

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

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**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

Social:

- Abandoned child
- Rural setting
- Environmental barriers schooling

**Conclusion:** Rehabilitation in a rural area is challenging because of these underlying causes; lack of barrier free environment, malnutrition, poor educational facility, lack of income generating activities and economical issues. In spite of these challenges currently he is able to walk independently for about 10-15 feet. He can use his toes to grasp a pencil and small objects when seated. He is studying in a formal school in 5th Standard. And he is attended by an outreach programme once in month.

## P23

### Microbiological profile of urinary tract infection (UTI) in spinal cord injured persons in a tertiary care centre—A retrospective study

Sankaranarayanan H, Jose Naveen Mathew, Zachariah Kurian, Hariharan Rajalakshmi, Francis Shigy

**Objective:** To identify the microbiological profile of UTI in spinal cord injured persons to help guide empirical antibiotic therapy

**Setting:** Dept of PMR, St. Johns Medical College Hospital, Bangalore

**Study design:** Retrospective analysis

**Methods:** Information was collected from discharge summaries of persons with SCI admitted from January 2010 to September 2012

**Conclusion:** The commonly isolated organisms were *E. coli*, *Klebsiellaspp*, *Pseudomonas spp* and *Proteus sp.*. The antibiotic sensitivity noted from the reports were not leading to any definite inferences in the subjects studied. An attempt is made to identify any possible prognosticating factors which could lead us to predict which set of patients are/will be prone to develop such infections, thereby helping us even to take preventive steps. There is a strong need for rehab experts to concertedly attack this menace in SCI population in order to improve the quality of life in such persons.

## P24

### Musculoskeletal manifestations of neurofibromatosis—A report of four cases

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The neurofibromatosis are autosomal dominant diseases that have widespread effects on ectodermal and mesodermal tissue, the commonest being neurofibromatosis type I (NF I) which is a multi-system disease caused by mutations in the NF1 gene encoding a RAS-GAP protein, neurofibromin, which negatively regulates RAS signaling. Besides neuro-ectodermal malformations and tumors, the skeletal system is often affected (e.g. scoliosis and long bone dysplasia) demonstrating the importance of neurofibromin for development and maintenance of the musculoskeletal system.

We are presenting four cases of neurofibromatosis with different musculoskeletal complications like deformities, scoliosis, flat foot, tibia vara, pseudoarthrosis of tibia, subluxation of hip and knee, plexiform neurofibromatosis involving lower extremities and discuss their relevance to the clinicians. This disorder being inheritable, genetic counseling of individuals must include these manifestations

and complications. The relentless progressive nature of disease has a significant toll on the quality of life of affected patients throughout their lives and necessitates close observation due to the possibility of modulation with further growth.

## P25

### Myositis ossificans circumscripta—A case report

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**Introduction:** Myositis ossificans circumscripta (MOC) is a form of Heterotopic ossification that is benign in nature but may appear clinically and radiologically as a malignant neoplasm. Heterotopic ossification (HO) is most commonly associated with musculoskeletal trauma, central nervous system disorders or injuries, severe burns, and elective surgery such as total hip arthroplasty. The clinical signs of HO include increased joint stiffness, limited range of motion, warmth, swelling and erythema.

**Case presentation:** A 26 year old male patient of traumatic spastic paraplegia, secondary to compression fracture of D8-D10 level. Presented with severe LBP more around right buttock with right hip movements. During investigations, the presence of large, right-sided pelvic Heterotopic ossification was noted. Diagnosis was confirmed by blood investigations, x-rays, MRI. Malignancy was excluded by bone biopsy. Case was managed conservatively, the orthosis was changed.

**Conclusion:** Patient was discharged in early July 2012 with significant improvement in pain (VAS-1) & ROM of hip with proper counselling to patient, caregivers and necessary advice for resettlement.

**Keywords:** Heterotopic ossification, Myositis ossificans circumscripta; gluteal region, traumatic, changed orthosis.

## P26

### Deltoid paralysis following herpetic axillary nerve neuropathy—A case report

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Herpes zoster infection causing motor neuropathy is rare, and axillary nerve involvement in such infection is rarely reported. Here we reported a case of deltoid paralysis following herpetic axillary nerve neuropathy. A 35 year old male came with complaints of weakness of right arm and painful rash on right arm. On examination there was dried vesiculo-erythematous rash/scar on right upper limb extending from the lateral side upper arm to dorsal aspect of forearm. Motor power of deltoid was 1/5, other muscles around the shoulder were normal. Active abduction and flexion of shoulder were limited to 15°. He was advised to take pharmacological support and to undergo regular shoulder ROM exercise and put on electrical stimulation for deltoid muscle, and to support shoulder with sling support. In a serial follow up there is a good improvement with motor recovery and the possible common complication like shoulder subluxation and muscle disused atrophy are avoided.