Discussion and conclusion Patients with DMD treated by CS present a different course of the disease described in this paper using the MFM. Based on these results, an estimation of the number of patients needed for clinical trial could be done.

Keywords Duchenne Muscular Dystrophy; Motor Function Measure; Corticotherapy; Clinical trials

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Posters

P068-e

Linear morphea treatment and equipment taken through a case report and review of literature

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Introduction Linear scleroderma morphea is a subtype of localized scleroderma which mainly affects children and is sometimes complicated by bone and joint deformities. Its location at the foot is rarely reported.

Aim of study Describe the clinical and anatomical deformity of the foot and ankle in children with linear scleroderma and chat support, from a clinical case and a review of the literature.

Observation An 8-year-old boy followed for Linear morphea was addressed to the consultation of physical medicine and rehabilitation for rehabilitation care and casting of a deformation of the right foot. Physical examination found skin lesions in the thigh and right ankle, a bizarre lower right limb, an inequality of length of 3 cm lower right limb, with stiffness in his right ankle. Walking is done with lameness and attack the forehead, the review found podoscopy grade hollow legs [1] with calcaneal valgus more pronounced on the right. The management consisted of a background treatment with corticosteroids, a functional rehabilitation and suitable equipment.

Discussion/conclusion Scleroderma focal length of the child's foot is a rare and can be associated with irreducible and scalable orthopedic deformities. Early diagnosis, extensive surgical release in the event of severe and progressive orthopedic deformation, followed by physiotherapy and extended equipment, represent the main elements of the management.

Keywords Linear morphea; Strain; Rehabilitation; Equipment

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Reference


Further reading


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P069-e

Severe complex regional pain syndrome (CRPS) type I: A multidisciplinary treatment plan and intensive physiotherapy in pediatrics

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Background Nowadays, paediatric CRPS is a recognized disease with its own specificities compared to the adult CRPS. However, its treatment is difficult and there is sparse consensus among the management of those patients, partly due to a usually delayed diagnosis and a complex multifactorial pathogenicity including osteoarticular, neurological and psychological issues. Everyone agrees that the management of these patients should be multidisciplinary including physiotherapy, occupational therapy, psychotherapy and medication.

Case report We are sharing our experience with two severe cases of paediatric CRPS type I involving the foot, a boy and a girl aged 12 and 11 respectively at the time of diagnosis. Symptoms were hyperalgesia, oedema, bone demineralisation on the radiological exams and a disturbed psychological profile. After the failure of different outpatient treatments, we decided to hospitalise them in the Department of Paediatrics Orthopaedics. The protocol of treatment followed a very strict and intensive daily schedule including multiple therapies in physiotherapy and occupational therapies (balneotherapy, music therapy, progressive desensitisation, TENS, walking rehabilitation), the use of pain killers, a follow-up by a paediatric psychiatrist, a referent nurse, and a limitation to the family visiting hours. After 1 to 2 weeks, a significant improvement was seen and after 6 months, pain had disappeared and weight-bearing was possible for both children.

Discussion To this day we do not know the intensity and duration necessary to treat efficiently a paediatric CRPS. The hospitalisation is considered as the last resort for the management of CRPS, but it allows a close observation of the patient, the opportunity to take her/him out of his family and an intensive multidisciplinary treatment that is impossible as an outpatient. The precise factors allowing the treatment’s success are still not clear, but they could be a combination of intensive therapy and/or the withdrawal of the patient from his family. Nonetheless it seems that a strict and intensive protocolled schedule, as an inpatient benefits the management of severe cases of CRPS.

Keywords CRPS; Paediatrics; Inpatient treatment

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Further reading


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