

symptoms of a stroke along with history of skin lesions, renal insufficiency, and heart attacks. Aggressive efforts to diagnose the etiology of stroke are necessary to plan secondary prevention strategies and treatment.

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Metastatic Crohn Disease Manifesting as Skin Ulcerations in a Stroke Patient With Quadriplegia: A Case Report.

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Disclosures: S. R. Smith, none.

Patients or Programs: A 46-year-old woman with a history of brainstem stroke that occurred 21 years ago, with quadriplegia, spasticity, and recently developed ulcers admitted for inpatient rehabilitation to increase mobility and transfers to assist with caregiver assistance for activities of daily living.

Program Description: Skin wounds thought to be due to insufficient pressure relief that are actually caused by inflammatory bowel disease.

Setting: University of Michigan Hospital inpatient rehabilitation unit.

Results: We present a case of cutaneous metastatic Crohn disease that resulted in ulcerations around the buttocks, vulva, and inguinal folds of a 46-year-old woman who had a brain stem stroke more than 20 years ago. She had been cared for by her father and had never previously had any skin breakdown. In a span of 2 weeks, she developed deep skin ulcerations that penetrated beneath the dermis despite frequent pressure relief. Additional symptoms included watery, nonbloody stools and painful, blurry vision. These symptoms began approximately 3 months before presenting to the hospital with intractable wounds. While at the hospital, it was thought that her wounds were due to a lack of repositioning due to her inability to do pressure relief. She did not respond to aggressive wound therapy, and the ulcers continued to enlarge while she was in rehabilitation. Furthermore, the loose stool posed a risk of infection and irritation to the wounds and macerated the surrounding skin. Gastroenterology was consulted for the persistent diarrhea, and biopsies obtained from endoscopy were inconclusive. Biopsies of her skin ulcerations, however, revealed metastatic Crohn disease. She was treated with intravenous azathioprine, and her skin lesions rapidly improved over 4-6 weeks. She received prednisolone and atropine eye drops for ocular symptoms, which was diagnosed as uveitis, a serious and known complication of Crohn disease. Her loose stools resolved quickly with treatment.

Conclusions: It is not intuitive to use an immunomodulating agent for the treatment of ulcers, but nonhealing ulcers should be evaluated for inflammatory bowel disease if the clinical situation fits. Treatment with immunomodulating agents such as azathioprine can rapidly improve the lesions.

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Role of Rehabilitation in Alien Hand Syndrome: A Case Report.

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Disclosures: V. M. Mehta, none.

Patients or Programs: A 62-year-old African American woman.

Program Description: The patient presented to a tertiary hospital with severe right-sided headache and abnormal movements of her left hand. Her symptoms were witnessed by her sister and described as repeatedly grasping at objects. She was able to suppress these movements if she was able to concentrate on her hand. On examination, she was found to have left-sided weakness and intact sensation to light touch bilaterally. In addition, she also had occasional involuntary grasping motions, repeatedly reaching out of the stretcher, poor tactile localization, and graphesthesia in her left upper extremity. On magnetic resonance imaging, she was found to have large, acute, right parietal lobe infarction. The patient involuntarily struck a social worker with her left upper extremity. Upon admission to the inpatient rehabilitation unit, the occupational therapist performed task-specific, task-oriented therapy, and constraint-induced movement therapy to the left upper extremity. By forcing her to use her left upper extremity, she maintained her focus on her involuntary movements, and, upon discharge, these movements were limited and rare.

Setting: Inpatient acute rehabilitation unit.

Results: This patient, with intensive acute inpatient rehabilitation, was able to limit her involuntary movements of her alien hand and to maintain functional independence. This was obtained primarily through constraint-induced movement therapy.

Discussion: Alien hand syndrome is a neurologic disorder when one of the hands makes involuntary movements with uncontrollable behavior, the hand is perceived as foreign. The hand acts on its own volition, it has been reported that the alien hand may even attempt to harm the person by striking oneself.

Conclusions: Alien hand syndrome is a rare condition that physiatrists should understand and should be able to recognize. There is a strong role of rehabilitation for the treatment of this condition. Similarly, in this patient, inpatient rehabilitation improved her hand control and capability to use her hand in a functional manner.

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Alexia Without Agraphia With Cursive Handwriting Preservation: A Case Report.

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Disclosures: R. Patel, none.

Patients or Programs: A 62-year-old man presenting with expressive aphasia.

Program Description: A 62-year-old man developed a severe headache, followed by difficulty speaking. He was taken to an emergency department where brain imaging revealed a hemorrhagic lesion in the left temporo-occipital region secondary to an arteriovenous malformation supplied by the left posterior temporal and middle meningeal artery. After medical stabilization, he was transferred to an inpatient rehabilitation facility for stroke rehabilitation services. On arrival, results of a physical examination showed expressive aphasia and right superior quadrantanopia. Because he also demonstrated an inability to read, neuropsychometric testing was ordered.

Setting: An inpatient rehabilitation facility.

Results: The patient's handwriting skills were more effective via cursive writing of a paragraph when compared with print. Neuropsychometric results revealed a diagnosis of alexia without