The treatment of tendinosis of the biceps brachii by mesotherapy. Over 61 cases

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Keywords: Tendinositis; Biceps brachii; Acutes; Chronics

This epidemiological study is over 61 cases of tendinosis of biceps brachii in extra articular part confirmed by scan on subjects aged 18 to 60-years-old. The evaluation was made by the digital palpation on extra articular part, with a passive stretching, on the pain with a isometric testing and on the pain when rolling the muscle.

We count 31 men, 25 women, average age: 45.31 years old, 46 hurt on the right, ten on the left and five bilateral, age of the injuries: 37.5 days.

We can isolate two types of populations: 39 patients of sports and 22 cases of patients presenting some degenerative pathologies post-operation or not.

Treatment.– Acute time: lidocaine 1% + piroxicam + etamsylate on the tendon.

Lidocaine 1% + thiocolchicoside on the muscle.

Chronic time: vit C + vit E + silicium on the tendon.

Procaine 2% thiocolchicoside + magnesium on the muscle.

Sessions: D1, D8, D15, D30, D45 with an assessment at D60 (in average 3.4 sessions).

Results.– We have to distinguish the acute cases of the young sporty subject where good results are 86.36% and 9.00% with no results are 4.55% in one to three sessions, with the chronic cases degenerative or after a surgery of the shoulder, where results are longer and tougher with the need of three to six sessions with a very precise rehabilitation.

The local and general tolerance has been good. We observe three cases with post-injections hematoma and three cases of more pain the second day.

This treatment can be proposed in first intention to young sporty subjects and alongside a good rehabilitation for the degenerative pathologies.

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Effects of the mesotherapy on the mobility of the shoulder in the impingement syndrome by tendinitis of supra spinatus over 54 cases

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Keywords: Impingement syndrome; Mesotherapy; Supra spinatus; Mobility

This study is about 54 cases of tendinitis of supra-spinatus with limitation of the abduction in an impingement syndrome of the shoulder treated by mesotherapy from July 2007 to July 2008.

The clinical exam enables to establish the diagnostic that will be confirmed by scan. The treatment will most of the time be done by mix technique (33 cases) en IDP by technique of point by point (0,1 ml by point AINS + lidocaïne + calcitonine) in front of the trochanterus and in IED by epidermic mesotherapy (myorelaxant + lidocaïne) in front of the muscle supra-spinatus.

The treatment is over four sessions: D1, D8, D15, D30. The evaluation is at D1 and D30.

The assessment criteria are the following: AVS, palpation by digitalis pressure of the tendon of supra-spinatus, isometric testing in abduction, rolling of the muscle, magnitude of the abduction and life quality (valued from 0 to 3).

The average age is 38.6-years-old, 34 men, 20 women.

The age of the injuries is 6.4 months, 34 sportsmen for 20 non-sportsmen.

Results.– The AVS has gone from 7.22 to 0.83.

The pain with the palpation has gone from 2.55 to 0.3, the pain during the muscular testing from 2.77 to 0.24, the magnitude of the abduction from 1.74 to 0.185 and the quality of life from 2.7 to 0.2.
Eighteen patients (33%) have benefited from some rehabilitation to get their shoulder back to strictly normal. The treatment has been tolerated very well, locally or generally. The patients have been globally satisfied in 85% of cases. Seeing those results but also because of its harmlessness and its low cost, this treatment by mesotherapy can be proposed in first intention. 

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P154-e

Teres minor tendinitis diagnostic and comparison of two therapeutics over 14 cases
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Keywords: Teres minor; Mesotherapy; Constant scale

This prospective study is over 14 cases of teres minor insertion tendinitis on the tubercle major tubercle of the shoulder, rebellious to usual treatments with a group of seven cases treated by rehabilitation alone and a group of 7 treated by rehabilitation + mesotherapy. The study was done from September 2007 to March 2008 with ten men and four women. The positive diagnostic is about the questioning that finds a chronicle pain of the stump of the shoulder, the clinical exam shows painful abduction and sideway rotation, a pain at the end of the throwing gesture, a pain at the palpation of the "insertion" and a gate sign often positive. 

The evaluation of the algo-fonctionnal status of the patient will be done by the Constant scale at D1 and D30. 

Procedure of rehabilitation: association of deep transversis massages and of rolling palpation.

Procedure of mesotherapy: three sessions at D1, D8, D15 and if needed at D30 during the evaluation. 

On IDP: procaine 2% + piroxicam + calcitonine (100 UI).

On IED: pidolate de magnésium + thiocolchicoside. 

The Constant scale is way in favour of the group of rehabilitation + mesotherapy with a degree of signification whereas the group with rehabilitation only presents a degree 0.005 < P < 0.10. It is the same for the feel and for the benefit of the arm movement.

No unwanted or side effects have been found in the rehabilitation + mesotherapy group whereas in the group of rehabilitation only, all the patients have had important pains fading towards the end of the sessions.

Seeing those results but also because of its harmlessness and its low cost, this treatment by mesotherapy can be proposed in first intention. 

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Contribution of functional rehabilitation in temporo-mandibular joint disorders
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Keywords: Temporo-mandibular joint; Rehabilitation; TMJ scale

Introduction.– Temporomandibular mandibular joint (TMJ) affections require a multidisciplinary approach including a rehabilitation to limit functional sequelae. The main objectives of this study are the evaluation of our TMJ rehabilitation results and compare them to those of literature.

Patients et methodes.– It’s a retrospective study on 2 years, included patients sent to our MPR unit for a TMJ rehabilitation.

We evaluate aricular and muscular conditions we also estimate pain with visual analogue scales (VAS) ranging from 0 to 100 mm, and TMJ dysfunction with the TMJ scale (a score greater than 194 signs a TMJ disorders) all these evaluations were made before and after treatment.

Results.– We collected 11 patients (six women and five men) average age of 36 years (20–56 years).

Diseases in question were traumatic in five cases (mandibular fractures or dislocations), SADAM syndrome in three patients, TMJ dislocations for two patients and TMJ ankylosis after an infectious parotidis. Five patients had chirurgical interventions. Initially, VAS was at 60 mm, a mouth opening at 12 mm, diduction 3.5 mm, propulsion 4.5 mm and retropulsion 3 mm. TMJ scale was 258 for women and 212 for men.

After re-education, we notice a marked improvement, mouth opening was greater than 36 mm for all patients, deduction of 7.5 mm and propulsion of 8.5 mm, VAS pain 25 mm and TMJ scale of 151 for women and 132 for men.

Discussion.– TMJ is exposed to dysfunctions or trauma that often requires surgical management followed by appropriate rehabilitation. The main goal of rehabilitation is to restore not only the indolence, the normal functions of chewing and swallowing but also, in some cases, phonation functions.

The TMJ scale is an important tool for assessment and therapeutic monitoring of the TMJ malfunctions.

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