



### 1- Magnetic resonance evaluation of acetabular residual dysplasia in developmental dysplasia of the hip: a preliminary study of 27 patients.

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Thirty-one hips in 27 young girls, treated for developmental dysplasia of the hip in the authors' institute since 2003, showed persistent radiographic evidence of residual acetabular dysplasia. These hips were registered as candidates for pelvic osteotomy. A prospective study was conducted and these hips were evaluated by magnetic resonance imaging (MRI); the average age of the patients was 5 years. MRI measurement of acetabular angle and acetabular head index in 2 different landmarks (bone and cartilage) was performed. The results were correlated with plain radiographic film evolution. MRI studies revealed sufficient cartilaginous acetabular coverage in 27 hips, cartilaginous acetabular dysplasia in 2 hips, and short acetabulum in 2 others. The 27 hips with thick cartilage of the acetabular roof were subsequently followed up by plain radiographs. The average follow-up period was 2.1 years. The authors observed a spontaneous progressive ossification of the cartilaginous acetabular roof in all the 27 cases. In 4 cases, the correction of the acetabular angle was complete. They concluded that MRI promotes more accurate selection of patients for pelvic osteotomy and aids in the choice of the most appropriate type of osteotomy. Clinical imaging examples are presented and need to be further evaluated.

### 2- Screening for deep venous thrombosis after idiopathic scoliosis surgery in children: a pilot study.

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#### BACKGROUND

Venous thrombosis remains an uncommon disorder in childhood. However, the incidence appears to be increasing for a multitude of reasons. The aim of the study was to detect asymptomatic deep venous thrombosis and prothrombotic diseases in nonsyndromic children undergoing scoliosis surgery.

#### METHODS

A prospective study including forty successive teenagers scheduled for posterior spinal fusion. Patients with scoliosis with a history of hemoglobinopathies, cardiac defects, blood clots, early onset osteoporosis, as well as patients with skeletal dysplasias and nonskeletal dysplastic syndromic entities have been excluded. The protocol was designed for active screening of deep venous thrombosis using color Doppler ultrasonography on a day before surgery and repeated on the 3rd, 7th and 15th day postoperatively. Evaluation of prothrombotic disorders included antithrombin and protein C activities, and total protein S antigen level.

#### RESULTS

No patient has manifested clinical symptoms of venous thrombosis in our study. Preoperative Doppler and ultrasound examinations were normal in all patients. Although repeated Doppler ultrasonography demonstrated a transient small clot in two patients. Congenital antithrombin deficiency of 5% has been observed in one child only, without the development of deep venous thrombosis.

#### CONCLUSION

Thromboembolic event seems to be rare after scoliosis surgery. Prophylaxis for venous thrombosis should not be recommended in such patient. But, larger series are required to confirm such results.

### 3. Etiological profile of digital necrosis of the upper limbs: analysis of 25 cases.

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#### AIM

To investigate the etiologies of the upper limb digital necrosis based on a retrospective analysis of 25 cases.

#### PATIENTS AND METHODS

We retrospectively reviewed the medical records of patients treated for digital necrosis of the upper limb in four departments of internal medicine from January 1997 to December 2003.

#### RESULTS

There were 16 women and nine men, mean age 55 years. Eleven patients were smokers. Raynaud's phenomenon was noted in 12 cases. Connective tissue diseases were the most common



cause (nine cases), all of them were women. The second cause was atherosclerosis (five cases) and Buerger's disease (five cases). In the other cases, the following diagnoses were found: vasculitis (three cases) and neoplasm (two cases). No cause could be identified in one female smoker.

## CONCLUSION

Digital necrosis is a common symptom, revealing a vascular pathology. Its causes are diverse. In women, it first suggests a connective tissue disease whereas in men, a diffuse arteriopathy. The etiological diagnosis strategy should consider drug intake, anamnesis and Raynaud's phenomenon history. However, in all cases the etiology investigations should not delay the treatment in order to preserve functional prognosis.

### 4- Paraparesis and fever in a Tunisian woman: cryptococcal spondylitis with spinal involvement.

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Cryptococcus neoformans is a ubiquitous yeast that causes opportunistic infections mainly involving the central nervous system. Cryptococcoma is a rare entity characterized by a solid, tumor-like mass that is usually located in the cerebral hemispheres or cerebellum. Spinal involvement is rare with only 6 cases reported in literature. Bony involvement is also a rare occurrence that has been observed in only 5 to 10% of reported cases of infection by Cryptococcus neoformans. The purpose of this report is to describe a case of paraplegia due to cryptococcal spondylitis with spinal cord involvement in an HIV-seronegative patient with a history of systemic sarcoidosis. Diagnosis was achieved by histological examination of the surgical specimen.

### 5- Parasacral sciatic nerve block: new approach

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## INTRODUCTION

The usual technique of parasacral sciatic nerve block seems an approach easily achieved, however, the ischial tuberosity is difficult to palpate. The purpose of the study was to propose new skin landmarks improved by an anatomical and clinical study.

## PATIENTS AND METHODS

Three cadaver dissections made previously have shown that our skin landmarks appeared correct. Twenty consenting patients, ASA I to III, proposed for lower limb surgery, were included in this descriptive and prospective study. The patient was positioned in the Sim position. A line was drawn between the anterior superior iliac spine (ASIS) and the sacral hiatus (HS). A second line was drawn from the posterior superior

iliac spine (PSIS) and perpendicular to the 1st line. The puncture site (P) was the intersection of these two lines. At point P, the needle was inserted perpendicularly to the skin. Twenty milliliters of a mixture of lidocaine 2% and bupivacaine 0.5% were injected after obtaining an appropriate motor response. Sensory block was assessed 30 minutes after performing block in the territories of the tibial nerve, peroneal and posterior cutaneous of thigh. Parasacral block success was defined by the extension of sensory block in the territories of the tibial and fibular nerves. Complications were noted. An independent observer recorded: the time to perform blocks, the depth of the sciatic nerve, the number of needle redirections, the quality of nerve block of patient, and patient satisfaction.

## RESULTS

The success rate was 95% (19 of 20 cases). Seventy-five percent of blocks were performed by residents on training. The point P was determined at the first attempt. The time required to perform the block was 3 + or - 1.7 min and depth of the sciatic nerve was 81 + or - 17 mm. The rate of patient satisfaction was 85%. One vascular puncture was observed. We have not noted other complications.

## DISCUSSION

Access to the sciatic foramen appears to be facilitated by these new surface landmarks, which are simple and reliable. Our new skin landmarks seemed valid for all morphotypes.

### 6- Iliopsoas abscess: a rare complication of pyogenic sacroiliitis in a child.

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Pyogenic sacroiliitis is a rare entity in children. Diagnosis is often delayed because of its variable clinical presentation, low suspicion by the examining physician, and rare findings on radiographs. Delayed diagnosis, however, results in complications such as iliopsoas abscess. We report the case of a 12-year-old girl hospitalized with a 21-day history of fever, pain in the left iliac fossa, and flexion contracture of the hip. On examination, she had fever (38.9 degrees C), psoriasis, localized tenderness at the left sacroiliac joint, and pain elicited by lateral compression of the pelvis. The abdominal examination was normal. The erythrocyte sedimentation rate was 130 mm in the first hour, C-reactive protein was 186 mg/l, and the white blood cell count was 18,400/mm<sup>3</sup>, with 79% neutrophils. Urinalysis was normal. Blood cultures were negative. Radiographs of the pelvis showed irregular left sacroiliac borders. The CT scan provided the diagnosis of sacroiliitis complicated by an iliopsoas abscess. Treatment was based on antibiotic therapy associated with surgical drainage. Bacteriologic investigation revealed Staphylococcus aureus. The patient's temperature returned to normal on the second day. Antibiotics were continued for 3 months, leading to full recovery.

