ment, or nephrectomy. It is important to treat this aggressively so that it does not progress to the parenchyma.
Conclusions: EP should be considered in the differential for patients with persistent UTI symptoms after a course of antibiotics. Also, sterile self-catheterization techniques should be used to prevent infectious complications.
Keywords: Rehabilitation, Spinal cord injury, Emphysematous pyelitis, Urinary catheterization.

Poster 342

Disk Herniation Misdiagnosed as Conversion Disorder: A Case Report.

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Disclosures: B. Stelnicki, None.
Patients or Programs: A 39-year-old African American woman with medical history of hypertension.
Program Description: The patient initially presented to the emergency department after falling and hitting her head. She denied loss of consciousness. She did report increasing right lower extremity weakness over the previous 1 to 2 months. The patient also admitted to patchy numbness and tingling in the extremities, pain across the upper back, "feeling like [she] can't put [her] foot down", and 4 to 5 falls in the previous 2 to 3 weeks. She denied any bowel or bladder symptoms. The initial fall occurred at work after she learned that she might be laid off. The patient reported several other significant stressors, including fear of losing her job, a new mortgage, and her son's decision to move out of state to live with his father. Computed tomography (CT) of the head completed at initial presentation was negative for acute intracranial findings. Based on this result, the patient was admitted to acute care and psychiatry was consulted. The patient was diagnosed with conversion disorder by the psychiatry service and acute inpatient rehabilitation was recommended.
Setting: Acute inpatient rehabilitation.
Results: Upon admission to rehabilitation, the patient complained of right ulnar numbness and tingling, in addition to right lower extremity weakness. After the patient began therapies, her weakness worsened. In addition, she developed sustained clonus, hyperreflexia, and upgoing Babinksi signs bilaterally. Magnetic resonance imaging (MRI) of the brain and spine were ordered, which showed C6-C7 disk herniation causing spinal cord compression, with myelomalacial changes of the cord.
Discussion: The diagnosis of conversion disorder, as defined by the DSM-IV, specifically states that an appropriate medical investigation must be completed. Although the patient met other criteria, including symptoms of a medical condition, and symptoms that started and were exacerbated in the setting of other stressors, the medical investigation was not complete without MRI.
Conclusions: Physiatrists need to ensure that a patient presenting to inpatient rehabilitation with a diagnosis of conversion disorder has had a complete work up of their symptoms.
Keywords: Rehabilitation, Conversion disorder.

Poster 343

Enoxaparin versus Tinzaparin for Venous Thromboembolic Prophylaxis during Rehabilitation Following Acute Spinal Cord Injury: A Retrospective Comparative Analysis of Safety and Efficacy.

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Objective: To compare the safety and efficacy of two low molecular weight heparins, tinzaparin, 3500 or 4500 units once daily, versus enoxaparin 40 mg once daily, in the prevention of venous thromboembolic events (VTE) following spinal cord injury (SCI).
Design: Retrospective chart review.
Setting: Acute inpatient rehabilitation facility.
Participants: All patients admitted to acute rehabilitation within 3 months of a traumatic or nontraumatic SCI over a 15-month time period, and who received either enoxaparin or tinzaparin for VTE prophylaxis.
Interventions: Tinzaparin, at a dosage of either 3500 or 4500 units daily or enoxaparin 40 mg daily, both given subcutaneously.
Main Outcome Measures: Symptomatic VTE incidence and bleeding events during rehabilitation.
Results: 140 subjects were admitted at a mean of 22 days post acute SCI who met inclusion criteria.68 subjects received prophylaxis with enoxaparin, and 14 and 58 subjects received 3500 or 4500 units of tinzaparin, respectively. 14 patients had a symptomatic VTE during rehabilitation, including 4 with pulmonary emboli. The etiology (traumatic versus non-traumatic) and the presence of an inferior vena cava filter did not influence VTE incidence.Both the absence of prior VTE prophylaxis and shorter acute care length of stay significantly increased VTE events during rehabilitation ($P < .05$). There was no difference in VTE incidence comparing enoxaparin versus tinzaparin at either dose. There was, however, a significantly increased incidence of VTE events in those receiving 3500 units of tinzaparin compared to those on 4500 units or on enoxaparin, 40 mg ($P < .05$). No patients had a greater than 1 gram drop in hemoglobin during their stay, and 1 patient on enoxaparin, required transfer for a bleeding event.
Conclusions: The method of VTE prophylaxis prior to rehabilitation admission impacts VTE incidence during acute rehabilitation. Bleeding events and VTE incidence did not differ with the use of either enoxaparin or tinzaparin for prophylaxis. While tinzaparin 3500 units, compared to tinzaparin 4500 units or 40 mg of enoxaparin, was found to be associated with increased VTE, this finding needs to be confirmed with larger samples.
Keywords: Rehabilitation, Spinal cord injury, Heparin, low molecular weight, Venous thromboembolism.