cord injury happens is 30.7 in France and 40.2 in USA with 4/1 sexe ration M/W. The etiologies are more than 50% traumatic dominated by road crash. The prevention stake of eschar and urinary infection control is serious in the case of a medullar wounded person because of the increased duration of hospitalization. The repercussion of the articular, respiratory, neurological and vascular complications are high so the necessity of a regular monitoring of a strict examination and a practical evaluation in order to restrict the deterioration of the quality of life.

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P010-e

Descriptive analysis of ballistic upper limb injuries



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Keywords: Revolution; Ballistic injuries; Upper limb; Functional outcome

Introduction.– In Tunisia, the post-revolutionary period was marked by an increase of the frequency of ballistic injuries. They include all open or closed projectile lesions which causes significant damages.

This work aims to analyze the descriptive profile and the outcome of upper limbs projectile wounds.

Patients and methods.– Six patients treated in Physical Medicine and Rehabilitation after ballistic upper limb trauma are included in this work. We specified age, sex, occupation, type and location of the trauma, surgery performed and the complications listed. The duration of work stoppage and residual sequelae are also specified.

Results.– All our patients were young (mean age 21.7 years) and active. All assaulted by bullet fragments responsible for decaying upper limbs with complex nerve, tendon, joint and bone damages. The initial treatment was surgical in all cases. Revision surgeries were motivated by the presence of complications (intra-articular foreign body, tissue loss, infections). The rehabilitation treatment was early when possible, focusing on the effective pain control, restoring mobility and function of the upper limb. The evolution was marked by a prolonged stoppage of work or absenteeism (3 months on average), the persistence of bursts at the damaged tissue and sequelae.

Discussion.– The projectile wounds require special care which depends on lesions specificities, as well as on the technical and logistical possibilities. They often involve several tissues, and threaten the vital prognosis and especially the functional prognosis. The rehabilitation treatment is different for each patient because of the multiplicity of clinical presentations; it is focused on the restitution of upper limb function.

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