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
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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.

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
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P040-e
Does the respite stay in a paediatric department of PRM meet a patient need?
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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
the university St-Étienne hospital offers this type of short-term stay when bed availability allows. The objective of this study is to evaluate the benefit of this practice.

Method.– A retrospective qualitative survey was conducted using a review of the medical records of 19 patients who had respite stays since the unit opened in December 2004. The children’s parents answered a phone questionnaire. The child’s primary care physician and senior health service physician were also interviewed.

Results.– Most stays gave satisfaction, allowing changes of medication or equipment, access to expert advice, reassessment of the clinical condition... and an improvement in the children’s relationship with their families when they returned home. Parents were reassured by the medical community and hospital.

Discussion/Conclusion.– This survey provides arguments in favour of developing respite stays for children with multiple disabilities. Experience raises the question of the role of the hospital in this type of care proposition. It also highlighted the fact that general practitioners are unaware of this type of hospital care.

Further reading
Le droit au répit, besoin vital d’un temps à soi pour les familles d’enfants en situation de handicap. Dietrich M., Livre blanc, APEH.

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