Supernumerary phantom limbs in a paraplegic patient

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Introduction.– Supernumerary phantom limbs have been frequently observed after stroke (especially in right hemisphere stroke). In spinal cord injured (SCI) patients, this phenomenon seems to be unusual. In a recent review, Curt and al. [1] reported only four cases with three in cervical incomplete SCI patients. To our knowledge this report is the first case of supernumerary phantom limbs in a paraplegic patient.

Case report.– Mr. B., a 62-year-old man, sustained a traumatic spinal cord injury 6 months ago resulting in a T4 AIS A paraplegia. He experienced an illusion of body normality (i.e. perception of normal or neutral limb position; then, a “fusion” or “splitting” of these sources, in order to quickly arrive at a decision, could explain the emergence of supernumerary phantom limbs.

Discussion.– To maintain internally coherent body and space relationships, the brain can use different sources: polymodal sensorial afferents (immediate data) and/or engrams held in memory; this depends on available sensorial inputs and attention, emotional and affective context. In SCI patients, central reorganization changes would lead to multiple conflicting sources about limb position; then, a “fusion” or “splitting” of these sources, in order to quickly arrive at a decision, could explain the emergence of supernumerary phantom limbs.

Functioning After Rehabilitation of Tuberculous Myelitis: 12 Cases

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Keywords: Tuberculous myelitis; Rehabilitation

Objective.– We report the epidemiological characteristics, clinical aspects and functional outcome in a group of patients suffering from tuberculous myelitis after rehabilitation.

Materials and methods.– Over a period of 4 years, 12 cases of tuberculous myelitis (F/M = 4:8) were admitted for rehabilitation. Are reported, epidemiological data, clinical findings and complications, the ASIA neurological status, mobility and sphincter control assessed by MIF.

Results.– Most patients were male (F/M = 4:8), the mean age was 26.8 years (25–39), the average length of stay in rehabilitation was 79.1 days (21–103), paraplegia was complete in nine patients according to classification ASIA. Six patients had multifocal tuberculous. All patients had sphincter disturbances, and had to learn self-surveillance, three patients had complications. All patients returned to their homes after discharge, one patient died after 6 months, one patient seen after 2 years, has recovered autonomous walking capacity. The results of the MIF averaged 54.1 out of 126 (42–59) at admission and 75 (69–89) at discharge.

Discussion.– Tuberculosis including its medullary location is a public health problem in Morocco. The main goal of rehabilitation is to increase patient independence and reduce disability. A large proportion of patients with non-traumatic lesions of the spinal cord can reach a good level of mobility and sphincter independence. Disability was significantly reduced during rehabilitation.

Further reading

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Longitudinal Follow-up of a Spinal Cord Injury Population

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Keywords: Spinal cord injury; Disability; Outcome; Rehabilitation

Introduction.– Spinal cord injury causes intense and sudden physical and psychological suffering, and it is important to appreciate the short-, mid- and long-term outcome. Progress in initial care helps overcome concerns of survival to achieve better quality of life.

Materials and methods.– Determine the social, clinical and functional characteristics of 27 patients with spinal cord injury between 2004 and 2006 and followed-up regularly at the outpatient clinic with reassessment at 5 years post-trauma.

Results.– Twenty-seven spinal cord injury patients between 2004 and 2006; average age 33 years; sex ratio 2.37. The education level was primary in 14.81% cases, secondary in 25.92%, and university in 7.40%; 62.96% of patients were single. Rural residence was found in 37.03% cases; 51.85% of patients had a profession before injury and 77.77% received social care. Trauma was the result of a road accident in 55.55%, a domestic accident in 29.62% and work injury in 14.81%. Cervical spinal cord injury is observed in 22.22% of cases, back in...
59.27% and lumbar in 18.51%. The ASIA score was A in 66.66% of cases, C or D in 33.33%. At 5 years post-trauma, there was a neurological recovery in 22.22% cases, resumption of walking with technical assistance in 11.11%. An increase of spasticity was observed in 40.74% and unrelievable disabling neuropathic pain in 25.92% of cases; 7.40% of patients exhibited poor adherence to self-intermittent catheterization. Wheelchair autonomy was acquired in 59.25%, autonomy in all activities of daily living in 22.22%. A depressive syndrome was observed in 25.92% and a life project was started in 14.81%.

Discussion.— The descriptive data from our series are similar to several studies: young age at the time of trauma and predominance of male gender and back injury. Various complications were involved in the impaired quality of life of spinal cord injured patients: complete neurological deficit, presence of limited joint motion, decubitus complications, neuropathic pain and depressive syndrome. The persistence of neuropathic pain is an obstacle to the resumed independence and social reintegration. Recovery of autonomy is necessary for social/occupational integration.

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Spinal cord injuries in women who fall out of olive trees
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Introduction.— Falls from olive trees are frequently encountered in the mountains of Kabylia during the olive harvest season.

Objective.— To report the epidemiological factors.

Materials and methods.— We studied the files of nine female patients (mean age 38.8 years): four were single women, five were married mothers of five children on average. These women lived in Bouira and underwent rehabilitation care in Tixeraine after fall out of an olive tree.

Results.— On average, the height of the fall was 3.5 m. The women fell on their back (n = 6), knees (n = 2), both feet (n = 1). Seven of the women were transported to hospital with the available means of transport and two via a vehicle with medical care. Roy Camille fixation was achieved in all cases. The spinal level varied from T6 to L2. Complete neurological deficit was observed in seven patients and incomplete deficit in two; all nine had bladder retention nine cases. Associated injuries involved the hip joint (n = 1) and the calcaneus (n = 2). Average hospital stay was 5 months. At discharge the diagnosis was: complete paraplegia (n = 5), incomplete deficit (n = 3), total recovery (n = 1). Five of the women practice intermittent catheterization, two have an indwelling catheter and one has normal micturition.

Functional outcome was: wheelchair (n = 5), walking with technical assistance (n = 3), walking without assistance (n = 1). After discharge, the patients experienced satisfactory family reintegration. One woman was abandoned by the family; three patients were lost to follow-up. Discussion.— Olive picking is still done by traditional methods in the Kabylia mountains in spite of the difficulty in reaching the very abrupt fields. Women are always present. The consequence of spinal cord injury is catastrophic since wheelchair autonomy in these living conditions is utopian.

Conclusion.— Olive oil, the indispensable product on the table in Kabylia might cost more than expected.

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