P1  Thinking beyond TB

Tharavil Betsy Thomas, Zachariah Kuriak, Hariharan Rajlakshmi, Emmanuel Ignatius Jacob

Tuberculosis is one of the commonest infection worldwide and can affect almost any part of the body. TB spine with paravertebral abscess causing paraplegia is common in developing countries like India. Here we are presenting the case of a 32 year old gentle man who presented to us with history of low grade on and off fever followed by severe pain in paravertebral region. He also had gradual onset weakness of both lower limbs. Imaging showed destruction of L3 vertebral body with narrow edema of adjacent IV discs and L2-L4 vertebral body, with pre and para vertebral and anterior paravertebral collection causing thecal sac compression and entrapment of cauda equina s/o infective diskitis (? tuberculous). Considering TB as the commonest infective cause and the history of low grade fever he was empirically started on ATT. He was referred to us for rehabilitation and was again evaluated under us as he was planned for posterior disectomy and fixation. Investigations finally proved that “empirical TB” was Diffuse Large B cell Lymphoma.

Keywords: Potts spine paraplegia, Diffuse Large B cell Lymphoma.

P2  Nail patella syndrome—a case report

Bineesh, Soumya Viswanath, Reeba Mary Mani, Sreevevi Menon P
Department of PMR, Government Medical College, Kozhikode, Kerala

Abstract: A one year old boy, born of a non-consanguineous marriage, with no significant antenatal history and normal milestones, was brought to the Out Patients’ section of the Department of P.M.R, Government Medical College, Kozhikode, Kerala, by his mother with a gait abnormality. On examination, he was noted to have a flexion deformity of the right knee, an equinus of the right ankle, arecurvatum of the left knee and a rocker bottom left foot. Additionally, he also had dysplasia of the nails of the thumbs and index fingers of both hands. An ultrasound examination of the right knee showed a small, hypoplastics, superolaterally placed patella. The father had dysplastic nails and a subluxated radial head of the right elbow. The child was diagnosed as having Nail Patella Syndrome, also called Fong’s Syndrome or Hereditary Onycho-Osteo Dysplasia. His renal and ophthalmological parameters are being evaluated.

Keywords: Nail Patella Syndrome, dysplastic nails, displaced patella

P3  Deltoid paralysis following herpetic axillary nerve neuropathy: a case report

MS Chongreien Chiri, Minggam Pertin, Yengkhom Joinit, Romi Singh N

Abstract: 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-eryhematous 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 15o. 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 was good improvement with motor recovery and the possible common complication like shoulder subluxation and muscle disused atrophy were avoided.

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

P4  A neglected case of rheumatoid arthritis

Hafeea Tantun

Rheumatoid arthritis is a leading cause of disability. Seropositive RA is known to produce more aggressive joint damage and disability when compared to Seronegative RA.

A 72 year old lady with a very long duration (22years) of polyarthralgia on ayurvedic treatment, was admitted for left hip pain in orthopedics department and was diagnosed as secondary OA of left hip joint; advised hip replacement but patient was not willing. She was then referred to PMR for rehabilitation.

We did a detailed evaluation and diagnosed to have seronegative RA. Clinically she had multiple joint deformities, radiologically proven damages with multiple joint erosions of both large and small joints and protocia acetabulate on the left side. The patient was severely disabled, wheelchair bound and fully dependent on her ADLs. We started her on DMARDs together with analgesics and steroids as a primary step, but further rehabilitation was challenging.

Meanwhile she developed pain in her opposite hip joint also. We could alleviate her pain to a certain extent, improve her joint ROM which helped her in personal hygiene and bed mobility. We could teach her joint protection techniques.

Message: Whether it is seropositive or negative-early aggressive treatment of RA is of very much significance so that severe joint damage and crippling deformity can be prevented at a later stage. This lady is a living example of severe arthritic complications and disability of a neglected RA with far reaching implications on personal and social life.

P5  An unusual presentation of ankle swelling

Jaleela HBA

Arthritis as a presenting sign of lymphoma is extremely rare. Non-rheumatological conditions can present with musculoskeletal involvement, in particular infection and malignancy. So both needed to be excluded early in the course of disease to avoid errors in diagnosis.

A 65 year old female presented with chronic ankle swelling on the right side and pain, was admitted in our ward for rehabilitation. She was diagnosed as a case of rheumatoid arthritis and was put on dmards and other supportive measures. But there was no symptomatic relief. Rheumatology and ortho consultation was done which reveiled nothing further.

An inguinal lymph node was found unilaterally. Lymph node biopsy and biopsy of ankle was done. The report came as lymphoma. She was reffered to radiotherapy department and was put on chemotherapy. She improved dramatically.

P6  A rare case of bilateral spontaneous intracerebral hemorrhage with left hemiplegia: a rare report.

Darendrajit Longjam, Mohes Annada Sankar, Nilachandra Singh L, Joy Singh AK

Haemorrhage is responsible for around 11% of stroke syndrome.
P7 ‘Born to run’; a case report on prosthetic rehabilitation of a teenager with lower limb amelia

Naeema K, Harihara Rajalakshmi, Kurian Zachariah, Anne Mary John

Amelia, or complete absence of a limb, is a very rare congenital anomaly. Prosthetic fitting at early stage is found to be extremely important in prosthetic acceptance and usage. This is a case of a young girl with right lower limb Amelia. She was moving around by ‘bear walking’ using her two hands and left leg till the age of 5 years and started crutch walking at school. She was completely independent with the crutch and the absence of a limb did not deter her from pursuing her education. Her decision to avail a prosthesis at the age of 16, was mainly due to psychosocial and cosmetic reasons. When this teenager, with a previous history of prosthetic rejection came to us, there was a difference among the member of treating team whether or not to give the prosthesis. Considering her desire to fit a prosthesis and osteoarthritic changes in the left hip joint, it was decided to give her an artificial limb. The next difficult decision to make was to choose between a transfemoral prosthesis or a hip disarticulation prosthesis, as she had an extremely short stump with hypoplastic right innominate bone with shallow acetabulum and rudimentary head of femur. The range of movement at hip was also minimal. After detailed evaluation and discussion, we prescribed her a transfemoral prosthesis with suction socket and TES belt. The prosthesis had a single axis knee unit with pneumatic swing control system and multi axial foot. Patient was successfully fitted with this prosthesis and was trained to walk with an elbow crutch.

Keywords: Amelia, Short stump, Transfemoral prosthesis

P10 Oromandibular dystonia in traumatic brain injury–a case report

Sonu Mohan MS, Sreejith K, Sreedevi Menon P

Keywords: Oromandibular dystonia, Botulinum toxin A 34 year old man was admitted in PMR with a history of traumatic brain injury and multiple facial fractures. He was having difficulty in feeding, maintaining oral hygiene and speaking, due to Oromandibular Dystonia. After detailed evaluation and investigations, he was given botulinum toxin injection to the lateral pterygoids, digastic muscles and submentalis under ultrasound guidance, since the localisation of these muscles was difficult otherwise. The patient was also advised to do jaw-opening exercises. Other methods to increase mouth opening such as using a jaw opener, inserting wooden ice cream sticks between the teeth of the upper and lower jaws and serially increasing their number, were also tried. The patient was able to eat and speak properly after a few weeks of management. However, during the subsequent months, the dystonia recurred. Since the earlier results were good, we plan to repeat the Botulinum toxin injections with a higher dose for better results.

P11 Methotrexate induced pancytopenia in patient of rheumatoid arthritis. A case report

Yenekhom Jotin Singh, MS Chongreilen Chiru, Pertin, Minngam, Romi Singh N

Methotrexate induced Pancytopenia in patient of Rheumatoid Arthritis. A Case Report Methotrexate is the commonest disease modifying anti rheumatic drug (DMARD) used in the treatment of rheumatoid arthritis (RA). Haematological toxicity of methotrexate including leucopenia, thrombocytopenia, megaloblastic anemia and pancytopenia is uncommon and is estimated to be less than 5%. Pancytopenia is a serious adverse effect of methotrexate. Here we report a case of methotrexate induced pancytopenia in a 70 year old man diagnosed of RA presenting with weakness, pallor, bleeding gum and throat. Oral candidiasis with multiple eruptive rashes all over the trunk was present. Chest, cardiovascular and abdominal examinations were normal with BP 110/70mmHg and pulse rate 90/min. On investigation, Hb-9gm/dl, TLC-2300/ cumm, DLC N59L37M4E0, ESR 5mm/1st hour, Platelets 12,000.
Keywords: She was diagnosed as neurogenic thoracic outlet syndrome with Gilliatt nerves across the thoracic outlet on right side with features of neuropathy. Electrodiagnostic study showed delayed conduction in ulnar and median X-ray cervical region showed presence of bilateral cervical ribs. Examination showed marked wasting of intrinsic muscles of right hand. and numbness of medial aspect of right upper limb associated with which is the largest nerve in human body. The most common causes Sciatica is the pain caused by compression or irritation of sciatic nerve, Pseudotumor, Hemarthrosis, Arthropathy.

P12 Neurogenic thoracic outlet syndrome with gilliatt sumner hand – a case report

Yunnam Ningthembu Singh, Khurajam Tampahleima, Malik Amit, Nandabi Y

Abstract: A 17 year old female coming with complaints of pain, tingling and numbness of right upper limb associated with wasting of hand muscles for a duration of six months was investigated. Examination showed marked wasting of intrinsic muscles of right hand. X-ray cervical region showed presence of bilateral cervical ribs. Electrodiagnostic study showed delayed conduction in ulnar and median nerves across the thoracic outlet on right side with features of neuropathy. She was diagnosed as neurogenic thoracic outlet syndrome with Gilliatt Sumner hand and managed conservatively.

Keywords: Intrinsic hand muscles, Cervical rib, Electrodiagnostic study, Neurogenic thoracic outlet syndrome, Gilliatt Sumner hand.

P13 Pain in hemarthrosis knee, refractory to treatment–a case of pseudotumor

Anne Mary John, Rajalakshmi Hariharan, Naema K

Pseudotumor is a rare condition seen in 1-2% of the hemophilic population of the world. It results from repeated episodes of bleeding into a bone or soft tissue. Inadequate resorption results in an encapsulated area of clotted blood, which expands with successive hemorrhagic episodes eventually causing symptoms by mass effect. It can also erode bone and cause pathological fractures. The case of a 55 year old businessman with hemophilia B (factor level 1.5%) who came with pain and swelling of the right knee joint is presented here. It was managed with Factor supplementation, oral NSAIDs and opioid analgesics, RICE protocol and Pulsed ultrasound therapy. In spite of treatment for two weeks, the swelling persisted and the pain improved only marginally, preventing loading of the joint. Examination revealed a warm and tender joint with severe restriction of active and passive range of movement with no quadriiceps contraction. Imaging studies including X-ray, CT and MRI were done and a diagnosis of hemophilic arthropathy with pseudotumor was made. After aggressive treatment for 2 more weeks, the patient was able to walk with the aid of a walker. Early diagnosis, treatment and follow up are crucial in determining the management of the condition to reduce the morbidity associated with it.

Keywords: Pseudotumor, Hemarthrosis, Arthropathy.

P14 Calcinosis cutis causing extra spinal sciatica – a case report

Diana CG

Sciatica is the pain caused by compression or irritation of sciatic nerve, which is the largest nerve in human body. The most common causes of sciatica are spinal disc herniation, degenerative disc diseases, spondylolisthesis, pyriformis syndrome etc. Here we report the case of a 65 year old lady with long standing radiating pain and paraesthesia of the right lower limb who presented to the Department of PMR, Medical College Trivandrum and was later worked up and managed.

Sixty five year old lady with no comorbidities presented with long standing pain and paraesthesia of right lower limb. Her symptoms were not controlled by conservative management. On detailed physical examination an indurated area was noted on her right gluteal region which on radiological evaluation was found to be calcification. Since her symptoms aggravated on the sitting posture, a possibility of the calcified area causing neural compression was considered. Detailed radiological investigation was done and the calcified area was excised .The specimen was sent for histopathological examination and the HPR came as calcinosis cutis. Following surgery the patient’s symptoms came down and she became totally asymptomatic.

P15 Carpal coalition

Maheswar Vijn

Carpal coalition syndrome is a rare, inherited bone disorder that affects the hands, resulting from incomplete cavitation of a common embryologic carpal precursor during the fourth to eighth weeks of intrauterine life.

Case: A 44 year old female homemaker presented with pain in right elbow of 1 week duration radiating to hands. On examination, Cozen’s test was positive and there was mild restriction of movements due to pain. The patient was managed with anti inflammatory and analgesic drugs and advised rest. After two weeks the patient presented with much relief in the elbow. However on examination, there was restriction in motion in both the wrists though painless. On radiological evaluation it was found that the woman had bilateral carpal synostoses. This is a case report of the same as it is a rare entity.

Conclusion: Carpal coalition can present later in life (45 years old in this case) with only a mild restriction of range of motion which may be asymptomatic as it might not cause severe compromise in Activities of daily living.

P16 A case of untreated Meningomyelocele

Minu C Shankar, Gafoor Abdul

Meningomyelocele is the most common congenital anomaly of central nervous system. It is the second most common disabling condition in childhood following cerebral palsy. Its management consist of early closure of spinal defect and appropriate shunting of hydrocephalus. Nowadays we rarely see untreated cases of meningomyelocele. Here we report a case of a five year old female child who presented with a cystic swelling over the lumbosacral region to Department of PMR, Medical college, Trivandrum. Five year old girl presented with a cystic swelling, which was present at birth, gradually increasing in size. It was covered by skin. Her development was normal till one year. Gradually she developed weakness of lower limbs with features of spasticity. It progressed to hip and knee flexion contractures and equinus deformity bilaterally. Bowel and bladder remains spared. She is ambulant with bunny hopping. At birth the child was advised surgery which was not done as her parents were not willing. Later due to poor follow up weakness of lower limb was not detected initially. She presented to us with deformities. This case shows the importance of timely neurosurgical intervention. There might have been a more satisfactory preservation of muscle innervation if immediate surgery was done.
P17 Macrodystrophia lipomatosi of the foot: A case report

Saikia Priyanka, Gaur Anil K

Introduction: Macrodystrophia lipomatosi is a rare congenital disorder characterized by localized gigantism due to progressive overgrowth of all mesenchymal elements of a digit with a disproportionate increase in the fibro-adipose tissues.

Case Report: A 19-year-old boy reported to get the deformity of his right foot managed as he had been facing mechanical discomfort during walking. The boy had a large right foot with predominant enlargement of big toe such that the other normal part of the foot looked very small in comparison. Patient’s mother had brought him for management of his mechanical problems and difficulty in wearing footwear. The patient did not have any associated pain or sensory deficit. The X-rays showed increased soft tissue in the form of increased translucent area due to presence of fat. There was enlargement of phalanges and the metatarsal along with widening of the distal end of the metatarsal. Both the ends of proximal as well as distal phalanges were widened giving mushroom like appearance. The articular surfaces were irregular. Since the mother did not want any surgical intervention, the boy was educated about foot care, need for follow up in case of recurrent injury and proper footwear design.

Conclusion: Macrodystrophia lipomatosi is the progressive enlargement of soft as well as bony tissues leading to cosmetic and mechanical problems. The management for both the problems is surgical debulking, the results of which may not be always satisfying.

Keywords: macrodystrophia lipomatosi; rare congenital anomaly; localised gigantism.

P18 Femoroacetabular impingement – a cause for osteoarthritis of hip

Steffi Andrat

Introduction: Femoroacetabular impingement (FAI), first described in the 1990s, and has been increasingly recognized as a source of hip pain and dysfunction. FAI is not a disease per se but rather a pathomechanical process by which the human hip can fail. Today, evidence has emerged suggesting that FAI may instigate osteoarthritis (OA) of the hip and adults with groin pain might be successfully treated by addressing FAI.

Clinical presentation: Most often there is anterior or anterolateral hip pain that refers to the groin and occasionally radiates down the anterior thigh. The hip pain is increased in positions and activities requiring hip flexion and/or internal rotation such as sitting and squatting. Patients may use the “C sign” and grasp the affected hip with their hand indicating both anterior and posterior hip pain. Pincer-type is more common in women and often presents as activity-related groin pain which acts as a warning sign, causing pincer-type patients to seek earlier management before significant chondral damage occurs. Cam type, which is more common in young males, usually present with significant chondral injury by the evaluation time they present for symptomatic.

Pathogenesis: The exact pathogenesis of FAI is not known. Morphological abnormalities of the proximal femur and/or acetabulum result in abnormal contact between the femur and acetabulum during hip motion, especially during flexion and internal rotation. In cam FAI (A, B), there is decreased offset at the femoral head/neck junction. With flexion and internal rotation, this aspherical portion of the femoral head produces shear forces at the cartilage/labrum transition zone causing damage to the peripheral cartilage. In pincer FAI (C, D), there is a local or global acetabular overcoverage. As the hip is flexed the femoral neck abuts the anterosuperior acetabular rim, crushing the labrum.

Imaging modalities: On conventional radiology, key acetabular features on the AP film include the presence of a deep or shallow socket (dysplasia, coxa profunda, protrusio) and an assessment of acetabular version (anteverted, retroverted, focal or global). Key femoral measurements include head sphericity, neck-shaft angle, alpha angle and offset ratio. Magnetic resonance (MR) arthrogram with cartilage sequences are used to determine the extent of existing cartilage injury, assess for labral pathology and to identify subtle signs of impingement such as fibrocartilaginous changes at the head neck junction, formerly named herniation pits. CT can be used as adjunct to assess for structural abnormalities.

Case report: 48-year-old Bhori Devi presented with a 5-month history of left groin pain that began insidiously. Physical examination was consistent with the diagnosis of FAI. CT scan hip joint revealed marginal osteophytes in bilateral hip joint with disproportional narrowing of posterosuperior quadrant. MRI both hip joint showed inward signal intensity, fluid collection in left trochanteric bursa (greater trochanter) extending into the adjacent muscle plane. Intra-articular ultrasound guided injection of Ropivacaine and methyl Prednisolone acetate provided relief of her symptoms. Patient was managed conservatively with stretching of the hip in extension and lateral rotation.

Conclusion: FAI represents a less explored diagnosis for adults with hip pain, an opportunity for advanced imaging, and perhaps most tantalisingly, the possibility of altering the natural history of degenerative joint disease and limiting progression to endstage osteoarthritis. With the explosion of recent interest in FAI, there are many controversies and unresolved issues that will be the targets for research over the next decade.