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1. Correlations among clinical, radiographic, and sonographic scores for enthesitis in ankylosing spondylitis.

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Joint Bone Spine 2011 May; 78(3):270-4.

OBJECTIVES

To look for correlations among clinical, radiographic, and sonographic scores for enthesitis in patients with ankylosing spondylitis (AS).

METHODS

Prospective study of 60 patients meeting modified New York criteria for AS. The clinical evaluation relied on the BASDAI, BASFI, and ASQoL and on a visual analog scale (VAS) for entheseal pain, as well as on two specific enthesitis indices, the Maastricht Ankylosing Spondylitis Enthesitis Score (MASES) and the Spondyloarthritis Research Consortium of Canada Enthesitis Index (SPARCC). Radiographs and ultrasound scans were taken of five entheses on both sides (patellar insertion of the quadriceps tendon, proximal and distal insertions of the patellar tendon, and calcaneal insertions of the Achilles tendon and superficial plantar fascia). Ultrasound scans were obtained using a Philips HD 11™ machine with a high-frequency linear probe.

RESULTS

We studied 48 men and 12 women with a mean age of 36±11 years. The radiographic score correlated with the VAS pain score, BASDAI, and BASFI. The sonographic score for acute enthesitis correlated only with the MASES, and the sonographic score for chronic enthesitis correlated with none of the clinical scores. The Doppler score correlated with the VAS pain score, BASDAI, BASFI, and ASQoL. The overall sonographic score correlated with the MASES and SPARCC.

CONCLUSION

Good correlations were found between the clinical and sonographic scores for enthesitis. The radiographic score seemed correlated with the general AS parameters rather than with the clinical scores. Larger studies are needed to better define the role for radiographs and sonography of the entheses in the diagnosis of AS and follow-up of treated AS patients.

2. Operative management of nonunion scaphoid fracture in children: a case report and literature review.

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Musculoskelet Surg. 2011 Apr;95(1):49-52.

Scaphoid fractures are uncommon in children, but if maltreated, they can result in nonunion. The authors report a case of left scaphoid nonunion in an 11-year-old boy. The operative management of this pseudarthrosis was performed (K-wire fixation and bone grafting of scaphoid). After a 10-month follow-up period, the left wrist regained a full range of motion with no impairment. The roentgenograms showed union of the scaphoid. Surgical management of scaphoid nonunion fractures in children offers successful fusion, with very low nonunion rate and patient's satisfaction.

3. An unusual Monteggia type I equivalent fracture: a case report.

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Arch Orthop Trauma Surg. 2011 Jul;131(7):973-5.

We report an unusual case of a type I Monteggia equivalent lesion in a 6-year-old girl consisting of fracture of the ulnar diaphysis and fracture of the neck of the radius without dislocation of the radial head. Manual reduction and immobilization in a plaster cast were performed. At 10 years of follow-up, the patient had regained full flexion and extension of the elbow, and nearly full pronation and supination. In the literature, this lesion has been reported only in two paediatric patients indicating that this is an extremely rare trauma.

4. The scaphocapitate fracture syndrome: report of a case and a review of the literature.

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Musculoskelet Surg. 2011 Mar 4. [Epub ahead of print]

The Fenton's syndrome or scaphocapitate fracture syndrome has been described since 1950. This severe and uncommon injury occurs after a high-energy trauma of the wrist. This syndrome associated the fractures of the scaphoid and capitate, with a rotation of 90° or 180° of the proximal fragment of the capitate. The diagnosis is determined by careful physical and radiological examinations, including conventional radiographs. Computed tomography can be helpful in detecting such lesions. We report one case of Fenton's syndrome that occurred after a high-energy trauma in a 22-year-old male. We discuss the mechanisms of the injury and the results of treatment.

5. Congenital infantile fibrosarcoma of the forearm.

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Chir Main. 2011 Apr;30(2):148-51.

Congenital infantile fibrosarcoma is a rare soft tissue neoplasm in the infant of which only a few cases are reported as congenital. This tumor has a rapid growth and extensive local invasion, but metastasis rarely occurs. Distal extremities involvement is more common and metastasis are rare. We report a case of a congenital infantile fibrosarcoma of the forearm, which was initially confused with a hemangioma, treated successfully by surgical resection.

6. Unusual combined fracture dislocation of the wrist and metacarpophalangeal joints: a case report and review of the literature.

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Chin J Traumatol. 2011 Apr 1;14(2):123-5.

Volar perilunate fracture dislocation is an extremely rare carpal injury, but associated with metacarpophalangeal joint dislocation of both the ipsilateral index and middle finger has never been reported. We report one case of a 28-year-old man following a high-energy trauma. After performing closed reduction of the metacarpophalangeal joint injury, open reduction of the wrist injury through volar approach was done, and a K-wire fixation was used to stabilize the scaphoid fracture and lunotriquetral joint. After a 16 months?follow-up period, the wrist regained a full range of motion without symptoms, and the fractured bone was strengthened in a good position.

7. Glomus tumour of fingertip: report of eight cases and literature review.

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Musculoskelet Surg. 2011 Apr 16. [Epub ahead of print]

Glomus tumour is a rare, benign, soft-tissue tumour. Eight patients with eight histologically confirmed glomus tumours have been operated within the past 10 years. The median age at the time of diagnosis was 40 years. The tumour was located in the fingertip in all cases. The evolution ranged from 1 to 7 years. Clinically, the paroxysmal pain was usually characterised. Imaging findings were helpful in diagnosis. In post-operative, there was an immediate pain relief. No recurrence was observed during the last follow-up period of 4 years and 10 months.

8. Giant cell tumour of the flexor tendon sheath of the hand: analysis of 27 cases.

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Musculoskelet Surg. 2011 Jun 15. [Epub ahead of print]

Giant cell tumour of the tendon sheath (GCTTS) is a slowly progressing benign tumour arising from synovial cells of tendon sheaths. It is one of the most common soft tissue tumours in the hand. We report a retrospective study of 27 proven GCTTS of the hand. The mean length of follow-up was 4.5 years (17 months-8.5 years). Radiographic findings are useful and may prove of great diagnostic value. The positive diagnosis was provided by the pathology examination after complete excision that was performed in all patients. The recurrence was noted in two surgically managed cases. The excision should be meticulous and complete in order to avoid recurrence.

9. Sciatica in a Tunisian teenager: pelvic hydatid cyst.

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Med Trop (Mars). 2011 Feb;71(1):87-9.

The purpose of this report is to describe the case of a 13-year-old boy presenting typical sciatica leading to the discovery of primary pelvic hydatid cyst extending to the ischiatic bone. Diagnosis was suspected based on echography and magnetic resonance imaging and confirmed by surgical exploration.

10. Dysplasia epiphysealis hemimelica: a report of four cases.

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Foot Ankle Surg. 2011 Mar;17(1):37-43. Epub 2009 Apr 2.

Dysplasia epiphysealis hemimelica (DEH), also known as Trevor's disease, is a rare congenital skeletal developmental disorder in childhood. It is characterized by an asymmetric osteocartilaginous overgrowth arising from epiphyses or epiphyseal equivalents. Lesions have hemimelic topography, usually occur in the lower limbs, most commonly in the ankle and the knee and affect either the medial or lateral part of one epiphysis.

OBJECTIVE

The purpose of this study is to describe the imaging features of DEH by reporting four cases.

MATERIALS AND METHODS

We present four cases of DEH in one female and three males aged between 7 and 15 years. Lower limb is involved in all cases and patients suffer from pain, limited function and deformity. Radiographs and CT findings were reviewed. All patients were treated by surgical excision.

RESULTS

Plain X-ray revealed in all cases an irregular ossification arising from the affected epiphysis. The CT scan revealed an irregular fragmented osteocartilaginous mass involved from the epiphysis, with enlargement of epiphyses and intra-articular extension.

CONCLUSION

The early diagnosis and treatment of DEH is necessary in preventing articular function, CT assists in defining the anatomic relationship between the mass and its parent epiphysis and in evaluating the condition of the articular cartilage and soft tissue. The distinct clinical and radiographic features should enable to differentiate the osteochondroma and the DHE.

11. Myositis ossificans circumscripta of the leg after an old gunshot injury.

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Joint Bone Spine. 2011 May;78(3):320-1.

12. An unusual cause of hand nodule: peritendon dirofilariasis.

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Chir Main. 2011 Feb;30(1):66-8.

Dirofilariasis is a zoonosis affecting dogs and cats. It was transmitted to man by mosquito bites. Human dirofilariasis is rare. We report a case of 4-year-old girl presented with a subcutaneous palmar nodule of the hand. Surgical excision shows a nodule encircling the forth flexor tendon. The histological examination established the diagnosis by the presence of an adult worm identified as Dirofilaria repens. Surgical excision was curative.

13. Cleidocranial dysplasia: Report of 2 cases and literature review.

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Arch Pediatr. 2011 Jun;18(6):672-677.

Cleidocranial dysplasia or dysostosis involves dental anomalies, bone abnormalities with membranous ossification (clavicles, cranium, face, pelvis), rarely of the spine and the remainder of the skeleton. We report 2 new cases and describe the different clinical aspects of this disorder and the orthopedic problems that it can pose. The clinical demonstrations of this disease are highly variable and inconsistent, which explains the diversity of circumstances of discovery. Abnormalities of the face and clavicles, as well as of pelvic ossification are most frequent and can be regarded as major signs. These clinical demonstrations do not require treatment in the majority of the cases. Dental anomalies, coxa vara and scoliosis require

regular monitoring and treatment in the event of progressive aggravation. The incomplete penetrance of this autosomal dominant disease and its good tolerance explain the frequency of undiagnosed forms, whose clinical expression is discrete.

14. Advancement fingertip homodigital neurovascular island flaps of long fingers. About 32 cases.

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Chir Main. 2011 Apr;30(2):105-109.

AIM

Evaluation of reconstruction results using a homodigital neurovascular island flap so as to recover long fingers loss fingertip.

PATIENTS AND METHODS

This was a retrospective study of 32 fingertip-flaps of long fingers practiced on 31 patients. They were young people (mean age: 28years), often male (77.5%), and manual workers in 55%. The loss fingertip was traumatic in 87%. The fingertip reconstruction has been urgently assured, except in three initially-treated whitlow cases.

RESULTS

Four criteria value were used to value the results of coverage: Aesthetic, sensitive, functional, and socio-professional. We obtained good results in 72%.

CONCLUSION

The homodigital neurovascular island flap is a simple and reproducible technique. It's an excellent method for fingertip reconstruction in Allen type II and III. Despite of some complications, in touch with the initial trauma, this surgery gives back a useful sensitivity and a good aesthetic aspect of the fingertip.

15. Orthopaedic manifestations of Von Recklinghausen's neurofibromatosis.

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Presse Med. 2011 Mar;40(3):e152-62.

OBJECTIVE

Von Recklinghausen's neurofibromatosis is a dominant autosomic genetic disease characterized by different clinical manifestations. The goal of this work was to study its orthopaedic manifestations and to show the characteristics of their management.

METHOD

A retrospective study was carried out on 15 patients having a Von Recklinghausen's neurofibromatosis. For each patient, different orthopaedic manifestations and their evolution after treatment were analyzed. These manifestations were classified in spinal deformities, pseudarthrosis of long bones and tumours of the peripheral nerves.

RESULTS

The spinal deformities were observed in 9 cases. A dystrophic scoliosis was observed in 6 patients with an average angle of 50° and was associated to a kyphosis in 5 patients. The treatment was surgical by posterior arthrodesis in 2 cases and circumferential arthrodesis in 2 cases. The congenital curves and pseudarthroses of leg were observed in 5 cases, localized at the lower third of the leg in all cases. An Ilizarov external fixator with segmental osseous transport was carried out in 2 patients. The duration of the external fixator was 23 months ½ with 5 interventions in each case. Four plexiform neurofibromas and 3 nodular neurofibromas were observed. A transformation into neurofibrosarcoma was found in 2 patients. In one case, a resection without functional sacrifice was carried out and in the other case the patient was dead before the resection.

CONCLUSION

The orthopaedic manifestations of Von Recklinghausen's neurofibromatosis are frequent, varied and have a difficult management. The functional and sometimes vital prognoses are challenging.

16. An exceptional localization of an intraosseous haemangioma.

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Chir Main. 2011 Apr;30(2):123-126.

The intraosseous capillary haemangioma is classified as a benign vascular bone tumor. It is extremely rare in the hand. We present the case of a carpometacarpal capillary haemangioma involving the capitate and the bases of third and fourth metacarpals. To our knowledge it is the first case reported at this site.