

## Poster Abstracts

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### P-1

#### Ultrasound Guided Aspiration of A Ganglion Causing Carpal Tunnel Syndrome

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A 57 year old male presented with pain and numbness over the right 3 lateral fingers. On examination, a swelling was found over the volar aspect of the right wrist. An ultrasonographic examination of the swelling revealed it to be a ganglion compressing the median nerve, which was aspirated. Intralesional triamcinolone was given, following which patient had complete resolution of symptoms.

**Key words :** Carpal tunnel syndrome, ganglion, ultrasound-guided aspiration, intralesional triamcinolone.

### P-2

#### A Sinister Cause for Cervical Brachialgia

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A 55 year old lady presented with 4 years' duration of radiating paresthesia and occasional pain of the left upper limb. Detailed examination showed a small swelling on the left side of the neck in the supraclavicular area. Tinel's sign was positive. There was no motor or sensory involvement. The patient was treated on an outpatient basis. USG was done which showed normal brachial plexus on the right side. The left side showed an oval swelling lying lateral to the subclavian artery with a hypoechoic area with hyperechoic septations.

**MRI Report:** Well-defined, altered-signal intensity lesion, posterosuperior to clavicle in relation to brachial plexus shows hypo-intense in T2 and T1WI, hyper-intense in T2& STIR images, showing heterogenous contrast enhancement. A neurogenic tumour in relation to brachial plexus is most likely at level of lesion.

**Key words:** Brachial Plexus, Tinel's Sign, Swelling, Supraclavicular area.

### P-3

#### An Unusual Presentation of Foot Drop

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A 27 year old agricultural worker presented with weakness of the right lower limb with distal involvement more than proximal, but ambulating unassisted. He was previously diagnosed to have a right iliac fossa mass from which biopsy was done which showed caseating granulomatous lesion. He was on ATT when he reported at PMR.

While in the rehabilitation ward, the weakness of his right lower limb progressed rapidly. The patient was showing a high stepping gait with footdrop and weight loss. Abdominal palpation showed a fixed firm mass in the right iliac fossa and right lumbar region. Re-

investigation of the abdominal mass was done with USG and CT. The possibilities of Multidrug Resistant TB or a coexistent retroperitoneal mass (like lymphoma) were considered. The previous histopathology slides were reviewed and diagnosis of tuberculosis was reconfirmed. Further investigation with MRI showed a retroperitoneal mass compressing the lumbar plexus. Repeat open biopsy showed a Peripheral T cell lymphoma confirmed by immunohistochemistry. An AFO was given for the right lower foot. The patient was then referred to surgical oncology. Now the patient is receiving treatment for lymphoma and the ATT has been completed as per the DOTS schedule.

**Keywords :** Foot drop, Peripheral T Cell Lymphoma, Tuberculosis.

### P-4

#### Do Pressure Ulcers Need A Second Look?

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A 30 year old male who is a known case of traumatic paraplegia (ASIA-A) following fracture of T3 & T4 spine of 8 years' duration, was referred to PMR from palliative care for management of chronic pressure ulcer on the right trochanteric area. History revealed occurrence of recurrent fever, headache, profuse sweating, fluctuations in blood pressure for all of which he was being managed as having autonomic dysreflexia. Examination showed 8 x 5 cm sized ulcer over the right trochanteric area, with profuse discharge. The hip capsule was visible. Increased external rotation of hip was noted on the right side. X ray pelvis with both hips showed destruction of the right femoral head. CT showed chronic psoas abscess on the right side, which was aspirated under USG guidance & sent for AFB culture which turned out to be positive. MRI showed granulomatous lesion in the spine. The patient was started on ATT & he became symptomatically better. This case shows the importance of detailed evaluation in patients presenting with chronic pressure ulcer along with systemic features and recent worsening of symptoms.

**Key words:** chronic pressure ulcer, caries spine, detailed evaluation.

### P-5

#### Low Back Pain – A Pandora's Box

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A middle aged female who was under treatment for Chronic Low Back Pain which was diagnosed as Degenerative Disc Disease by various other departments for more than 10 years, was sent to PMR for physical modality (deep heat therapy). Detailed clinical examination showed no significant findings. Her X-ray showed a lytic lesion in the sacral area which on MRI showed Sacral Chordoma which was excised en bloc, and this finally resulted in relief of symptoms.

**Key words:** low back pain, chordoma, resection, rehabilitation.

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P-6

**Rehabilitation Challenges in A Quadruple Amputee – A Case Report**

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Mrs K presented to the OPD of NIOH, Kolkata with quadruple amputation to obtain artificial limbs. History revealed she had undergone hysterectomy (TAHBSO) which led to sepsis followed by distal symmetrical progressive gangrene leading to amputations. Examination revealed that she had right wrist disarticulation, left transradial, and bilateral transtibial amputation. There was restriction of ROM in both upper limbs and bilateral genu valgum. She was fully dependant in mobility, transfers and ADL.

**Objective:** To take the challenges of making the patient functionally independent and socially acceptable.

**Method:** Rehabilitation programme was initiated where she was provided medical management, psychological and social support

with intervention from physiotherapy, occupational therapy, prosthetics and orthotics.

**Result:** At three months there was significant improvement with an increase in her FIM score and ROM of the joints of the residual limbs. She was provided assistive devices and temporary prosthesis with PTB socket with supracondylar suspension with soft inner lining with adjustable uprights with rocker bottom foot and cosmetic exoskeletal BE prosthesis with mechanical hand, flexible elbow hinges, Bowden cable system and figure of 8 harness. But after repeated surgical exploration there was a persisting ulcer of the right residual limb causing hindrance to prolonged prosthetic use. A wedge osteotomy has been planned following which a definitive lower limb prosthesis may be given. Conclusion - quadruple amputation is a catastrophic event that cripples an individual psychologically and functionally. With a well designed rehabilitation programme we can restore the person to her optimal place in the society.

**Key words:** quadruple amputation, distal progressive symmetrical gangrene, dependence in ADL, prosthesis.

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