

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

Singh Yesh Veer<sup>1</sup>, Sen M<sup>2</sup>, Biswas M M<sup>3</sup>, Saha Jayant<sup>4</sup>, Chirania Anirudh<sup>5</sup>  
<sup>1</sup>2<sup>nd</sup> Year DNB-PGT, <sup>2</sup>DNB, (PMR), <sup>3</sup>MD (AIIMS), DNB, MNAMS, Sr consultant, <sup>4</sup>MD (PMR), Consultant, <sup>5</sup>1<sup>st</sup> 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 Ngampa<sup>1</sup>, Mohes A S<sup>2</sup>, Singh Th Khelendro<sup>3</sup>, Singh L Nilachandra<sup>4</sup>, Singh A K Joy<sup>5</sup>

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 Rohit<sup>1</sup>, Barman Apurba<sup>1</sup>, George Jacob<sup>1</sup>, Thomas Raji<sup>1</sup>, Mammen Suraj<sup>2</sup>.

<sup>1</sup>Dept of PMR, <sup>2</sup>Dept 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