

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

Yadav G, Gupta A K, Agarwal A K, Sharma V P, Kumar Dileep

Dept of PMR, King George's Medical University, Lucknow, India

The neurofibromatoses 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

Neyaz Osama<sup>1</sup>, Ghosal Vasundhara<sup>2</sup>, Jhalani R<sup>3</sup>, Equebal Ameer<sup>4</sup>, Keshkar S<sup>5</sup>, Ballav Ambar<sup>6</sup>

<sup>1</sup>2nd year DNB PGT, <sup>2</sup>2nd year DNB PGT, <sup>3</sup>Asst. Director (Services), <sup>4</sup>Asst. Director (Training), NIOH, Kolkata

<sup>5</sup>Asso. Prof (Ortho), PGIMS, Kolkata

<sup>6</sup>Retd. Prof. & Head-PMR, IPGIMER, Kolkata

**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

Hmingthanmawii<sup>1</sup>, Zonunsanga C<sup>1</sup>, Singh N Romi<sup>2</sup>

<sup>1</sup>2nd year PG trainee; <sup>2</sup>Associate professor

Dept of PMR, RIMS, Imphal

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.

**Keywords:** Deltoid paralysis, herpes zoster infection, axillary nerve neuropathy, shoulder subluxation

## P27

### Demographic profile of patients with traumatic spinal cord injury admitted in tertiary care rehabilitation centre

Zonunsanga C, Chanu Asem Rangita, Hmingthanmawii, Pertin Minggam, Singh N Romi

**Objective:** To identify the demographic profile of patients with spinal cord injury (SCI) admitted in tertiary care rehabilitation centre

**Study design:** Retrospective descriptive study

**Study duration:** 1/10/11 to 30/09/12

**Setting:** PMR Department, RIMS, Imphal

**Methods:** Profiles of patients with traumatic SCI admitted in PMR ward RIMS were recorded using a structured proforma and analysed

**Results:** Among all 22 patients, 95.5% are male. The mean age is  $40.41 \pm 15.1$  years. Mean duration between date of injury and admission is  $46.77 \pm 32.66$  and median is 34.50(9-132) days. Mean duration of hospital stay is  $44.82 \pm 61.63$  and median is 20.50 (5-258) days. 72.7% are tetraplegics, C5 (59.09 %) is the most common neurological level. Fall from height is most common (50%) mechanism of injury, 36.4 % are RTA and 13.3% are direct hit on spine. 63.6% of patients develop pressure sore and sacrum (78.57%) is the most common site. 27.3% of patients were treated with surgical operation before admission. 63.6 % had UTI. 72.7% of patients had varying degree of spasticity. 54.5 % are ASIA grade A. 71.50 is the mean FIM score. Only 22.7 % underwent urodynamic study and all had hyperactive detrusor.

**Conclusion:** Majority of patients were male tetraplegics with fall from height as most common cause. More than half of patients had pressure sore and spasticity. Complete injury is commoner.

**Keywords:** spinal cord injuries, pressure sore, ASIA grade, spasticity, FIM score

## P28

### Organisms isolated from urine samples of traumatic spinal cord injury inpatients in a tertiary hospital and their antibiogram: a retrospective study

Chanu Asem Rangita, Zonunsanga C, Hmingthanmawii, Pertin Minggam, Singh N Romi

**Objectives:** To determine the antibiotic sensitivity of urine amongst traumatic spinal cord injury inpatients during admission in a tertiary hospital at Imphal

**Study Design:** A Retrospective Descriptive Study

**Setting:** Department of Physical Medicine and Rehabilitation, RIMS, Imphal

**Study Duration:** 1<sup>st</sup> January 2012 to 31<sup>st</sup> October 2012

**Materials and Methods:** All the traumatic spinal cord injury inpatients whose urine were sent for urine culture and sensitivity during admission were included in the study. There were a total of fifteen such patients. Urine culture revealing a bacterial colony count of  $10^5$  colony forming units (cfu)/ml was taken as significant bacteriuria.

**Results:** Of all 15 patients, 13(86.7%) patients had significant bacteriuria showing only Gram negative bacteria and 2(13.3%) patients had sterile urine. All the positive urine samples showed growth of only single bacteria except in 1(6.7%) patient. The most common organism isolated was E. coli which was found in 8(53.3%) urine samples. This was followed by 1(16.7%) each for Klebsiella, Klebsiella with Pseudomonas, Pseudomonas, Providentia and Enterobacter. All the organisms were sensitive to imipenem and resistant to trimethoprim-sulphamethoxazole.

**Conclusion:** Only Gram negative bacteria were isolated from the urine samples of traumatic Spinal Cord Injury inpatients of PMR, RIMS, Imphal with E coli as the most common organism. All the isolates were found to be sensitive to imipenem and again all were resistant to trimethoprim-sulphamethoxazole.

**Keywords:** significant bacteriuria, antibiogram

## P29

### Prevention of disability in trauma

Singh Nirankar

Nature of trauma and the type of disability which occurs as a direct consequence of it has been changing since the human being has come into existence. The trauma to the spine is one of the most disabling of the trauma disease.

The incidence and the type of primary disability is often a reflection of contemporary life style of the society. For thousands of years, the simple society of ours, presented a few and simple injuries due to trauma. Now we have enriched our lives through technology and increased the risk to trauma disease thousands times

The endless drive for more and more products, speed, power, comforts and leisure has created more severe problems and disabilities due to trauma disease.

Rehabilitation care includes preventive and therapeutic

The belief that Rehabilitation should commence after the termination of specific treatment, is the basis for classifying rehabilitation at tertiary level of prevention, is regrettably wide spread but obviously is a misconception.

The fact that injury to spine is no exception in getting traumatized in today's scenario of complex trauma, where the consequences of spinal injury are much more grave and disabling to the individual and the health of the nation. Therefore we must make every effort to prevent this disabling trauma disease for the better present and future health of the nation and its citizens.

Trauma rehabilitation aims at preventing trauma disease, there by trying to prevent primary disability there by preventing the secondary disability altogether in the best interest of man kind.

## P30

### Normal electrodiagnostic study is helpful to diagnose lumbosacral radiculopathy

Kataruka Mohit<sup>1</sup>, Pramanik R<sup>2</sup>, Halder R N<sup>3</sup>

<sup>1</sup>MD PGT, <sup>2</sup>Assist Prof, <sup>3</sup>Prof & HOD  
Dept of PMR, IPGMER, Kolkata

**Introduction:** In current scenario of physiatric practice, electrodiagnosis is an important tool to establish different types of neurological condition. This is an attempt to look for efficiency of