Isolated axillary nerve neuropathy. Case report

J.A. Hernández Villullas, A.I. Arias Pardo, S. Otero Villaverde, J.R. Barrueco Egidio*
Complexo Hospitalario Universitario A Coruña, Servicio de Medicina Física y Rehabilitación, A Coruña
*Corresponding author.

Keywords: Axillary; Neuropathy; Rehabilitation

Background. The axillary nerve dysfunction is a form of peripheral neuropathy. It occurs when the nerve is damaged, which supplies the deltoid muscle and skin around. Symptoms include pain, numbness in the outer portion of the shoulder, and weakness specially in the abduction movement. Aetiology can be traumatic, systemic or idiopathic. Pharmacologic treatment of pain and rehabilitation are helpful in the management of the process.

Results. A 44-year-old man presented with acute pain and difficult to abduct his left shoulder, no traumatic or systemic cause was recorded. Amyotrophy of the shoulder girdle appeared in later physical examination. Ecography showed minimal signs of supraespinatus tendinitis. Electromyography (EMG) carried out 2 months later revealed isolated axillary nerve involvement. Rehabilitation treatment was implemented, which included neurostimulation and therapeutic exercise to improve muscular strength of shoulder abductors. Six months later, recovery was nearly complete, remaining minimal atrophy of the deltoids muscle.

Discussion. Isolated axillary nerve involvement is a rare presentation of neuralgic amyotrophy. Clinical presentation and EMG make the diagnosis. Alganasic and rehabilitation are the recommended treatment.

http://dx.doi.org/10.1016/j.rehab.2014.03.358

Treatment of co-contractions and muscle hypertonia of children with obstetric brachial plexus palsy (0BPP): Botulinum toxin. Twenty-five cases report

N. Quintero-Prigent*, A. Dongas, F. Lemenager
Hôpitaux de Saint-Maurice, Service de Rééducation Othopédique de l’Enfant, Saint-Maurice, France
*Corresponding author.

Keywords: Obstetric brachial plexus palsy; Treatment; Botulinum toxin

Background. Depending on the plexus injury, two types of after-effects can occur. Co-contractions, resulting from a new organization of nerve fibers and muscle hypertonia. We will show the results of our treatment using botulinum toxin for these two types of after-effects. Use of botulinum toxin has been known since 2000, but currently study methods do not allow us to formally exploit results.

Methods. We injected botulinum toxin in 25 patients showing co-contraction between the brachial biceps and the triceps and hypertonic of the latissimus dorsi muscle.

Discussion. Only a joint work between surgeons, neurologists and rehabilitation doctors will enable to work out a more effective treatment and limit the functional after-effects of these patients.

Further reading

http://dx.doi.org/10.1016/j.rehab.2014.03.360