
P056–EN
A new orthosis for multilevel surgery on lower limbs in cerebral palsy children
F. Mettéa,∗, F. Salmeronb, J.M. Milcentc, S. Burlotta
d Rééducation, centre hospitalier de Mayotte, BP 04, 97600 Mamoudzou, Mayotte
b Centre hospitalier régional, Saint-Denis, Reunion
c TPM orthopedie, Saint-Pierre, France
d Hôpital d’Enfants, Saint-Denis, Reunion
∗Corresponding author.
Keywords: Cerebral palsy; Surgery; Apparatus

Objective.– Immobilization after surgery of lower limbs is difficult and long to install on the operating table, inducing complications and delays in starting physiotherapy. We built posture apparatus, which can be made before the operation, fitted to the orthopaedic corrections after surgery and removable and adjustable for the needs of physiotherapy.

Method.– We improved this orthosis during the follow-up of 31 cerebral palsy patients after multilevel surgery on the lower limbs.

Results.– The apparatus includes two valves, one cranial, one sural connected by a flexible metallic blade according to the residual permanent flexion of the knee and allowing a regulation in length; inside, there is a removable plastazote, it can be cut and enlarged for dressings. A droplet flexible valve with elastic is used to protect the heel. A control system of the abduction completes the apparatus.

Discussion.– Benefits are evident: time of anesthesia is reduced, surgical cost is reduced, nursing is quite easier, and physiotherapy is earlier. During this study, we had only few complications and because of this orthesis we avoided great complications.

Conclusion.– This orthosis seems to be useful in the treatment of cerebral palsy patients with multilevel surgery on the lower limbs.

Further readings


P057–EN
Premature epiphyseal closure in an adolescent treated by retinoids for acne: An unusual cause of anterior knee pain
Y. Eggel∗, L. Luthi∗, N. Theumannb

a Service de réadaptation de l’appareil locomoteur, clinique romande de réadaptation SavaCare, avenue Grand-Champssea; 90, 1951 Sion, Switzerland
b Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland
∗Corresponding author.
Keywords: Retinoids; Knee; Premature epiphyseal closure

Introduction.– Retinoids are effective and widely used for the treatment of severe acne. Their use can be, however, associated with numerous side effects. For example, some rare cases of premature epiphyseal closure were reported.

Observation.– A sixteen-year-old soccer player consulted for bilateral progressive anterior knee pain, since two months, evoking a femoro-patellar origin. After physiotherapy, the pain decreases on the right but remained on the left. The history taking brought out the use of isotretinoin for more than 6 months (0.5 mg/kg). Magnetic resonance imaging (MRI) findings showed an irregularity of the growth plate and an important metaphyso-epiphyseal oedema, more marked on the left. The diagnosis of retinoid induced premature epiphyseal closure was retained. The treatment was stopped, with a resolution of symptoms within two months. The control MRI of the left knee present small sequellar thumbprint-like growth plate lesion. Eighteen months later, neither limb-length discrepancy nor static disorder was noticed.

Discussion.– Premature epiphyseal closure is a rare complication of retinoid treatment of acne. Retinoids induce an invasion of the growth plate by osteoclasts and a decrease in proteoglycans synthesis. The knee seems the most involved joint. The clinical presentation is aspecific, sometimes lightly symptomatic. A careful pharmacological history and an appropriate imaging are necessary. MRI is now the gold standard. It shows an irregularity of the growth plate with an oedema on both sides. In chronic phase, a thumbprint-like image may persist. The symptoms resolution arises in few weeks after the treatment interruption. A single case of static disorder was reported until now. The small size of the growth plate interruptions, insufficient to lead to a growth disorder if the medicament is stopped early enough, explains probably it. This complication being rare, a radiological follow-up of the young patients treated by retinoids is not proposed.

Further readings

P058–EN
Skin traction for humeral fracture healing, after surgical resection of an osteochondroma, in a case of child with persistent vegetative state
A. Anselmettia,∗, L. Perrinb, B. Baylec, M. Gautheronb, V. Gautheronb

a Médecine physique et de réadaptation neurologique, CHU de Nantes, 85, rue Saint-Jacques, 44 093 Nantes cedex 1, France
b CHU de Saint-Étienne, Saint-Étienne, France
∗Corresponding author.
Keywords: Osteochondroma; Humeral fracture; Skin traction; Persistent vegetative state

Introduction.– Humeral fracture after surgical resection of an osteochondroma, in a case of child with persistent vegetative state.

Observation.– Child aged eleven, persistent vegetative state after surgery of brain stem neoplasia. Humeral diaphysis osteochondroma diagnosed in 2006. Humeral diaphysis osteochondroma complicated by pressure ulcer with hema-toma. Orthopaedic procedure was determined. A simple excision of the tumor was performed. After surgery, the arm was immobilized. A shortening and enlargement of the arm was noticed. X-ray was performed; we diagnosed a humeral diaphysis fracture. Surgery objected because of risks of infection and anesthesia; a simple immobilization was impossible because of stereotypic movement disorders, and psychomotor agitation.

A skin traction was applied for three weeks, the treatment for that fracture was conclusive.

Discussion.– Conclusive orthopaedic treatment, by skin traction, for a humeral diaphysis fracture for a child with persistent vegetative state and stereotypic movement disorders.

Further readings


P059–EN
Obstetrical brachial plexus palsy: 22 cases

Unité de MPR, Hôpital El Ayachi, CHU Ibn Sina, Sale, Morocco
∗Corresponding author.
Keywords: Obstetrical palsy; Brachial plexus; Pediatric rehabilitation

Objective.– Our work aims to assess the modalities of management of obstetrical brachial plexus palsy in the PMR pediatric unit.