Objectives The evolution of nerve conduction studies and EMG was determined following 30 patients with chronic renal failure maintained on regular haemodialysis for 12 months.

Methods Eighteen different electroneurographic (ENG) indices were compared in three groups of patients of different dialysis duration.

Results No relationship was found between neuropathy and duration of haemodialysis. No correlation was found between all ENG indices and the age and sex. Also, nerve conduction was independent of the disease underlying renal failure. The side of arteriovenous vascular access had no statistically significant effect on motor nerve conduction studies in the upper extremities.

ENG indices showed no significant correlation with serum creatinine, PTH, and beta 2 microglobulin.

Mean motor nerve conduction velocity (MNCV) and distal latency (DL) were significantly different (decreased and increased respectively) at the beginning of the study and one year later for the median, ulnar, and common peroneal nerves on both sides. The change was more in patients with low Kt/V (a depuration index) than those with high Kt/V.

Conclusion At the end of the study all patients had had peripheral polyneuropathy, 8 patients (26.7%) had got CTS, and 8 patients (26.7%) had subclinical median mononeuropathy. Axonal neuropathy was present in 100% of patients and demyelinating neuropathy was present in 8 patients (26.7%).

AB0194 USES OF MAGNETIC RESONANCE IMAGING (MRI) AND MYELOGRAPHY IN IRAQI PATIENTS WITH PROLAPSED INTERVERTEBRAL DISC (PID) AND THE CORRELATION OF JOINT MOBILITY TO PID

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Background

Objectives To compare between the uses and side effects of MRI and myelography for the diagnosis of PID, and to assess the relation between PID and joint mobility.

Methods One hundred thirty patients with PID proved by MRI (65) on myelography (65) were compared with that in an age and sex matched healthy 130 individuals without PID joint mobility was scored on a scale of 0–8 using the method described by Reighton *et al.*

Results PID was commonly reported at L4/5 or L5/S1 levels, whilst other levels were less frequently involved. Both imaging modalities were highly sensitive to prove the diagnosis of PID and its level, unfortunately myelography showed significantly more side effects compared to MRI.

The number of patients with hypermobile joints and the total mobility scores were comparable in patients and control groups.

Conclusion This study showed that both imaging modalities are sensitive for diagnosis of PID, and MRI is a safer technique compared to myelography. There is no relation between PID and joint mobility.

AB0195 WHIPLASH FROM HEAD TO TOE

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Background Although “Whiplash” is an overworked term, it is a troublesome, underdiagnosed, undertreated problem. Unless cervical “straightening” indicates muscle spasm secondary to soft-tissue injury, X-rays, CT scans, MRIs contribute little diagnostic information.

To diagnose true “whiplash,” the old-fashioned fundamentals of medical practice—a careful history and a thorough physical examination—are necessary.

Objectives Evaluating Cyriax’s dicta that: 1) examining the neck alone for post-traumatic, soft-tissue damage is an inadequate diagnostic approach; 2) since “All muscle spasm is secondary,” the source of the spasm must be found to diagnose and treat the condition.

Methods From 1–1–97 to 1–1–2000, 197 patients presented with musculoskeletal complaints of the neck secondary to trauma from an automobile accident.

Although all 197 had virtually no other musculoskeletal complaints, our examinations worked from the foot upward in sequence: 1) the foot for lost cuboid subluxation; 2) superior tibio-fibular joint for lost joint-play; 3) knee for passive “springy-block”; 4) sacro-iliac for subluxation and torsion; 5) lumbar spine for damaged lumbar discs; 5) thoracic spine for muscular imbalance and T3 syndromes; 6) cervical spine for disc derangements and Barre’s posterior cervical syndrome associated with discs at C2–3 and C3–4.

Results Pedal eversion loss; superior tibio-fibular subluxation; blocked knee movement with “springy” end-feel denoting loose bodies in virtually all patients. Anterior superior iliac (ASIS) and posterior superior iliac spinal (PSIS) imbalances and “Lock Sign” were usually evident. Warm, swollen, tender PSIS areas and upper lumbar spinal levels indicated disc derangement. Compensatory scoliosis with muscular hypertonus over T/6 was usually present. The usually neglected costo-transverse syndrome was present in 75% of patients. Cervical disc derangement, at C2–3, C3–4, and C7/T1, with headaches, dizziness, pain and restricted motion on attempted extension evident almost universally.

Conclusion Once we had precisely identified the involved areas, mobilisation of affected areas, avoidance precautions, and occasional recourse to sclerotherapy achieved prompt—often dramatic, cost-effective, symptomatic amelioration of these vexing problems in 192 patients.

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AB0196 THE FREQUENCY OF POPLITEAL CYST IN RA PATIENTS – ULTRASONOGRAPHIC ASSESSMENT

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Background