

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 wkly 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

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**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

a busy OPD. Timely identification with appropriate radiological investigation and treatment can prevent development of significant neurological deficits.

**Key words:** Back pain, Intradural lipoma, MRI, Spinal cord malformation (SCM).

## P18

### Ipsilateral hemiplegia caused by an infarct in the temporo-occipital region: A case report

Mohes A S

Hemiplegia is one of the commonest cases admitted in Physical Medicine and Rehabilitation (PMR) ward. A 67 years old right-handed male patient was admitted with weakness of right upper limb and lower limb and deviation of mouth towards left side. Patient was diagnosed as a case of ipsilateral hemiplegia and in the plain CT scan an infarct was seen at right temporo-occipital cerebral cortex. This case report is unique because ipsilateral hemiplegia with same sided lesion in brain is a rare phenomenon. Only few cases had been reported and those cases were mainly affected from recurrent attacks of stroke. The mechanism of such phenomenon is also still not understood.

## P19

### Anesthetic feet and self mutilation in a child – A diagnostic dilemma

Gupta A K

We are presenting a case of anesthetic feet with self-mutilation which was really a diagnostic challenge. A 8 years male child, came to our OPD with chief complaint of Non healing plantar ulcer in right foot since he started walking and loss of toes. Patient was seen by several dermatologists and was diagnosed as a case of Hansen's disease and was treated with full course of MDT without any relief. Then the child attended our OPD and we found there was no evidence of Hansen's disease and patient had anesthetic feet with plantar ulcer and had smell of urine. Clinically there was no evidence of meningomyelocele, so patient was investigated for central cause. Thyroid profile, S.uric acid, Vit B12 was within normal limit. MRI Spine showed Pachyradionitis with myelopathic changes in dorsal spinal cord resulting in syringohydromyelia. Management of Plantar Ulcer was done by Off-loading and Behavioural modification and medication was done as advised by Child Psychiatrist. Long term care of anaesthetic feet was explained and counselling was done. Take home message is that In case of planar ulcer with anesthetic feet with bladder involvement we should think of mengigomyelocele and other causes like syringomyelia.

## 20

### Ankylosing spondylitis with muscle involvement – A case report

Touthang Alex Thangjalet, Naorem Bimol, Singh Y Nandabir

**Case:** A 38 yrs old male reported to PMR Department, RIMS with complain of pain in both the hip, knee and shoulder for the past 6 months. There was history of low back pain with stiffness which was relieved by activities. On examination chest expansion was 2cm, decreased mobility of lumbar spine, tender sacroiliac joints, wasting

of both supraspinatus, right deltoid muscle was noted. There was no significant family history. Laboratory investigations reveals HLA-B27 positive. Needle EMG, nerve conduction test and muscle biopsy of the affected muscles were normal. Radiologically erosion of the sacroiliac joints was noted. MRI Cervical spine was normal. Based on clinical examination and investigations, we diagnosed him as a case of ankylosing spondylitis

Patient was started on sulfasalazine along with exercise programme and at followed up after 3 months there was significant improvement in both pain and function.

**Conclusion:** Muscle involvement in ankylosing spondylitis is a rare occurrence. The presence of muscle atrophy can misled the diagnosis and delay the initiation of appropriate therapy. Possible explanation for the unusual muscle atrophy of this patient could be radiculitis with involvement of paravertebral muscle and partly due to inactivity.

**Keywords:** ankylosing spondylitis, muscle atrophy.

## P21

### Outcomes in paraplegics of different etiologies –A cross-sectional study

Sumalatha K B

Spinal cord lesion affects small but significant portion of population. One of the most difficult tasks is to assess the prognosis in the different types of paraplegias. There have been many studies looking at different outcomes in various types of paraplegia but only a few comparing the outcomes between each other. This study aims to know and compare the outcomes with respect to neurological and clinical improvement or worsening in paraplegias of different etiologies. We did a cross-sectional study on paraplegias of various etiologies like traumatic, transverse myelitis, Potts paraplegias etc. We assessed OPD patients who attended Dept of PMR, AIIMS and also those who were admitted as inpatients in PMR IPD with a minimum duration of one year after the onset of paraplegia. We also tried to assess the difference in the outcomes in those who were rehabilitated and those who were not. In our study we noted that the outcome varies with respect to different etiologies of paraplegias.

## P22

### Challenges in managing a dyskinetic CP in rural setting –A case report

Francis Shigy, Jose Naveen Mathew, Sankaranarayanan H

**Introduction:** Cerebral palsy is common, affecting about 2-3 per 1000 children. These children may have a motor disorder characterised by spasticity, dystonia or both. This can result in significant difficulty with activities of daily living, pain and long term joint deformity.

**Case Discussion:** 12 year old Dinesh presented with dystonic movements of the left arm and leg and significant delay in developmental milestones from early infancy five year back.

Challenges we faced in the last five years:

Medical:

- Difficulty in controlling dystonia with medical and therapeutic interventions
- Chronic malnutrition
- Dependency in ADL and mobility