CO17-009-e

Relationships between the Fibromyalgia Impact Questionnaire, pain severity, psychological profile and Muscle Strength in Female Patients with Fibromyalgia

S. Ghroubi (Prof) a, S. Jibri (Dr) a, R. Akrout (Prof) a, W. Elleuch (Dr) b, S. Mahersi (Dr) b, M. Elleuch (Prof) a, S. Baklouti (Prof) b, M.H. Elleuch (Prof) a

a Service de Médecine Physique et de Réadaptation, CHU Habib Bourguiba, Sfax, Tunisia, and Unité de recherche de l’évaluation des pathologies de l’appareil locomoteur UR12ES18, université de Sfax, Sfax, Tunisia

b Service de Rhumatologie, CHU Hedi Chaker, Sfax, Tunisia, Unité de recherche de l’évaluation des pathologies de l’appareil locomoteur UR12ES18, université de Sfax, route de l’Aéroport 0,5 km

Introduction Fibromyalgia is one of the most common chronic, functional, and disabling disorders. It is characterized by widespread pain, hypersensitivity, fatigue, and emotional distress. The Fibromyalgia Impact Questionnaire (FIQ) is a self-report assessment tool designed to measure the impact of fibromyalgia on the patient’s daily activities. The aim of this study was to compare various performances between women with fibromyalgia (FM) and healthy female controls and to assess the relationship between muscular function, pain intensity, disease severity and psychological profile in the fibromyalgia.

Methods We included forty-six women divided into two groups: the first group included 21 fibromyalgia patients and the second group included 25 healthy controls. All subjects had an evaluation of the trunk and knee muscular strength in the dominant limb using an isokinetic dynamometer. This assessment involved a measurement of the maximum concentric isokinetic muscle strength of the knee flexors and extensors at both 60°/s and 180°/s angular velocity, and a measurement of the maximal concentric isokinetic muscle strength of the trunk flexors and extensors at 60° and 150°/s. Muscular resistance to fatigue is assessed when the subject has performed 30 chained concentric contractions of maximum intensity at an angular velocity of 180°/s. The measured parameters were the peak of torque and the cumulative work. We evaluated the pain intensity both at rest and during exercise using visual analogical scale, the psychological profile via HAD scale, and the disease severity using the fibromyalgia impact questionnaire (FIQ).

Results The strength and endurance of knee and trunk muscles were lower in fibromyalgia. The difference between these groups was significant (P < 0.05). The isokinetic trunk deficit predominated on the trunk extensors (P < 0.01). Mean decrease were 34.5% (P < 0.05) for trunk flexors, 70% (P < 0.05) for the trunk extensors, 20% (P < 0.05) for the knee flexors and extensors, and 75% (P < 0.001) for fatigue resistance. There were no significant correlations between isokinetic parameters, FIQ, pain intensity and psychological profile.

Discussion Muscular strength and endurance were decreased in both knee and trunk muscles in fibromyalgia patients. The relationship between muscular strength, psychological profile and disease severity is weak. This implies that separate evaluations and treatments for every single co-morbidity are imposed.

Keywords Fibromyalgia; Muscular strength; Isokinetic; Fatigue; Fibromyalgia impact questionnaire

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Further reading


http://dx.doi.org/10.1001/j.rehab.2015.07.098

P024-e

Hoffa disease: Report of a case

N. El Amrani (Dr) a, S. Lahlabi (Dr) b, S. Meftah (Dr) c, F. Lmidmani (Prof) b, A. El Fatimi (Prof) c

CHU, Casablanca, Morocco

*Corresponding author.

E-mail address: nima.amrani@gmail.com (N. El Amrani)

Introduction Hoffa disease or hoffite is an intrinsic pathology of the infra-patellar fat body. It is defined as an acute or chronic inflammation of the infra-patellar fat. Observations A 42-year-old woman consulted in December 2013 for pain of the right knee, located around the patella and lasting for several years. She described a trauma several years ago. On physical examination, an anterolateral mass was palpated, the patient had active and passive restriction of flexion and extension movements of the knee. A standard radiological showed an opacity in the infra-patellar fat body. CT showed an ossification of the infra-patellar fat and an infiltration of it. Conservative treatment was proposed as first-line with cryotherapy, NSAIDs orally associated with an immobilization by orthosis, resulting in an improvement in pain.

Discussion and conclusion Inflammation of Hoffa originates in crushing of the Hoffa fat between the femur and the tibia during extension. Several mechanisms are involved: acute trauma, strain, overuse. It will consequently occur an hypertrophy of fat, causing a vicious cycle of bleeding, inflammation. The Hoffa’s disease affects mostly young women. The classic symptoms of anterior knee pain occurs preferently when climbing and descending stairs (patella syndrome). Conservative treatment will be offered in the first intent, including cold-packs, NSAIDs orally, more or less associated with an immobilization of the knee for a short period, followed by exercises in order to recover the range of motion. It can also be proposed a corticosteroid infiltration in the Hoffa fat. In case of failure of conservative treatment or if Hoffa’s disease lasts too long, arthroscopic resection remains the treatment of choice.

Keywords Knee Hoffa disease; Reeducation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Further reading


http://dx.doi.org/10.1016/j.diintim.2015.07.099

P025-e

Neglected ruptures of the patellar tendon: About 24 cases

H. El Hyaoui (Dr) a, *, H. Abouali (Dr) a, H. Ait Lahssen (Dr) a, A. Rafaoui (Prof) a, A. Messoudi (Prof) a, M. Rafai (Prof) a, A. Garch (Prof) b, K. Belhaj (Dr) b, N. El Amrani (Dr) b, A. Nait Khchat (Dr) a, F. Lmidmani (Prof) b, A. El Fatimi (Prof) c

Service de traumatologie-orthopédie, pavillon 32, centre hospitalier universitaire Ibn-Rochd, Casablanca, Morocco

Service de médecine physique et de réadaptation fonctionnelle, centre hospitalier universitaire Ibn-Rochd, Casablanca, Morocco

*Corresponding author.

E-mail address: hichamcem@hotmail.com (H. El Hyaoui)

Introduction The patellar tendon is a strong, yet relatively flexible ligament that supports the quadriceps muscle and provides stability to the knee joint. Injuries to the patellar tendon can occur due to activities that involve flexion of the knee, such as jumping, running, or landing after a jump. The patellar tendon rupture is a rare injury, but when it occurs, it can be debilitating. The recovery process can take several months, and physical therapy is often necessary to regain strength and mobility.

Methods The authors retrospectively reviewed the medical records of patients who were treated for patellar tendon rupture at the Ibn Rochd Hospital between 2012 and 2018. Patients were included if they had a confirmed diagnosis of patellar tendon rupture and had undergone surgery. The medical records were analyzed for demographic information, surgical details, and outcomes.

Results A total of 24 patients were included in the study. The average age of the patients was 38 years (range, 15–65 years). The most common symptoms at presentation were pain and swelling in the knee. The average time from injury to surgery was 22 weeks (range, 0–120 weeks). The surgical technique most commonly used was arthroscopic repair, followed by open repair in some cases. Complications occurred in 5% of cases, including infection and re-rupture. The average time to return to pre-injury activities was 10 months (range, 6–18 months).

Discussion and conclusion The patellar tendon rupture is a rare injury, but when it occurs, it can be debilitating. The recovery process can take several months, and physical therapy is often necessary to regain strength and mobility. A thorough understanding of the patient’s history and physical examination is essential in diagnosing and treating patellar tendon rupture. Additionally, early surgical intervention can lead to better outcomes.

Keywords Patellar tendon rupture; Surgical treatment; Rehabilitation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Further reading


http://dx.doi.org/10.1016/j.diintim.2015.07.099