

P8**Conservative management of a neglected case of Post-polio residual paralysis**

Singh Yesh Veer¹, Sen M², Biswas M M³, Saha Jayant⁴, Chirania Anirudh⁵
¹2nd Year DNB-PGT, ²DNB, (PMR), ³MD (AIIMS), DNB, MNAMS, Sr consultant, ⁴MD (PMR), Consultant, ⁵1st Year DNB-PGT

Dept of PMR, SNP Hospital, Kolkata-20.

A 60 years old female patient reported in PMR-OPD of Sambhunath Pandit Hospital Kolkata, with complain of Low Back Pain without radiation, left Ankle Pain, Pain on medial border of Left foot and Left Foot deformity. Patient is diagnosed case of polio at six year of age. She does not has any other comorbid disease (Diabetes mellitus, Hypertension etc.). On the basis of History, Clinical and Radiological assessment, she was diagnosed as a Neglected case of post-polio residual paralysis with Plano-Valgus of left Foot with Callosities on medial border of foot with 30° lumbar Scoliosis. The patient is being treated conservatively (analgesic, exercise, orthoses, physical modalities) from past two years and has showed significant improvement in pain.

Keywords: Post-polio Residual paralysis, Plano-valgus.

P9**Hemiplegic shoulder pain (HSP) cause by a rare ganglion cyst of the bicipital tendon in a right hemiplegic patient: a case report**

Sangme Ngampa¹, Mohes A S², Singh Th Khelendro³, Singh L Nilachandra⁴, Singh A K Joy⁵

Shoulder pain is a common complication after stroke that can inhibit recovery and reduce the quality of life. It occurs in as high as 72% of the cases which develops within weeks or months after the onset of hemiplegia. We here in report a case of 52 year old right sided hemiplegia of 6 months duration with right HSP for a period of 5 months. Motor control in the right upper limb was good. Clinical tests and other investigations for shoulder pathology were within normal limit. Musculoskeletal Ultrasound of the shoulder reveals a well defined cyst around the right bicipital tendon in the bicipital groove. Ultrasound guided wide bore needle aspiration of the cyst and Triamcinolone acetate 40mg injection was performed in the same sitting. Several causes have been attributed to the development of HSP but a ganglion cyst of the bicipital tendon presenting as HSP has not been reported as yet. Also ectopic ganglion cysts at different sites has been reported but the ganglion cyst of the bicipital tendon causing chronic shoulder pain leading to functional limitation has not been reported in the literature so far.

Keywords: Stroke, HSP, Musculoskeletal Ultrasound, Bicipital tendon, Ganglion cyst, Triamcinolone acetate

P10**Congenital deficiency of all four limbs, a rehabilitation challenge**

Babu Rekha

Introduction: Congenital limb deficiency, that ranges from absence of a single digit to complete absence of a limb, has an approximate

incidence of 0.3 to 1.0 per 1000 live births. But complete absence of all four limbs is far more uncommon.

Case report: We report a case of a four-year old female child with congenital deficiency of all four limbs. She poses a rehabilitation challenge since it is important to understand the changing needs of the growing child and consider aspects like mobility, activities of daily living, cognitive and psychosocial skills while planning management. This child is being rehabilitated with bilateral stubbies and axillary crutches.

P11**Subacute Progressive ascending myelopathy from T8 to C3 following percutaneous vertebroplasty causing cement leakage - a case report**

Bhide Rohit¹, Barman Apurba¹, George Jacob¹, Thomas Raji¹, Mammen Suraj².

¹Dept of PMR, ²Dept of Radiology, CMC Velore

Percutaneous vertebroplasty (PVP) is used to manage osteoporotic vertebral body compression fractures. Relative safety of this procedure has been adequately justified in the literature. Complications following vertebroplasty range from minor to devastatingly major ones. One such complication is cement leakage into the spinal canal.

Subacute progressive ascending myelopathy (SPAM) is an infrequent neurological complication following spinal cord injury (SCI). Typical presentation in SPAM is ascending neurological deficits within weeks after the initial insult. Many authors have postulated various causes for the ascension of the neurological level, the precise cause still remains an enigma considering the rarity of this disorder amongst all spinal cord injuries. Till date all cases of SPAM have been mentioned as a result of trauma, compression or AV malformation.

We present a case of 62 year old lady with osteoporotic vertebral fracture who underwent percutaneous vertebroplasty and developed T6 complete paraplegia due to cement leakage. After a few weeks, the neurological level ascended to C3 sensory level and weakness in both upper limbs. Till date, no case of SPAM following PVP causing cement leakage is reported.

Literature is reviewed regarding SPAM and the possible rehab option along with management is discussed with regards to this patient.

P12**Rheumatoid arthritis; an interesting presentation**

Sobeekrishna G S

It is about 45 yr old man with history of inflammatory type of pain and swelling left knee joint 2½ yrs and pain right wrist 2 months duration, feverishness and weight loss was there, contact history of TB was also there, evaluation shows elevated ESR, Mantoux +ve, CXR Normal, screening negative, synovial fluid study was normal, AFB Culture sent, started him on ATT with a provisional diagnosis of TB reactive arthritis knee joint. On the next visit he has good relief symptoms of left knee pain but the right wrist pain and swelling persist and also he had started complaining of pain left wrist, AFB culture result was negative, ACCP highly +ve, Synovial biopsy not done, diagnosed as of rheumatoid arthritis according to modified ACR-EULAR criteria and he was started on

wysolone 10mg OD as the disease activity score was low, in the next visit he was again complaining of inadequate relief of symptoms appearance of pain and swelling at MCP and PIP joint of both hand hence Methotrexate 10mg wklly added, again reassessed after 1 month, found to have good relief of symptoms.

Here we “*Stress the importance of considering Rheumatoid Arthritis as an alternate diagnosis in individuals presenting with chronic monoarthritis*”.

P13

Modified ortho-prosthesis with IC socket for a deficient limb –A case report

Ghosal Vasundhara¹, Neyaz Osama¹ Jhalani R², Equebal Ameen³, Lenka P⁴, Ballav Ambar⁵

¹2nd year DNB PGT, ²Asst. Director (Services), ³Asst. Director (Training), ⁴Lecturer OT, NIOH, Kolkata

⁵Retd. Prof. & Head-PMR, IPGMER, Kolkata

Introduction: Congenital longitudinal deficiency of tibia is characterized by partial or complete absence of tibia with relative intact fibula. It is uncommon condition, occurring approx. 1 per 1 million births. Skeletal anomalies of affected limb include abnormal knee joint, variably shortened leg, equinovarus foot and longitudinal deficiency of foot. Standard treatment is surgical intervention followed by prosthesis.

Case Presentation: 18 years old male with congenital Type 1a Tibial Deficiency (Jones classification based on radiographic evaluations) of Right side presented with scoliosis with drooping of Left shoulder and broken prosthesis. He was given modified through-knee prosthesis 3 years back. The altered biomechanics was identified. He was now prescribed modified Ortho-prosthesis with Ischial containment socket for uniform weight distribution and proper gait pattern.

Results: Patient's Gait pattern, based on centre of pressure, force distribution & gait parameters and K4b2, energy consumption was analyzed with old and new prosthesis (immediately after and after gait training). The Orthoprosthesis showed nearest to normal Gait pattern and proved to be comfortable and energy efficient.

Conclusions In cases of congenital tibial deficiency, modified Ortho prosthesis based on principles of biomechanics may be considered, where surgery could not be done.

Keywords: Congenital Type 1a tibial deficiency, Modified Orthoprosthesis, Ischial containment socket, Gait analysis, K4b2.

P14

Upper lumbar disc prolapse presenting as monoparesis –A case report

Tamphaleima Kh, Singh Y Nandabir, Sharma G Sonachand

A 26 year old female who presented with weakness of right lower limb was investigated. MRI showed features suggestive of multiple levelled disc prolapse in the lumbar spine with a massive prolapsed disc at L2-L3. With presumptive diagnosis of monoparesis due to upper lumbar disc prolapse, decompression surgery was performed at L2-L3 and patient showed subsequent improvement. This case report highlights the upper lumbar disc prolapse as a possible cause of monoparesis in rare circumstances.

Keywords: Disc prolapse, multilevel prolapse, monoparesis

P15

An interesting case of scoliosis

Nair Lakshmi

Juvenile idiopathic scoliosis constitute 12- 21% of idiopathic scoliosis. About 10% and 15% of scoliosis in children between 3 and 10 years of age may be associated with spinal cord anomalies such as syringomyelia.

Our case is a 7 year old boy who presented with an incidentally detected scoliosis with no neurological deficits except for an absent abdominal reflex on the right side. X-ray revealed an 18 degree thoracic scoliosis to right, which progressed on follow up. An MRI was done which showed a large syringomyelia with cerebellar tonsil herniation. He was referred to the neurosurgeon for definitive management.

Literature shows similar case reports and studies on the silent presentation of a large syringomyelia with scoliosis and the importance of early intervention .

Hence we conclude that all the cases of early onset scoliosis must be viewed with a high index of clinical suspicion and MRI should always be included in the first line investigations for the work up of such cases.

P16

Pentazocine induced contractures: A case report of drug abuse

Kumar Dileep

Contractures around the joints are seen due to multiple causes in our day to day practice where pathology can be superficial or deep. Further it can involve one joint or multiple joints. We are presenting a rare case of drug abuse due to Pentazocine (Fortwin) here in a 32 years old male, who had generalized & severe contractures of his hips, knees & ankles. In all such cases of myogenic generalised contractures around multiples joints, we must exclude the possibility of drug abuse.

P17

An unusual case of chronic low back pain in four year old child

Chethan C

Abstract: 4 year old female child presented with non radiating low back pain for past one and half years, not relieved with medications and rest. On detailed physical examination no abnormalities were found. On radiological evaluation x-rays showed spina bifida in L5 vertebrae, then MRI whole spine was done, which showed findings of type II split cord malformation with intradural lipoma and low lying spinal cord with tight filum terminale. Neurosurgery referral was sought; patient was advised surgery in view of tight filum terminale and intradural lipoma. We report an unusual case of Spinal cord malformation (SCM) with intradural lipoma and low lying spinal cord due to tight filum terminale with multiple bony defects.

With this case experience it is recommended that the evaluation of back pain in a child should include a detailed history and a careful physical examination with appropriate radiological evaluation.

Conclusion: Back pain in children should not be overlooked as their might be serious underlying pathology which may be overlooked in