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Torticollis revealing a cervical pseudomeningocele, case report

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Introduction.– Pseudomeningocele is a known but uncommon complication of spinal surgery that may result when a dural tear occurs.[1,2]. Reported cases are mostly localised in the lumbar region following a laminectomy. We report the case of a voluminous pseudomeningocele occurring a few months after a cervical laminectomy.

Case report.– A 53 year old patient has been hospitalised for rehabilitation of a tetraparesia following the second surgical resection of a recurrent cervical meningioma. Five months later the patient complained of cervical pain with laterocollis. The MRI showed a voluminous pseudomeningocele and the already known residual tumor. An antalgic medication treated efficiently the cervical pain. In absence of complication, no surgery was indicated. A close follow up with repetition of cervical MRI was decided.

Discussion.– Pseudomeningoceles may be asymptomatic or revealed by local pain, recurrence of radicular pain, intracranial hypotension or meningeal symptoms (posture-related headaches, nausea or vomiting, photophobia), tinnitus, palpable mass. MRI is the diagnostic study of choice. Complications may rarely occur: nerve root or spinal cord herniations, progressive delayed myelopathy, meningitidis. Different treatments are possible, depending on the mass characteristics, symptoms and complications: close observation, conservative therapy with prolonged bed rest in Tredelenburg position, placement of an epidural blood patch, lumbar subarachnoid drainage, or surgical closing of dural tear [1–4].

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P089–EN

Assessing disability and functional outcome after stroke: 60 cases

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Keywords: Stroke; Disability; Prognosis

Objectives.– To evaluate disability after vascular hemiplegia and identify clinical factors influencing the functional outcome after stroke, in hemiplegic patients followed in the department of Physical Medicine and Rehabilitation University Hospital of Casablanca.

Patients and methods.– Prospective study from December 2008 to December 2010 included 60 stroke hemiplegic patients followed in the service of Physi-

ROCHD. The functional impact of stroke was evaluated by: Barthel Index, modified Functionnal ambulation classification, score Enjalbert and Mini-Mental State Examination

Results.– Sixty patients were evaluated, the average age of patients was 57.3 years with female predominance, the ischemic stroke accounted for two thirds of cases. At admission, only 5.1% of patients had a Barthel Index greater than 60/100. After a year of evolution, 64.3% of patients had a Barthel Index greater than 60/100. The factors that significantly influence functional recovery were age, character haemorrhagic stroke and initial score of Barthel Index.

Discussion.– Our population of stroke patients had a relatively young age, contrary to what was reported in most literature reviews on the subject. However, the parameters associated with better functional recovery are comparable to most of the data in the literature.

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Economic impact of musculoskeletal disorders among hospital staff

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Keywords: Musculoskeletal disorders; Work; Costs; Quality of life; Functional impairment

Objectives.– To study the incidence and the economic, functional and quality of life impact of musculoskeletal disorders (MSDs) among hospital staff.

Patients and methods.– Cross-sectional study (January 2010 - June 2010) involving a cohort of hospital staff of the University Hospital of the city of Monastir (Tunisia). Administered questionnaire including epidemiologic, clinical, functional, costs, quality of life and working conditions.

Results.– Of the 1527 staff of the University Hospital about 433 participated in this study. The average age was 33.6 years \pm 9.6 years and the sex ratio = 0.78. The participants were 173 doctors, 215 staff members belonging to allied professions and 51 hospital workers. The incidence of MSDs in this population was 65.3% (283/433). MSDs were dominated by low back pain (74%), neck (38.1%) and knee pain (23.3%). Eighty-five patients (30%) had a work leave of at least one day. The average direct cost for MST was 248.163 \pm 266.831 DT (137,868 € \pm 148,239) with a total annual direct cost of 70230.300 DT (€39,016,833). The indirect cost average was 117.244 \pm 328.832 DT (65,135 € \pm €182,684) with a total indirect annual cost of 33180.26 DT (18433,477 €). The overall average cost was 365.408 \pm 455.590 DT (203 € \pm € 253.1) with a total annual cost of 103,410.56 DT (57,450,311 €).

Discussion.– In our population, the direct cost was higher than the indirect cost, contrary to data in the literature. This can be explained by the cost of one day of work leave which is much more costly in Western countries. Furthermore, the functional impact of MSDs in our population is comparable or superior to that reported in the literature. MSDs are multifactorial diseases with considerable impact on socioeconomic, functional impairment and quality of life issues in all work areas including hospital staff.

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Preliminary study on a therapeutic program for stroke patients

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Keywords: Stroke; Program of therapeutic education