

Society Proceedings

**Abstracts of the 17th European Congress
of Clinical Neurophysiology**

Warsaw, Poland, 5-8 June 2019

Organised by

Polish Society of Clinical Neurophysiology

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**Europe-Middle East-Africa Chapter (EMEAC) of the International Federation of
Clinical Neurophysiology (IFCN)**

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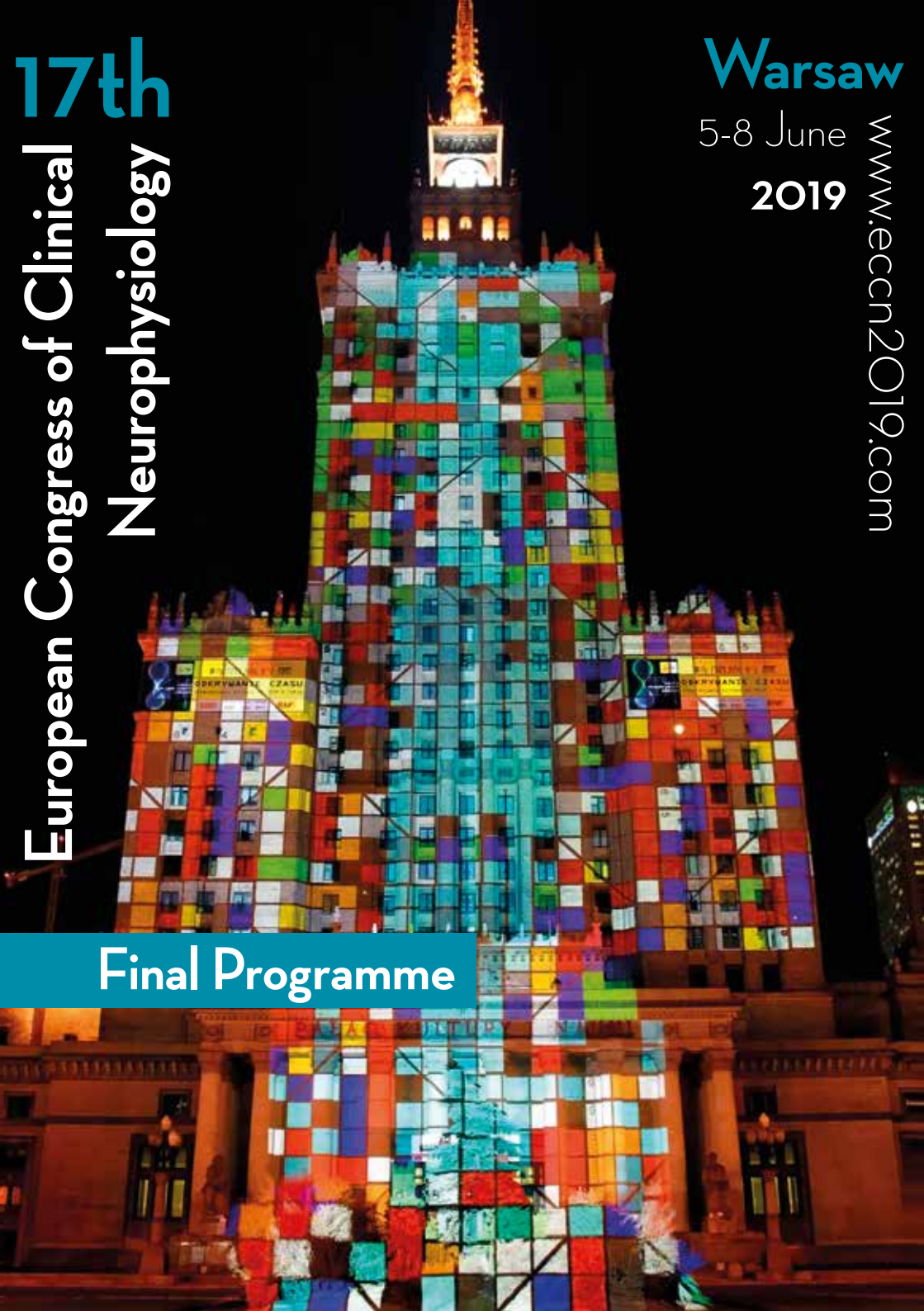
P17-S

Repeated compression radial neuropathies caused by rope bondage

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Rope bondage or shibari represents voluntary binding of a person with a rope and can lead to compression injury to peripheral nerves. We present a case of the radial nerve injury in suspension. A 29-year-old woman with a BMI of 17.5 was tied up with a 6-mm jute rope and suspended by the upper limbs, torso and hips for 25 minutes. The rope was placed in the middle third of the brachium. On removing the rope, she had a left wrist and a finger drop with decreased posterolateral hand sensation. Radial nerve conduction studies was performed on day 48. Compound muscle action potential was recorded from extensor digitorum communis. Conduction velocity was reduced to 19 m/s in the spiral groove segment, conduction block was 95.3%. Sensory conduction studies were normal. Clinical improvement began after 3 months with complete improvement after 5 months. Seventeen months after the recovery, this patient re-compressed both radial nerves after a similar suspension lasting about 8 minutes. The improvement began after one week and completed after 4 weeks. The third compression episode, that occurred three years after the first compression, lasted five minutes with clinical recovery in two minutes later. Nerve conduction studies demonstrated normal motor and sensory conduction velocities in radial, median, ulnar, peroneal, tibial and sural nerves. A high-resolution ultrasound examination showed a slight increase in the cross-sectional area of the left radial nerve in the spiral groove compared to the opposite side. Conclusion: Rope bondage often causes injury to the radial nerve.



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Neurophysiology

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2019

www.ecccn2019.com

Final Programme

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Ilaria Martinelli^{1,4}, Angela Marchi¹, Giulia Naim³, Estelle Pruvost^{1,2}, Celine Ramdani⁶, Tarek Sharshar^{3,5}, Martine Gavaret^{1,2,7}
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Nerve conduction studies

Chair: Marlena Hupalo (Poland)

P15-S | Clinical and electrophysiological characteristics of childhood CIDP
Malgorzata Lukawska¹, Anna Potulska-Chromik¹, Andrzej Seroka¹, Anna Kostera-Pruszczyk¹
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P16-S | Isolated lower-leg pain and A-wave studies: a case report
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Salvador Delis Gómez¹, Esmeralda Rocío Martín, Cecilia Duque Cárreras, Rybel Wix
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P19-S | Can nerve conduction studies help to distinguish motor CIDP and MMN?
Marta Lipowska¹, Judyta Barańska¹, Małgorzata Gawęł¹, Anna Potulska-Chromik¹, Anna Kostera-Pruszczyk
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P20-S | Is it necessary to do bilateral nerve conduction studies for electrodiagnosis of polyneuropathies?
Hossein Pia¹, Kirsten Pugdahl^{1,2}, Anders Fuglsang-Frederiksen^{1,2}, Hatice Tankisi^{1,2}
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P21-S | Are patients with polyneuropathy more liable to have CTS?
Mayooran Perampalam^{1,2}, Kirsten Pugdahl^{1,3}, Anders Fuglsang-Frederiksen^{1,3}, Hatice Tankisi^{1,3}
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