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Introduction.– Rotator cuff tears have a negative impact on the functional prognosis of persons with spinal cord injury subjecting them to further impairments. These tears are inevitably progressive by nature.

Objective.– The proposed study was prospective and non-controlled. Its objective was to define the functional, lesional and clinical profiles as well as therapeutic pathways of patients with spinal cord injury seen in medical-surgical consultation for shoulder pain and/or shoulder-related impairments.

Materials and methods.– Twenty-eight patients with spinal cord injury including 23 with paraplegia, were seen in the framework of a specialized consultation due to the importance of their painful shoulder and/or functional impairment. Eighteen out of the 28 subjects had preventive or reconstructive surgery on one or both shoulders. The mean delay between initial injury and rotator cuff surgery was 28 years.

Results and discussion.– Surgery became necessary for more than half of the population seen in this consultation. The time to surgery was quite lengthy. Results revealed the relevance of early screening based on a real strategy of multidisciplinary care management. When surgery becomes necessary, an early and as minimally invasive as possible approach would be the most adequate solution. Preventive acromioplasty should also be discussed.

Further reading


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Spinal cord compression in hereditary multiple exostoses

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Keywords: Hereditary multiple exostoses; Spinal cord compression

Introduction.– Hereditary multiple exostoses is an autosomal hereditary disorder that is characterized by the presence of exostoses. Occasional complications of spinal cord compression are reported during the disease evolution. It’s due to spinal exostoses. Its evolution is slow and the first symptoms are unspecific like walking troubles.

Observation.– A 71-year-old patient with hereditary multiple exostoses is addressed to the department via the emergency for increasing walking troubles responsible for frequent falls. The clinical examination finds an AIS D upper C4 spastic tetraplegia left predominant. For 4 years, walking has been possible within a 100 m area with a Zimmer.

MRI shows an exostoses originating from the C2 right lamina with vertebral canal development, responsible for spinal cord compression. Decision is taken to practice surgical decompression with exostoses resection to prevent worsening.

Discussion.– All the bones can be concerned in case of a hereditary multiple exostoses. Most frequent locations are on long bones mainly around knees and forearms. Neurological complications are not the most frequent ones but are far from being exceptional, different studies show their presence in 1 to 9% of patients.

Cervical rachis lesions represent 80% of vertebral lesions and the most frequent one is The C2 vertebra. When following these patients it’s important to look for myelopathy signs. In case of walking problems and spinal cord irritation, MRI permits to see the extent of the lesion and decide whether to operate or not.

Further reading


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