osteoepenia 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.

References

http://dx.doi.org/10.1016/j.rehab.2013.07.485

P130-e

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
a Service de médecine physique et réadaptation, CHU Ibn Rochd, Casablanca, Morocco
b Service 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 Smouths were found. Bilateral disease 18.8%, 25% deltoïd 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 tendinitis of the rotator with significant functional limitation without an influence on their quality of life.

References

http://dx.doi.org/10.1016/j.rehab.2013.07.486

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 a, F. Coroian a, J. Froger b, I. Laffont a
a Service de médecine physique et de réadaptation, hôpital Lapeyronie, CHRU de Montpellier, 371, avenue du Doyen-Gaston-Giraud, 34295 Montpellier cedex 5, France
b Service de stomatologie, hôpital Gui-de-Chauliac, CHRU de Montpellier, Montpellier, France

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 palate deformation with predominant upper dental overlap, in a patient without any prior dental anomaly. G.T. Kpadonou c, G. Hounbedji, H. Azanmasso, E. Alagnidé, N.D. Niama

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 palate deformation with predominant upper dental overlap, in a patient without any prior dental anomaly.

References

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 palate deformation with predominant upper dental overlap, in a patient without any prior dental anomaly.

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 palate deformation with predominant upper dental overlap, in a patient without any prior dental anomaly.