

A rare adult case of sacroiliitis due to poststreptococcal reactive arthritis

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Introduction.— Poststreptococcal reactive arthritis (PSReA) is a type of sterile arthritis which occurs after a beta-haemolytic streptococcal throat or skin infection. Although rare, small joints and the axial skeleton may also be involved.

Observation.— A 43-year-old man was admitted to our hospital with severe right hip pain and skin lesions at palmar sides of his both hands and plantar sides of his feet for the last 3 weeks. He had been diagnosed with septic arthritis and parenteral ceftriaxone and azithromycin had been given. As the hip pain persisted, the patient was referred to our clinic. Sacroiliac joint MRI was performed and it revealed acute sacroiliitis at the right sacroiliac joint. Anti-streptolysin O titre was 1097 IU/mL and 1806 IU/mL on admission and 2 weeks later, respectively. He was diagnosed as PSReA and acetaminophen 60 mg twice daily was prescribed.

Discussion.— PSReA is a type of non-migratory arthritis that usually affects the knee and ankle joints, and axial involvement is rare. To our knowledge, sacroiliitis and adductor muscle involvement has been reported only in a single case. We would like to draw attention of physicians towards the possibility of sacroiliitis in patients with PSReA.

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Impact of deep oscillation in the complex PRM algorithm of pain management

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Keywords: Pain; PRM algorithm; Deep oscillation; Analgesia

Introduction.— Deep oscillation (DO) is a modern physical factor, using the influence of electrostatic field on tissues in profundity, explained with Rahbek-Johnson effect.

Goal.— Comparative evaluation of drug, physical (including DO) and combined analgesia in patients with paravertebral and radicular pain.

Material and methods.— A total of 117 in-patients with radiculopathy were observed and investigated, randomized to three treatment groups. Group 1 received only drug therapy - paravertebral infiltrations. Patients of group 3 received only physical modalities [complex rehabilitation including DO]. In group 2, we applied combined drug and physical analgesia techniques. For statistical evaluation, we used SPSS package [*t*-test (ANOVA) and Wilcoxon rank test (non parametrical correlation analysis)].

The comparative ANALYSIS of RESULTS shows a significant improvement of the symptoms of the patients, concerning: pain relief (visualized by Visual Analogue Scale), radiculopathy (Lassegue's sign), depression (scale of Zung).

Discussion.— The drug therapy is efficient but with short duration. The physical analgesia with DO initiates its effect slowly, but the results are stable. Best efficacy was observed in case of complex rehabilitation. Some contemporaneous theories of pain and physical analgesia are discussed.

Conclusion.— We could recommend the complex program for pain management.

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Incidence and risk factors of complex regional pain syndrome type I after fracture of the distal radius

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Keywords: Complex regional pain syndrome type I; Fracture of the distal radius; Risk factors

Objective.— To examine the incidence and predictors of complex regional pain syndrome type I (CRPS I) after fracture of the distal radius.

Methods.— Prospective study including a consecutive sample of 90 patients with fracture of the distal radius treated by closed reduction and casting.

Main Outcome Measures were occurrence of CRPS I, Patient-Rated Wrist Evaluation, Hospital Anxiety and Depression Scale, and Medical Outcomes Study 36-Item Short-Form Health Survey at baseline and 1, 3, 6, and 9 months follow-up.

Results.— CRPS I occurred in 29 patients (32.2%) with a mean delay of 21.7 ± 23.7 days from cast removal. Logistic regression showed that risk for CRPS I was higher in cases of women (OR = 5.774; 95%CI, 1.391–23.966), medium and low energy trauma (OR = 7.718; 95%CI, 1.136–52.44), Medical Outcomes Study 36-Item Short-Form Health Survey physical functioning score 16 (OR = 12.192; 95%CI, 4.484–43.478).

Conclusion.— CRPS I occurs frequently during the third and fourth week after cast removal, especially in women who report severe pain and impairment of physical quality of life. Additional prospective studies are required to verify these findings in comminuted and operated fractures of the distal radius.

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Nonoperative treatment of Morton's neuroma – clinical case

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Keywords: Morton; Neuroma; Pain

Introduction.— Morton's neuroma is a common condition mainly affecting middle aged women. Histological examination reveals the presence of inflammatory tissue, perineural fibrosis. Current nonoperative treatment strategies include shoe-wear modifications, custom made orthoses, and injections of local anesthetic and steroids.

Observation.— A 37-years-old woman, complaining of pain in her right foot for about 2 months. Pain is increasing during standing and walking. Radiography of the right foot shows subchondral sclerosis of proximal phalanx of the third finger. Ultrasound examination shows Morton neuroma. Orthopaedist proposed physical therapy and appropriate shoes wearing. Clinical examination showed palpable sensitivity on pain of the plantar side of the third metatarsal joint. For the evaluation of pain and neuropathic components of pain, VAS (VAS = 7/10) and DN4 questionnaire (DN4 = 7/10) were used. We applied a low-power laser therapy, $\lambda = 808$ nm, $f = 3000$ Hz, 4 J and TENS 80 Hz, 20 min, on painful area, 20 therapies. Inspection after 10 therapies: VAS = 4/10, DN4 = 5/10. Inspection after 20 therapies: VAS = 1/10, DN4 = 2/10.

Discussion.— The applied laser therapy in combination with TENS with this patient, demonstrated positive results in terms of reducing pain.

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Six years after a whiplash injury: Measurement of functional outcome – use of the French version of Neck Pain and

