



1: Osteoid osteoma of the coronoid process tip. [Epub ahead of print]

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Osteoid osteoma is a small, benign, and painful tumor most commonly affecting the extra articular portions of the long bones, especially the femur and tibia. It has characteristic manifestations (pain, more often at night, responding to salicylates) and typical x-ray image (a nidus with a small radiolucent area within an extensive reactive cortical thickening). The localization in the elbow at the juxta articular level shows an atypical picture that causes both diagnostic and therapeutic problems.

We present a case of an exceptional osteoid osteoma localized in the tip of the coronoid process just beneath the cartilage joint of the elbow. The nidus was removed successfully by en bloc resection under CT guidance.

[Article in English]

2: An unusual complication of pubic exostosis.

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We report the case of a left superior pubic ramus osteochondroma occurring in a 29-year-old man. The patient consulted for a multiple exostoses disease revealed by a painful induration at the base of his penis. This induration was increasing in volume and causing discomfort during sexual intercourse and when sitting for a prolonged period of time. CT-scan examination showed a pedunculated osteochondroma of the left superior pubic ramus compressing the urethra. Surgical resection of the tumor confirmed the diagnosis of osteochondroma. At a 2-year follow-up delay, all symptoms had regressed with no evidence of recurrence.

[Article in English]

3: Idiopathic tumoral calcinosis.

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Acta Orthop Belg 2008; 74:837-45.

Idiopathic tumoral calcinosis is an unusual benign condition characterized by the presence of calcified soft tissue masses of varying size around the joints. In this retrospective study, clinical data and radiological features of nine cases of idiopathic tumoral calcinosis are reviewed. Imaging features, particularly magnetic resonance imaging findings are detailed.

[Article in English]

4: Imaging of chest wall infections. [Epub ahead of print]

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Skeletal Radiol. 2009 Jan 30.

A wide variety of infections can affect the chest wall including pyogenic, tuberculous, fungal, and some other unusual infections. These potentially life-threatening disorders are frequent especially among immunocompromised patients but often misdiagnosed by physical examination and radiographs. The purpose of this article is to describe the clinical and imaging features of these different chest wall infections according to the different imaging modalities with emphasis on ultrasound (US), computed tomography (CT), and magnetic resonance imaging (MRI). The outcome of chest wall infection depends on early diagnosis, severity of the immunosuppression, offending organism, and extent of infection. Because clinical findings and laboratory tests may be not contributive in immunocompromised patients, imaging plays an important role in the early detection and precise assessment of the disease. US, CT, and MRI are all useful: bone destruction is more accurately detected with CT whereas soft tissue involvement are better visualized with US and MRI. CT and US are also used to guide percutaneous biopsy and drainage procedures. MR images are helpful in preoperative planning of extensive chest wall infections.

[Article in English]

5: Combined fracture of the distal radius and scaphoid in children. Report of two cases

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The authors report two cases of concomitant scaphoid and distal radial fractures, a rare combination of lesions in children. The first case was in a 14-year-old boy who presented a midscaphoid fracture associated with a distal forearm fracture. The second case concerned a 13-year-old boy who presented a midscaphoid fracture associated with a Salter type II distal radial fracture. Both fractures were reduced under general anaesthesia. The total period of immobilisation was 3 months, using a large arm thumb cast. Associated scaphoid fractures should be suspected with all types of distal forearm injuries in children. Reduction of the radius fracture should be done carefully to avoid possible displacement of the scaphoid fracture.

[Article in French]

6: Periosteal chondrosarcoma.

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AJR Am J Roentgenol. 2009 Jan;192(1):W1-6.

OBJECTIVE

The purpose of this article is to identify the typical imaging features of periosteal chondrosarcoma on radiography, CT, and MRI.

CONCLUSION

Periosteal chondrosarcoma is a rare low-grade malignant cartilaginous tumor arising from the external surface of bone. Imaging features are often specific. Recognizing periosteal chondrosarcoma and differentiating it from other surface tumors is of capital importance because the prognosis is excellent after adequate local surgery alone.

[Article in English]

7: Tramadol as an adjuvant to lidocaine for axillary brachial plexus block.

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Anesth Analg 2009; 108:367-70.

BACKGROUND

In this prospective randomized study, we evaluated the effect of tramadol as an adjuvant to axillary block.

METHODS

We studied 102 patients scheduled for hand surgery under axillary block with lidocaine 1.5% (epinephrine 1/200,000) and the addition of either 4 mL saline (control group), 100 mg tramadol and 2 mL saline (TL group), or 200 mg tramadol (TH group). RESULTS: Onset time was longer in the TH group, 16 +/- 7 min (9 +/- 3 min in control group; P = 0.01). Sensory block and time for first

rescue analgesia were significantly prolonged in the TH group compared with both TL and control groups (265 +/- 119 min vs 190 +/- 87 min vs 126 +/- 48 min; P = 0.018); (734 +/- 434 min vs 573 +/- 516 min vs 375 +/- 316 min; P = 0.02).

CONCLUSIONS

The benefit of block prolongation associated with the addition of 200 mg tramadol to lidocaine during axillary block is limited by the slow onset of the block.

[Article in French]

8: Lipoma arborescens of the knee.

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J Clin Rheumatol 2008 Dec;14(6):370-2.

[Article in English]

9: Study of the postural profile and spinal static for menopausal-women with chronic low back pain.

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Ann Readapt Med Phys 2008; 51:619-29.

OBJECTIVES

To study postural and spinal static modifications associated with chronic low back pain in menopausal women.

METHODS

Clinical appreciation of static spinal profile in sagittal plane; postural evaluation on the Balance Master Neurocom force platform by the modified clinical test for the sensory interaction on balance (modified CTSIB test); Radiological evaluation of spinal and pelvic parameters as well as the sagittal profile according to the Roussouly classification.

RESULTS

Spinal curves clinical measurement and the sway velocity of the pressure center on the Balance Master Neurocom do not show significant difference between the two groups. While the pressure center position in the anteroposterior axis shows significant difference between the two groups (p=0.02) with a more backwards projection found in chronic low back pain subjects. Radiological evaluation shows sagittal shelter significantly superior, sacral slope significantly lower and the type 1 of lumbar lordosis more frequent in chronic low back pain women compared to healthy women.

DISCUSSION-CONCLUSION

In menopausal women, chronic low back pain seems to



be associated with lower sacral slope, the type 1 of lumbar lordosis more frequent and behindly projection of pressure center.

[Article in French]

10: Bone mineral density of young boy soccer players at different pubertal stages: relationships with hormonal concentration.

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Joint Bone Spine 2009; 76:63-9.

OBJECTIVES

To examine the effects of soccer in relation with the hormonal concentration, on the bone mass of young Tunisian players at different pubertal stages.

METHODS

Two groups of 152 young boys (age: 13.3±0.9 years) participated in this study: (1) 91 soccer players, and (2) 61 non-athletic boys used as control subjects. The bone mineral density (BMD) and the bone mineral content (BMC) were measured by dual-energy X-ray absorptiometry (DXA). Pubertal stages were assessed, and serum concentrations of insulin-like growth factor-1 (IGF-1), insulin-like growth factor binding protein-3 (IGFBP-3), growth hormone (GH) and the total testosterone were measured.

RESULTS

The BMD and BMC for whole body, lumbar spine, femoral neck, pelvis and lower limbs were higher in soccer players than in controls ($p < 0.001$). In early puberty, the soccer players also exhibited significantly greater BMD and BMC in the whole body and in weight-bearing bones compared with the controls ($p < 0.001$). However, there was no intersubject variability due to puberty in either BMD or BMC. The pubescent soccer players had significantly higher hormonal concentrations of IGF-1 and IGFBP-3 than their counterpart controls ($p < 0.05$). Moreover, the whole body BMD was significantly ($p < 0.001$) correlated with GH, IGF-1 and IGFBP-3 but not with the testosterone concentrations.

CONCLUSION

The soccer participation of boys is generally associated with the improvement of their bone mass which is mainly marked at early and late puberty. The relationships between somatotrophic axis hormones and BMD of the players may be linked to the parallel development of these two parameters during puberty.

[Article in French]

