

osteopenia at the lumbar spine, but normal values at the femoral neck. The outcome was favorable and X-rays confirmed the fracture healing.

Discussion.— This is the first description of a proximal tibia fracture after ankle arthroplasty. This fracture occurred near a total knee prosthesis in patient with hemophilia. Hemophilic patients may suffer from increased risk of a secondary fracture following an osteoporosis [2], but it is not the case here. The cause of this atypical fracture remains unknown (local bone fragility associated with hemophilia? Alteration of bone strength near the total knee arthroplasty?). This clinical case highlights the absolute need to exclude a fracture when recent mechanical pain, even in cases of atypical location.

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Characteristics of the pathology of the shoulder of the patient Moroccan diabetic



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Keywords: Pathology; Shoulder; Moroccan diabetics; Quality of life

Summary.— Diabetes is a chronic disease with prevalence increasing from 6.4% in 2010 to 7.7% of the world population in 2030 [1]. It generates a lot of vascular complications affecting the organs especially the noblest. Musculoskeletal disorders are also described in isolation and with the shoulder in diabetics [2] where the value of this work.

Objective.— To analyze the characteristics of shoulder arthropathy of the diabetic patient Morocco.

Method.— Transverse, descriptive and analytical study concerning 14 diabetics patients seen from March to April 2013 Department of Physical Medicine and Rehabilitation Functional CHU (teaching hospital) Ibn Rochd of Casablanca.

Result.— The mean age was 53 ± 11.97 years standard deviation with mostly women 87.5%. The average time to development of diabetes was 10.5 ± 7.44 years standard deviation and 81.3% type II, associated with hypertension 50%. Glycated hemoglobin was high, an average of 9.1 ± 2.14 despite treatment: insulin and/or oral diabetic tablet followed well 81.3%. 18.8% had already been hospitalized for ketoacidosis. The prevalence of arthropathy was 44.1% with 31.3% tendinitis of the headgear of rotator, 12.6% capsulitis and glenohumeral arthritis. The traumatic context 25%, average pain intensity VAS = 5 evolving since 5 months were found. Bilateral disease 18.8%, 25% deltoid atrophy, the supra and infraspinatus 31.3% with limitation frontal, sagittal 31.3% and transversal 43.8% were found. Hawkins and Yocum with all them, Neer 37.5%, Palm-up 25%, Jobb and Patte test 31.3% positive with functional limitation: Constant score 48.27/100 on average and break of acromial arch with conflict 25% in radiography, partial rupture of the supraspinatus and biceps 12.6% were observed on ultrasound. The quality of life is bad at 93.7% with ADDQoL without statistical influence of the arthropathies of the shoulder.

Discussion–Conclusion.— The shoulder disorders Moroccan diabetics are dominated by tendonitis of the rotator with significant functional limitation without an influence on their quality of life.

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Knowledge of low back hygiene rules by teachers of physical education and sport in Cotonou



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Keywords: Teacher; Physical education and sports; Low back hygiene rules Practice of physical activity is beneficial for children and adolescents. But when it is poorly executed, sport may be responsible of traumatic or degenerative spine injuries. Among the elements of prevention of these risks is the respect of low back hygiene rules [1].

Objective.— To assess the knowledge and practice of low back hygiene rules (LBHR) among teachers of physical education and sport (PES) in Cotonou.

Method.— A prospective, cross-sectional and descriptive study was performed with 43 teachers of PES in Cotonou from November to December 2011. LBHR also advocated included those recommended in the activities of daily life, more specific postures adapted to subject spine in gymnastics, athletics and team sports. Gymnastics or athletics in the station built, lumbar lock should be observed during exercises requiring trunk flexion. Combined flexion and rotation should be avoided. Each position used during the exercises presented its specificity on LBHR.

Results.— The average age of teachers was 38.9 years with an average of 13.5 years of experience. Only 2% of teachers had a good knowledge of LBHR and 10% good practice rules. Age and number of years of practice of PES influenced the practice of LBHR.

Discussion–Conclusion.— Few teachers of PES were interested in the knowledge and practice of LBHR despite the risk of back pain incurred by learners and themselves in the exercise of their profession. That suggests the need for the establishment of a training of physical education teachers on LBHR.

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Early major maxillary deformation after cerebral anoxia in an adult: Case report and literature review



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Keywords: Cerebral anoxia; Dystono-dyskinetic syndrome; Oromandibular dystonia; Temporomandibular luxation; Arched palate

Introduction.— We were struck by a maxillary deformation with dental overlap and arched palate occurring one year after basal ganglia lesions secondary to a cerebral anoxia in an adult. Although these deformations are well known among children [1] with cerebral anoxia, we did not find any similar case in adults reported in the literature.

Observation.— A 22-year-old male suffered a cardiac arrest due to cardiac rhythm disorders of unknown origin. He presented with tetraparesis and a dystono-dyskinetic syndrome. Within two months, he developed a bilateral dislocation of temporomandibular joints secondary to a mouth opening dystonia, treated unsuccessfully by reductions with immediate recurrences.

After one year of evolution, we found an arched palatine deformation with predominant upper dental overlap, in a patient without any prior dental anomaly.