Introduction
Cerebral malaria is the most serious complication of paludism. The pathogenic mechanisms are however still unclear, the brain may have irreversible injury. Objective—Describe deficits after cerebral malaria and their rehabilitation. Method—Case report and systematic review.

Case—Our patient is 61 years old, with hypertonesis, residing in France. She developed fever after an 11-day stay in Africa. Rapidly, her neurological status declined to Glasgow 4. Blood smears showed 40% P. falciparum parasitemia. No other cause for encephalopathy was found except cerebral malaria. The patient arrived in the rehabilitation unit after the anti-malaria treatment and two months in the recovery unit. MRI showed hypersignals from the white matter of the brain suggestive of cerebral vasculitis in the occiput, putamen, and corpus callosum. The pathogenic mechanisms are however still unclear, the brain may have irreversible injury.

Results—There was no focus deficit. The dysexecutive syndrome was the predominant impairment with grasping, difficulty in inhibition and planning. Oral communication was difficult. Reading and writing were still possible. The patient’s memory was normal, with much progress in the acquisition and orientation tasks. Understanding and speech were good. Memory was normal, with much progress in the acquisition and orientation tasks.

Conclusion—Cerebral malaria is a relatively unknown pathology; rehabilitation after this disease is particularly important.

Further reading

P086–EN
Functional outcome after rehabilitation of the burned hand: 18 cases
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Keywords: Hand burn; DASH; Rehabilitation; Thermal burn; Electrical burn

Introduction—Burns are very common and often occur in the context of a home accident or a workplace accident. Burns of the hand, whether isolated or associated with other areas, constitute a functionally severe condition. Care from the acute phase is particularly important to avoid or limit sequelae through early rehabilitation, enabling function as optimal as possible. This is a retrospective and descriptive study involving 18 patients treated in our rehabilitation unit for hand burns.

Results—The average age of patients was: 35.6 years (62–13). The sex ratio showed a male predominance: M/F = 3.5. Burn severity was: 2° superficial burns (n = 10 patients), 2° deep burns (n = 6) and 3° burns (n = 2 patients). The mechanisms were: electrical burns (n = 1 patient) and thermal burns (n = 17 patients). Twelve patients underwent controlled healing and 6 patients received an autograft. The mean DASH improved after rehabilitation from 71.56 (88.3%–53.3%) early in rehabilitation to 19.27 (40.8%–3.3%) at discharge.

Discussion and conclusion—The management of the burned hand has as its main objective: the restoration of maximum functional integrity and the cosmetic appearance of the hand. Rehabilitation management should be started as soon as the acute phase has been controlled with an optimized healing process. Close collaboration between surgeons and therapists is the key to success.

Further reading

P087–EN
Functional prognosis of the burned hand in an infant: A case report
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Introduction—Burns are very common and often occur in the context of a home accident or a workplace accident. Burns of the hand, whether isolated or associated with other areas, constitute a functionally severe condition. Care from the acute phase is particularly important to avoid or limit sequelae through early rehabilitation, enabling function as optimal as possible.

Objective—We report a case of hand burns involving both hands of an infant illustrating the main strategies for rehabilitation of the burned hand.

Tools—A right handed nursing aged 18 months was a victim of thermal 2° degree deep burns which occurred during a home accident. The burns involved the dorsal aspect of both hands and the first commissure. The physical examination revealed a hypertrophic scar bilaterally, a positive dynamic bleeding test, and an altered vitropsession test (recoloring time between 1 and 2 s), subcutaneous adhesions, retraction of the 1st commissure and stiffness of the MCP and the thumb with defective of opposition and closure of both hands. The DASH was 60%. After the 4-month rehabilitation program, the DASH was 17.5%.

Conclusion—The main objective of supportive care for the burned hand is to restore maximum functional and cosmetic integrity. It must be started early in the acute and optimized phase throughout the healing process and requires close collaboration between surgeon and physiotherapists. Functional prognosis of the burned hand depends on the depth of the burn and the period of supportive care.