

**Keywords:** Superior mesenteric artery syndrome; Denutrition; Brain injury  
**Introduction.**– Superiomesenteric artery syndrome is a rare diagnosis often underestimated, which is the result of an extrinsic compression of the third portion of the duodenum in fatty cellular space between the aorta and the superior mesenteric artery.

We report a case of superior mesenteric artery syndrome observed in a young patient with a traumatic brain injury following a severe malnutrition.

**Observation.**– Mr B., 18 years, without particular medical history, was victim of an accident on the public road on the 11.22.2012 (initial Glasgow 5). At its support in the ICU, he has experienced vomiting with denutrition. Superior mesenteric artery syndrome was evoked on this clinical presentation, requiring the establishment of a jejunostomy tube, with a gradual weight regain.

Despite numerous local complications following the pullout of the tube by the patient, the evolution was positive with healing of the median laparotomy and a progressive weight regain following a high protein hyperalimentation by jejunostomy tube and a recovery of oral feeding without specific gastrointestinal complications.

**Discussion.**– Postprandial epigastric pain, reflux, nausea, vomiting, anorexia and weight loss must evoke superior mesenteric artery syndrome. These pains are often relieved by curled up position or lateral decubitus position.

Superior mesenteric artery syndrome is rare, but should be known and discussed in the context of severe malnutrition, it is related to the reduction of the fatty cellular space between the aorta and the superior mesenteric artery.

In the acute phase, a naso-gastric aspiration and a left lateral decubitus positioning allow symptomatic improvement. It will be followed by a conservative treatment with renutrition by jejunostomy or parenteral nutrition, the goal is a weight regain for the restoration of adipose cellular mesenteric artery tissue.

In case of failure of conservative treatment, surgical options are possible.

**Conclusion.**– Superior mesenteric artery syndrome should be considered in any patient with postprandial abdominal pain, nausea, vomiting, anorexia or weight loss.

Thus the importance of nutritional support to prevent this risk must be underlined.

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### Impact of traumatic brain injury on the evolution of quality of life during the five years following a road accident



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**Keywords:** Traumatic brain injury; Quality of life; WHOQOL-BREF; ESPARR  
**Background.**– There is a lack of research on the long-term outcome after traumatic brain injury (TBI) in France. Our study evaluated the impact of TBI on the quality of life (QoL) during the first five years following a road accident.

**Methods.**– A prospective study was carried out among 957 injured road accident victims, aged  $\geq 16$  years, and living in the Rhône Department, France. QoL was repeatedly measured at 1, 3, and 5 years after the road accident using the brief version of the World Health Organization Quality of Life (WHOQOL-BREF). The raw score of the overall quality of life, general health facet, physical health, psychological, social relationships and environment domains vary from 4 to 20; higher scores reflect better quality of life. All the analyses were performed using the hierarchical mixed models.

**Results.**– Overall, 22.7% of the injured road accident victims were categorized as TBI at inclusion. TBI was associated with the overall QoL and social relationships scores during the first five years following the road accident. We also found that some previous medical history were associated with the four domains of the WHOQOL-BREF, except the social relationships domain. During the follow-up, an occurrence of another accident or a disease such as a cardiovascular disease decreased the overall QoL. Our results also shown that subjects who practiced sports regularly before their road accident, subjects who

were employed after their road accident, or subjects who received an accident's compensation had higher general QoL score.

**Conclusion.**– Our results indicate a poorer QoL in subjects with TBI. This study also points out the necessity to take into account previous medical history of the patient in prognostic models after TBI.

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### Long-term functional outcome of a cohort of severe traumatic brain injury patients after neurosurgical reanimation



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**Keywords:** Severe traumatic brain injury; Global outcome; Behavioral and cognitive sequelae; Glasgow Outcome Scale Extended; Dysexecutive questionnaire

**Objective.**– The aim of this study is to describe global and functional outcome of patients with severe traumatic brain injuries (TBI) long time after neurosurgical reanimation. This work is included in a larger project of correlations between cerebral imagery, cognitive impairments and handicap after severe TBI.

**Patients and methods.**– Patients from a neurosurgical reanimation's cohort of the Pitié-Salpêtrière Parisian Hospital were included, with initial severity data recording. A French version of Glasgow Outcome Scale Extended (GOSE) assessed the global functional outcome. The Dysexecutive Questionnaire (DEX) and a complaint questionnaire measured behavioral and cognitive impairment.

**Results.**– These preliminary results rely on nine patients evaluated 87 month in mean after TBI. The average Glasgow Coma Score was 12 [4–15]. The average duration of sedation was 5,8 days [0–17]. Six patients had a good recovery (GOSE 1 or 2), two a moderate disability (GOSE 3 or 4) and 1 had severe disability (GOSE 5). Patients' principal complaints were memory trouble, difficulty for double task, irritability, fatigability and anxiety. All patients were living at home. The average score on the DEX were 17,5 [2–33]. Six patients had rehabilitation after neurosurgical reanimation. None of them had specialized medical care in Physical Medicine and Rehabilitation.

**Discussion.**– Long time after TBI, the global outcome for these patients appears heterogeneous. The persistent behavioral and cognitive impairments showed important consequences in daily life for the majority of them. The initial severity score did not predict the severity of these sequelae. This study will allow correlating behavioral and cognitive impairment with anatomical lesions observed in diffusion tensor imaging and resting state, sequences of magnetic resonance imaging.

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### Repercussion on professional activity of post-concussion syndrome subsequent to a mild traumatic brain injury—prospective study over six months



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**Keywords:** Mild traumatic brain injury; Post-concussion syndrome; Return to work

**Goal.**– Looking for the existence of repercussions on professional activity of a post-concussion syndrome subsequent to a mild traumatic brain injury.

**Population and method.**–

– Prospective descriptive study over six months;

– Inclusion specifications: victims of a mild traumatic brain injury (mTBI) according to the definition of WHO; admitted to Emergency; aged 18-62; exercising a professional activity;