

Schütz U, et al. Poor outcome following bilateral sacroiliac joint fusion for degenerative sacroiliac joint syndrome. *Acta Orthop Belg* 2006;72:296–308.

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Posters

English version

P029-e

Knee osteoarthritis in consultation of Physical Medicine



F.Z. Douidi-Hamimed*, A. Abderrahim, M. Mekaouche, N. Djebbar, F. Lahouel, M. Remaoun

Service de médecine physique et de réadaptation, CHU Oran, boulevard Ben-Zerdjeb, 31000 Oran, Algérie

*Corresponding author.

E-mail address: douididoc@yahoo.fr

Background.– Osteoarthritis is the most common reason for consultation in general practice but also in musculoskeletal rehabilitation. Its prevalence is estimated at 10% among adults aged 40 years. This prevalence increases with age.

Aim.– The main objective of this study was to evaluate the epidemiology of knee and secondarily to study the risk factors and therapeutic attitudes in daily practice.

Methods.– Descriptive cross-sectional study conducted over a period of 03 months on the cases of knee osteoarthritis identified in outpatient rehabilitation. Demographic, clinical, radiological and therapeutic modalities have been studied.

Findings.– Common spinal disease was the most frequent (29.4%) followed by limb osteoarthritis (16.7%). The knee was the most common arthritic location. Of patients, 5.9% consulted for osteoarthritis. The female population (87%), aged and overweight was prevalent. The mean BMI was 31.9 kg/m². The mean duration of symptoms was 6 years. Metabolic syndrome was associated in 63% of cases. Fifty percent of patients had a radiological advanced stage (3 and 4 KL). Deformations were present only in 12% of patients with knee osteoarthritis. Functional severity was correlated with general and biomechanical factors risk. About treatments, more than one in three patients had previously used a local or general alternative medicine. It should be noted that all patients had used at least one pharmacological treatment before consulting in physical medicine.

Conclusion.– The patients suffering from osteoarthritis consult physical medicine after seeing the GP and the rheumatologist. They have not always received optimal treatment.

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P030-e

Sacro-iliac osteoarthritis: From diagnosis to treatment; discussion of three cases



A. Fouasson Chailloux, P. Menu*, C. Dubois, M. Dauty
Service MPR locomotrice, hôpital Saint-Jacques, CHU de Nantes, 85, rue Saint-Jacques, 44000 Nantes, France

*Corresponding author.

E-mail address: pierre.menu@chu-nantes.fr

The care of degenerative osteoarthritis sacroiliac pain remains difficult. This joint with poor range of motion is a link between skeleton axial and lower limbs. The implication of this joint in pains is not to be any more demonstrated but the diagnostic and the therapeutic are still a current problem.

These three cases will expose various clinical presentations and therapeutic strategies.

The first case illustrates a young woman presenting a post-traumatic degenerative osteoarthritis. The radiological follow-up shows the evolution of this pathology and its responsibility in the origin of the pains was tested by infiltration of anesthetic. Several corticoid infiltrations realized afterward brought only a partial relief.

The second case approaches the diagnosis and the follow-up of a post-traumatic degenerative osteoarthritis in a young woman. The therapeutic attitude for this patient with desire of pregnancy was conservative with physical care.

The third subject, fifty-year-old, presents a primitive degenerative osteoarthritis. After the failure of physical care, medical treatment including infiltration and positivity of immobilization by *hémi-bermuda* shorts, an *arthrodèse* is realized. Several months after surgery, the mechanical pains are improved, in spite of the existence of pelvic neurological pains

These three cases illustrate the lack of specificity of the sacroiliac examination. The multiplicity of clinical test is not often sufficient and requires the recourse to test diagnoses in particular anesthetic before proposing more invasive therapies. Corticoids infiltrations show efficiency in sacroilites, but are less successful in the degenerative forms. Sacroiliac *arthrodèse*, not often realized, is a therapeutic alternative in the invalidating, refractory forms of medical treatment, but the results still remain to specify.

Pour en savoir plus

Berthelot JM, et al. Provocative sacroiliac joint maneuvers and sacroiliac joint block are unreliable for diagnosing sacroiliac joint pain. *Joint Bone Spine* 2006;73:17–23.

Schütz U, et al. Poor outcome following bilateral sacroiliac joint fusion for degenerative sacroiliac joint syndrome. *Acta Orthop Belg* 2006;72:296–308.

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