
Discussion.– Les formes à révélation neurologique de maladie de Wilson représentent environ 35 % des cas. Il faut donc penser à maladie de Wilson devant tout signe neurologique ou psychiatrique chez l’enfant ou l’adolescent et réaliser un bilan. L’hétérogénéité des signes cliniques provoque souvent une errance diagnostique et explique le délai diagnostique moyen de 6 à 36 mois ce qui influence péjorativement le pronostic. Divers traitements schématiques sont disponibles pour diminuer la morbi-mortalité spontanée de cette affection. La rééducation est un volet important de la prise en charge qu’il faut débuter tôt avant l’installation des complications neuro-orthopédiques, d’où l’intérêt d’une prise en charge multidisciplinaire de ces patients.

Pour en savoir plus

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P040-f
Intérêt des séjours de répit dans un service de MPR pédiatrique

A. Jaravel a,*, P. Frappe b, C. Metton a, B. Bayle a, C. Bois b, V. Gautheron a
a Service de MPR pédiatrique, CHU de St-Étienne, 42055 St-Étienne cedex 02, France
b Département de médecine générale, faculté de médecine Jacques-Lisfranc, St-Étienne, France
*Auteur correspondant.
Adresse e-mail : jaravel.amandine@wanadoo.fr.

Mots clés : Répit ; Enfants polyhandicapés ; Médecine physique et réadaptation

Introduction.– Les séjours de répit ou de rupture apparaissent comme un besoin ponctuel bien réel des jeunes polyhandicapés et de leurs familles. Le service de médecine physique et de réadaptation pédiatrique du CHU de St-Étienne propose ce type d’accueil pour des périodes courtes lorsque la disponibilité des lits le permet. L’objectif de cette étude est d’en évaluer l’intérêt pour les patients.

Méthode.– Étude par enquête qualitative rétrospective, avec revue des dossiers médicaux de 19 patients ayant bénéficié de cet accueil depuis l’ouverture du service en décembre 2004. Les parents des enfants ont répondu à un questionnaire téléphonique. Le médecin traitant de l’enfant, ainsi que le médecin et les cadres de santé du service ont été interrogés.

Résultats.– La majorité des séjours donne satisfaction, en permettant des modifications de traitement médicalement ou d’appareillage, un recours à des avis spécialisés, une réévaluation de l’état clinique… et une amélioration de la relation des enfants avec leurs familles à leur retour à domicile. Les parents sont rassurés par le milieu médical et hospitalier.

Discussion/Conclusion.– Cette enquête apporte des arguments favorables au développement de séjours de répit pour les enfants polyhandicapés et l’expérience pose la question de la place de l’hôpital dans ce type d’offre de soins. Elle met également en évidence le manque total de connaissance de cette possibilité d’accueil par les médecins généralistes.

Pour en savoir plus

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P027-e
Shaken baby syndrome websites

A. Laurent-Vannier a,*, Y. Mëhira b, V. Raoul b, M. Dulot a, A. Carrette b
a Hôpitaux de Saint-Maurice, 14, rue du Val-d’Osne, 94415 Saint-Maurice cedex, France
b École de l’image des Gobelins, France
*Corresponding author.
E-mail address: a laurentvannier@hopitaux-saintmaurice.fr.

Keywords: Shaken baby syndrome; Inflicted brain injury; Website; Prevention; Diagnosis; Guidelines

Introduction.– Shaken baby syndrome (SBS) is an inflicted head injury, which can have very serious consequences in terms of mortality and morbidity. Shaking is an extremely violent gesture, which is often repeated. Missed diagnoses increase the risk of recurrence. Moreover, judges and lawyers often have preconceived ideas resulting in inadequate judgments. A public audition has been organized by the SOFMER in order to help professionals diagnose shaking. Diagnostic criteria enabling to better diagnose SBS have been...
Objective

Island disability; disabled sports; child; patient education; reunion

Keywords: Materials/patients

Handi'Hôp' with the regional disabled sports. We want to share our experience of the group activity and physical education in a pediatric MPR services and in partnership sbmessage@gmail.com

E-mail address:

Methods

Inclusion is proposed by therapists from the hospital, validated by paramedical personnel from the sport but also volunteers from clubs affiliated to the F. F. Disabled sports.

Objective—Put the item on the particularity of Volkmann's syndrome to treatment with jbira and his rehabilitation treatment.

Materials and methods—This is a retrospective study of five children with a syndrome Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results—The average age was 10.22 years, all our patients are male rural, status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jbira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients,VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia during the first two Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results/conclusion—These websites should help promote good practices and explain that playing with a child is not the same than to shaking him/her and that games are not dangerous.

References


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P028-e

Descriptive analysis of the initiation activity handisport to children's hospital of Saint-Denis de la Réunion

S. Buriot
a,*, F. Chopin
a, M. Mangataye
a, A. Sutter
a, A. Amacourty.
b

a Service de MPR pédiatrique, hôpital d’enfants, rue Antoine-Berlin, 97400 Saint-Denis, Réunion

b Comité régional handisport, Réunion

*Corresponding author. E-mail address: sbmessage@gmail.com.

Keywords: Disability; Disabled sports; Child; Patient education; Reunion Island

Objective—To show the interest of the disabled sports initiation, as a therapeutic activity and physical education in a pediatric MPR services and in partnership with the regional disabled sports. We want to share our experience of the group “Handi’Hôp’.

Materials/patients—We include 4 to 10 children hospitalized in pediatric MPR session. The pathologies involved are numerous: cerebral palsy (or followed by postoperative), severe burn, neuromuscular diseases, traumatic brain injury, paraplegia, quadriplegia, Strumpell Lorrain, juvenile chronic polyarthritis, amputation of member, osteogenesis imperfect. The animation performed are selected according to the possibilities of the group of children and therefore their pathology.

Methods—Inclusion is proposed by therapists from the hospital, validated by doctors with the consent of families. The introduction to the practice is carried on handisportive 2h weekly rehabilitation. Two sports are practiced on sessions 4 to 5 sessions. An evaluation is conducted to see the gains in the sessions. A medal presentation held at the end of the session and a proposed link with the regional wheelchair is formalized. The frame is composed of actors medical, paramedical personnel from the sport but also volunteers from clubs affiliated to the F. F. Disabled Sports.

Results—The collection activity takes place between May 2010 and February 2012. The total number of sessions is 37. The sports practiced are: boccia, course engine, blowpipe, vortex, wrestling, judo, table tennis, basketball, athletics, rifle laser, wheelchair rugby, climbing. We explain our method of assessing children’s progress, depending on the sport, as they learn the sport. Some children have perpetuated their gym use. The publication will include a short presentation and Sports Illustrated.

Discussion—We want to show the interest to make known to the young Handisport with disabilities, its benefits and values. We discuss the protocols in place to sustain the activity of therapeutic education, which is part of the renewal of the founding link between PMR and practice handisportive, more broadly, partnerships between the hospital and community life.

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P029-e

Etiology of atypical Volkmann’s syndrome: restraint by traditional jbira about 5 cases

A. Khadir, M. Elboucheki, L. Riah, D. Cherquaoui, F. Lmidman, A. Elfatimi

Service de médecine physique et réadaptation fonctionnelle, CHU Ibn Rochd, Casablanca, Morocco

E-mail address: drkhadir@hotmail.fr.

Keywords: Volkmann syndrome; Jbira treatment; Rehabilitation

Objective—Put the item on the particularity of Volkmann’s syndrome secondary to treatment with jbira and his rehabilitation treatment.

Materials and methods—This is a retrospective study of five children with a syndrome Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results—The average age was 10.22 years, all our patients are male rural, status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jbira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients, VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia during the first two Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Discussion—In our context, the Volkmann’s syndrome is a complication, still current, the traditional restraint of upper limb fractures. Once installed, the effects are sources of partial or total permanent disability. Rehabilitation is essential and a great contribution to get a functional and sensitive hand. Collaboration between the surgeon and the physiatrist and the public awareness about the dangers of jbira is essential and highly recommended.

Further reading


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P030-e

A very special case of very serious injury due to meatoplasty, which shows the importance of cooperation between the rehabilitation doctor and a specialised lawyer

F. Mette *, M.A. Ceccaldi

a Hôpital de Mayotte, BP 04, 97600 Mamoudzou, Mayotte

b Cabinet Précisso-Ceccaldi, Mayotte

E-mail address: francois@mette.re.

Keywords: Expertise; Injury; Compensation; Rehabilitation

Objective—The field of injury has begun quite haphazardly in Reunion and Mayotte Islands. The lack of a competent association of patients has given way to a free rein in practices that leave the wounded in situations of deleterious inequality. Vigilance or the involvement of the rehabilitation colleagues is a must.