

neurological and muscle. We report a case of LGMD 2C associated with neurosarcoidosis.

Case report.— A 15-year-old patient with a family history of LGMD 2C was presented with frontal headache patient, diplopia, bilateral ptosis. The physical examination revealed IIIrd and VIth cranial nerves palsies, a proximal myogenic syndrome with weak tendon reflexes. Ophthalmologic examination revealed a bitemporal hemianopia and papilledema. The biological tests showed elevated CPK 657 IU/L, a high prolactin level of 21.5 ng/mL. Serum enzyme angiotensin converting (ACE) was at 50.3 IU/L. Cerebral spinal fluid analysis was normal. Brain MRI showed extensive lesions infiltrating the pituitary stalk and gland, the optic chiasm, cavernous sinus, and the sphenoid and temporal meningeal spaces, iso signal T1, hypointense signal T2 with enhancement after injection of gadolinium. FLAIR supratentorial showed periventricular hyper signals. The electromyography detected abnormalities. Muscle biopsy showed lesions of dystrophy without sarcoid granuloma. The genetic study identified a “delT521” main mutation of LGMD 2C. The other tests were normal. The patient was treated with high regimen of corticosteroids and motor rehabilitation with a joint maintenance, strength training and work of walking. With a follow-up of 2 years, muscle strength was improved and the neurological lesions on MRI regressed.

Discussion.— Neurological and muscular manifestations of sarcoidosis are sometimes atypical. MRI is important for the diagnosis and can rule out other differential diagnoses. The association with a LGMD 2C is exceptional. Only a few cases have been reported in the literature. Sarcoid myopathy has been removed by the muscle biopsy. Besides corticosteroids, motor rehabilitation is essential to improve the functional impairment of LGMD 2C.

Conclusion.— Sarcoidosis and DMP are two distinct diseases. Whatever the muscle involvement in sarcoidosis or LGMD 2C, physical rehabilitation is essential for its management.

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P159-e

Orthopedic evolution of patient with Duchenne muscular dystrophy from reference center of Lille university hospital

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Keywords: Duchenne muscular dystrophy; Orthopedic evolution; Functional surgery

Duchenne Muscular Dystrophy (DMD) leads to progressive muscle degeneration, which can be complicated by tendon contractures and scoliosis. The objective was to describe the orthopedic evolution of DMD patients from referral center of Lille, and their surgical management. The second objective was to study the evolution of our surgical practices between patients born before 1985 and those born between 1985 and 1992.

The study was retrospective, descriptive and analytical, and included 85 patients.

The ankle equinus deformity was more common in the population of 5 to 10 years. From 10 to 25 years, the knee flexion was the most frequent. The hip flexion deformity was the third most frequent. Scoliosis of more than 30° is the orthopedic deformity less raised in our population. The fusion of the spine (69% of patients) and tenotomy ankles (62% of patients) were the most identified interventions. The earliest intervention was the tenotomy of ankles, then came the hips and knees tenotomies and finally the fusion of the spine.

The cumulative incidence of ankles, knees and hips tenotomies were higher in the group of patients born after 1985. On the fusion of the spine, patients were operated later in the group born after 1985.

We have not found any comparative data in the literature regarding the orthopedic evolution and the tenotomies. Anesthetics progress have probably delay the age of spine arthrodesis. There was surely a bias in the collection of scoliosis.

Our study has highlighted the evolution of DMD patients by orthopedic joint. It showed an increase in the incidence of tenotomies and achieving arthrodesis of the spine in a more advanced age. It would be interesting to compare these data



with other centers. The study of functional surgery in DMD is to continue to maximize the indication and efficiency through the rehabilitation treatment.

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P160-e

Polio in Algeria and post polio syndrome epidemiological approach

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Keywords: Polio; Epidemiology; Post polio syndrome

Introduction.— The 1950s marked the beginning of the epidemic in Algeria. The consequences of post polio from 25 to 40 years stability are late degradation is often multifactorial various physiological aging, medical and orthopedic complications, post-polio syndrome (30 to 65% of former polio are concerned). Polio was eradicated in Algeria, our concern is to provide an epidemiological approach to understanding the needs of care, and what is the reality of post polio syndrome.

Patients and methods.— A prospective cross-sectional study in 97 patients, chaff from 2010 to 2013 at the University Hospital of Sidi Bel Abbes and CHU Blida, Service MPR. Etude made statistical software SPSS 17.0.

Results.— Average age 40.

— Unusual academic grade level;

— patients with active (work) less than 35%;

— been made for a specific surgery polio less than 50%;

— paresis of the lower limbs, most answered;

— the majority of our patients were paired;

— a significant number of patients without any steps equipment joint or muscle pain is more common;

— the post-polio syndrome is present;

— the gene is the daily function of orthopedic disorders and also in post polio syndrome;

— the majority of our patients have one or more of these psychological symptoms: anxiety, depression.

Conclusion and discussion.— The population of surviving polio in Algeria still young, and the post polio syndrome is relatively frequent compared to the population in Europe:

The application and care needs increase more in Algeria in this population, carrier effects of polio, orthopedic and functional gene and especially post polio syndrome.

A multicenter research in Algeria, particularly epidemiological need to learn more about the reality of this syndrome and the need for future care.

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P161-e

Management of spinal muscular atrophy neuro-orthopedic complications: About three cases and review of literature

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Keywords: Spinal muscular atrophy; Neuro-orthopedic complications

Introduction.— Typical childhood spinal muscular atrophy (SMA) is a disease that affects the anterior horn of the spinal cord related to SMN1 gene defects. Since no etiological treatment is currently available, its management is symptomatic and involves multidisciplinary care.

Cases.—

Case 1.— A 2-years-old girl presents a SMA type2 originally referred to hypotonia and confirmed by the genetic study. On examination, she has an axial hypotonia. She received regular physical rehabilitation, and instrumentation.

