Objective.

E-mail address: mostafaardati@hotmail.com.

Methods and materials.– Population: 57 subjects with cerebral palsy aged 7–18 years, 21 tetraplegics, 7 diplegics, 16 hemiplegics and 13 cerebellar syndromes, they have been divided into 4 groups extremely premature infants born at moderately premature infants from 31 to 34 weeks Mild premature infants from 34 to 36 weeks full term infants after 36 weeks.

Discussion.– All of them have been studied by a visual assessment to form a complete classification of visual impairment consisting of the three components: sensory, motor and functional.

Statistical analysis.– The Data was analyzed with the software “Statistica”.

Results.– It has been found three significant correlations. The fixation was considered normal in 84.6% of children born after 34 wk gestation (Fixed t: [n = 26 more than 34 s] 22). The visual field was limited only in children born before 34 wk gestation, especially in moderately premature infants from 31 to 34 weeks: 67% (n = 18 limited visual fields) 27. This percentage was 41% for the extremely premature infants especially in moderately premature infants from 31 to 34 weeks: 67% (n = 26 more than 34 s) 22).

Discussion.– This work identifies a very critical period between 31 and 34 weeks, which is associated with a significant risk of neurovisceral disorders. These results are to correlate with the maturation of the neurovisceral system I in this period. There was no significant difference between the group with mild prematurity those and I who born in full term.

Further reading


http://dx.doi.org/10.1016/j.rehab.2012.07.623

P039-e

Neurological presentation of Wilson’s disease in childhood: Disabling pathology

D. Cherqaoui, Y. El Anbari, Y. Abdelfeethah, F. El Midmani, A. El Fatimi CHU Ibnou Rochd, rue des Hôpitaux, 23000 Casablanca, Morocco

E-mail address: cherqaoui-damia@hotmail.fr.

Keywords: Wilson’s disease; Neuro-orthopedic complications

Introduction.– Wilson’s disease, autosomal recessive genetic disease, causes tissue accumulation of copper in the liver initially progressing to cirrhosis and in the central nervous system responsible for neurological complications. The diagnosis is both clinical and molecular biological.

Objective.– We report a case of Wilson’s disease with which we’ll discuss the management of neuro-orthopedic complications of this disease.

Observation.– M.Y. child aged 10 to consult with walking problems and slow gestures with speech. Born to consanguineous parents with a good psychomotor development. He had generalized dystonia, dysarthria and impaired deglutition. One Wilson’s disease was suspected, confirmed on liver biopsy; normality of ophthalmological examination, ceruloplasmin equals to 0.73 g/l and normal cuprurie delayed the diagnosis.

Discussion.– The revelation neurological forms of Wilson’s disease represent approximately 35% of cases. We must therefore think of Wilson’s disease before any neurological or psychiatric signs in children or adolescents and achieve a balance. The heterogeneity of clinical signs often causes misdiagnosis and explains the mean time to diagnosis of 6 to 36 months, which influences the prognosis pejoratively. Various chelators are available to reduce the morbidity and mortality of Kawasaki disease. Rehabilitation is an important part of the care that must be started early before the installation of neuro-orthopedic complications, hence the importance of a multidisciplinary management of these patients.

Further reading


http://dx.doi.org/10.1016/j.rehab.2012.07.624

P040-e

Does the respite stay in a paediatric department of PRM meet a patient need?

A. Javarel a, b, C. Mietton 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

*Corresponding author.

E-mail address: jaravel.amandine@wanadoo.fr.

Keywords: Respite; Children with multiple disabilities; PMR

Introduction.– Respite stay, or a brief period of in-hospital rest, appears to meet a specific and real need for young patients with multiple disabilities and their families. The paediatric department of physical medicine and rehabilitation at