

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



H. Azanmasso^{a,*}, S. Zahi^a, N.S. Diagne^a, G.T. Kpadonou^b,
F. Lmidmani^a, A. El Fatimi^a

^aService de médecine physique et réadaptation fonctionnelle, CHU Ibn Rochd, Casablanca, Morocco

^bService de médecine physique et réadaptation, CNHU-HKM, Cotonou, Benin

*Corresponding author.

E-mail address: aznower@yahoo.fr

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



G.T. Kpadonou^{*}, G. Hounbedji, H. Azanmasso, E. Alagnidé,
N.D. Niama

Service de rééducation et de réadaptation fonctionnelle, faculté des sciences de la santé de Cotonou, CNHU de Cotonou, 04 BP 808, Cotonou, Benin

*Corresponding author.

E-mail address: kpaddonou_toussaint@yahoo.fr

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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P132-e

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



J. Morel^{a,*}, Y. Van Raay^a, D. Batifol^b, F. Coroian^a, J. Froger^c,
I. Laffont^a

^aService de médecine physique et de réadaptation, hôpital Lapeyronie, CHRU de Montpellier, 371, avenue du Doyen-Gaston-Giraud, 34295 Montpellier cedex 5, France

^bService de stomatologie, hôpital Gui-de-Chauliac, CHRU de Montpellier, Montpellier, France

^cService de médecine physique et de réadaptation, CHRU de Nîmes, Nîmes, France

*Corresponding author.

E-mail address: morel.juliette@hotmail.fr

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.

Discussion.— We hypothesize a palatine deformation secondary to an orbicularis oris muscle hypertonia in response to the permanent mouth opening due to the temporomandibular joints dislocation while the patient was recovering his cognitive and language skills. The dental arch is indeed relatively deformable due to its constitution (spongy bone) and to the presence of a median weakness (suture). Moreover, the orbicularis oris is a very powerful closing muscle, acting as an oral sphincter, which is involved in phonation, suction, chewing, swallowing, and breathing [2].

Although this type of deformation seems to be common in children with cerebral anoxia, we did not find any description of similar cases in the adult population. Given the strain rate early prevention by physiotherapy and even botulinum toxin injection as soon as ICU management is required.

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P133-e

Algodystrophy: Study of a series of 60 cases

I. Bel Haj Youssef Bhouri*, Z. Alaya, K. Bakkouche, H. Zeglaoui, S. Belghali, H. Ben Fredj, A. Jamel, E. Bouajina

CHU Farhat Hached Sousse Tunisie, 115, avenue Mohamed Salah Essayadi Souani, 5000 Monastir, Tunisia

*Corresponding author.

E-mail address: ihebbelhajyoussef@yahoo.fr

Keyword: Algodystrophy

The algodystrophy is a condition characterized by a painful, vasomotor and trophic regional syndrome.

Retrospective study of 60 cases of algodystrophie hospitalized in Department of Rheumatology over a period of 15 years (1998–2013).

There are 35 women and 25 men, having a mean age of 49 years (16–75 years). The average time to diagnosis was 3.7 months. Pain and functional impairment were present in almost all patients. Vasomotor disturbances were observed in 52 cases (86%), motor disturbance in 27 cases (45%) and abnormal in teguments in 6 cases (10%). Algodystrophy was multifocal in 6 cases, bifocal in 22 cases and unifocal in 32 cases. The locations observed were: the knee (5 cases), the foot (9 cases), the shoulder-hand syndrome (11 cases), the hand (5 cases), the hip (5 cases) and the ankle (5 cases). The radiological assessment showed a mottled bone loss in 66.6% of cases. Bone scintigraphy done in 33 patients showed increased uptake in all cases. MRI was performed in 21 patients. Secondary forms were observed in 65% of cases and traumatic causes accounted for 35%. Patients were treated with: analgesics (86%), calcitonin (68%), pamidronate (11.4%) and local corticosteroid injections (26.7%). A discharge was prescribed in 60% of cases, Scottish baths in 58.3% of cases, splints in 13.3% of cases and rehabilitation in 58.3% of cases. Healing was reported in 75% of cases.

The algodystrophy is a complex regional pain syndrome [1]. Its diagnosis is usually based on clinical symptoms [1]. Bone loss is homogeneous or mottled on radiography. Bone scintigraphy shows increased uptake before radiographic signs [2]. MRI is indicated in doubtful cases [2]. Her current treatment is based on bisphosphonate and rehabilitation [3,4].

In patients with algodystrophy, the lower limb is the most common location and traumatic causes are predominant.

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Disability and functional outcome after Guillain-Barré syndrome (experience of department Casablanca): About 19 cases

E.H. Kassimi*, Y. Abdelfettah, M. Elbouchikhi, A. Khadir, A. Naitkhchat, F. Lmidmani, A. Elfatimi

Service de médecine physique et de réadaptation fonctionnelle, hôpital Ibn Rochd, CHU Ibn Rochd, 1, quartier des hôpitaux, 20100 Casablanca, Morocco

*Corresponding author.

E-mail address: kassimi24@hotmail.com

Keywords: Guillain-Barré syndrome; Rehabilitation; Functional

Introduction.— Guillain-Barré syndrome (GBS) is a primitive segmental acute inflammatory polyradiculoneuropathy with multifocal demyelination of autoimmune etiology. The vital and functional prognosis can be at stake in the short and medium terms.

Objective.— Assess, one year after the sickness on:

- the functional outcomes by the Functional Independence Measure (FIM);
- family and socioprofessional outcomes by measuring the quality of life (SF-36).

Materials and methods.— It is a retrospective study of 19 patients with GBS, which were taken care and followed in our department.

Results.— Of 19 cases, 12 patients were male; the mean age was 32.7 years.

About the neurological level, all patients at admission had tetraparesis.

Elements found bad prognosis in our series:

- need for assisted ventilation in 2 patients;
- duration of the installation phase less than 7 days in 6 patients;
- damage early axonal EMG in 11 cases.

Evolution, a year after the onset of the disease was favorable in most cases:

- the average MIF increased from 67.8 to 105.3/126;
- regarding the resumption of daily activities and work, 9 of the 11 patients initially professional activities have resumed the exercise of their professions, a patient could benefit from professional reclassification;
- quality of life measured with the SF-36 questionnaire, was improved in all dimensions in all patients.

Discussion/Conclusion.— The GBS is the most common form of acute polyradiculoneuropathy, initially committing serious disease prognosis and secondary functional outcome with residual functional sequelae can sometimes persist and interfere with daily activities and professional patients where the need a multidisciplinary early.

Treatment should not only be aimed at improving the disability of patients but also to limit the impact of the disease on their social.

Further reading

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