Intra-articular corticosteroid injections for care of hip dislocations in cerebral palsy adults

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Keywords: Cerebral palsy; Hip dislocation; Intra-articular injection; Wheelchair

Objective.— To study efficacy and tolerance of intra-articular baclofen (ITB) in wheelchair-dependent adults with cerebral palsy.

Patients and methods.— Retrospective analysis and clinical examination of 25 wheelchair-dependent adults with cerebral palsy implanted for ITB treatment between 1999 and 2009 in the west of France.

Results.— Intra-articular baclofen improved spasticity and facilitated sitting and nursing. There was an effect of ITB on motor disorders and pain. 80% of patients with BIT were satisfied; the others reported side effects rather than the absence of effect. Complications occurred in 52% of patients and requiring discontinuation or pump removal in 16%.

Conclusions.— Development of ITB in this indication is probable and warrants better understanding of the pharmacological effect on movement disorders and pain. The use of Goal Attainment Scale (GAS) and of Caregiver Questionnaire could be helpful for evaluating the efficiency of ITB.


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Keywords: Cerebral palsy; Hip dislocation; Intra-articular injection; Corticosteroids

Introduction.— The incidence of hip dislocations in cerebral palsy is significant [1], requiring prevention, including botulinum toxin injections [2] from childhood. Hip dislocation may be diagnosed with delay, causing persistent pain. Intra-articular corticosteroid hip injections may temporarily relieve pain and delay surgery.

Observation.— In University Hospital of Montpellier, from July 2009 to January 2011, four non-walking patients with cerebral palsy, 15 to 25 years old, with unilateral hip dislocation, had intra-articular hip corticosteroids with local anaesthetic injections for three of them. Patients 1, 2 and 3 had botulinum toxin injections in periaricular muscles in the same time.

Results.— For patient 1, injection of corticosteroids resulted in total pain relief at 48 hours lasting 3 months (hetero assessment, pain VAS impossible), the intervention was repeated three times. Regarding temporary benefit and severe pain, the patient had a soft-tissue surgery of the hip 3 months after the last injection.

For patient 2, injection of corticosteroids resulted in a decrease in pain immediately after the intervention and for 1 month (hetero assessment, pain VAS impossible). He then had a femoral valgisation osteotomy 4 months later.

For patient 3, one first injection was effective on pain, so repeated 5 months later with long-lasting effect and no need for surgery.

For patient 4, the injection was inefficient (pre-injection VAS 70/100 and immediately post-injection 60/100, at 2 months 70/100). Due to the severity of pain and grade IV chondrophyopathy on scan imaging, hip arthroplasty was proposed.

Discussion.— Corticosteroids associated with an anaesthesia test may have diagnostic and therapeutic value, achieving pain relief for three patients which lasted several weeks. Injections may result in a decrease in osteoarthritis pain, while botulinum toxin has an effect on the muscular component of pain. This type of intervention is not described in the literature for cerebral palsy adult patients.

Conclusion.— Intra-articular hip injections of corticosteroids may result in temporary pain relief and delay possible surgery.

Further reading


Intrathecal baclofen and dystonia due to complex regional pain syndrome type 1

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No abstract provided.


Intrathecal baclofen in cerebral palsy. A retrospective study of 25 wheelchair-assisted adults

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Keywords: Intrathecal Baclofen; Cerebral palsy; Spasticity; Adult; Caregiver; Wheelchair

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Impact of cognitive and functional sequellae on recurrence of excised HO in patients with traumatic brain injury: A case control study

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Keywords: Heterotopic ossification; Traumatic brain injury; Surgical removal; Functional sequellae; Cognitive sequellae

The timing of surgery with regard to recurrence risk after neurological Heterotopic Ossification (HO) excision is still debated. This study investigated the association between recurrence risk after HO excision in Traumatic Brain Injury (TBI) patients and [1] the operative delay and [2] the degree of neurological sequellae (Garland status).

A case control study was performed. Patients who developed troublesome HO requiring surgery after TBI with (case, n = 16) or without recurrence (control, n = 64) were retrospectively included. Other matching criteria were: sex and age at the time of surgery (± 4 years).

The median delay for first HO surgery was 13.7 months (IQR 9.0 to 37.1) for the case group and 13.2 months (IQR 7.8 to 30.0) for the control group. No significant link was found between recurrence and operative delay (P = 0.54), even after inclusion of all matching factors (P = 0.53) or Garland status (P = 0.81). The inclusion of Garland status into the model did not change this result (P = 0.64).

After TBI, no link was found between HO operative delay and recurrence. In spite of a common notion of a relationship between initial severity of TBI and HO development, no link was found between HO recurrence risk and the severity of sequellae.

References
