Discussion.—We hypothesize a palatine deformation secondary to an orbicularis oris muscle hypertonia in response to the permanent mouth opening due to the temporomandibular joints dislocation while the patient was recovering his cognitive and language skills. The dental arch is indeed relatively deformable due to its constitution (spongy bone) and to the presence of a median weakness (suture). Moreover, the orbicularis oris is a very powerful closing muscle, acting as an oral sphincter, which is involved in phonation, suction, chewing, swallowing, and breathing [2].

Although this type of deformation seems to be common in children with cerebral anoxia, we did not find any description of similar cases in the adult population. Given the strain rate early prevention by physiotherapy and even botulinum toxin injection as soon as ICU management is required.

References
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Disability and functional outcome after Guillain-Barré syndrome (experience of department Casablanca): About 19 cases
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Keywords: Guillain-Barré syndrome; Rehabilitation; Functional Introduction.—Guillain-Barré syndrome (GBS) is a primitive segmental acute inflammatory polyradiculoneuropathy with multifocal demyelination of autoimmune etiology. The vital and functional prognosis can be at stake in the short and medium terms.

Objective.—Assess, one year after the sickness on:
– the functional outcomes by the Functional Independence Measure (FIM);
– family and socioprofessional outcomes by measuring the quality of life (SF-36).

Materials and methods.—It is a retrospective study of 19 patients with GBS, which were taken care and followed in our department.

Results.—Of 19 cases, 12 patients were male; the mean age was 32.7 years. About the neurological level, all patients at admission had tetraparesis. Elements found bad prognosis in our series:
– need for assisted ventilation in 2 patients;
– duration of the installation phase less than 7 days in 6 patients;
– damage early axonal EMG in 11 cases.

Evolution, a year after the onset of the disease was favorable in most cases:
– the average MIF increased from 67.8 to 105.3/126;
– regarding the resumption of daily activities and work, 9 of the 11 patients initially professional activities have resumed the exercise of their professions, a patient could benefit from professional reclassification;
– quality of life measured with the SF-36 questionnaire, was improved in all dimensions in all patients.

Discussion/Conclusion.—The GBS is the most common form of acute polyradiculoneuropathy, initially committing serious disease prognosis and secondary functional outcome with residual functional sequelae can sometimes persist and interfere with daily activities and professional patients where the need a multidisciplinary early.

Treatment should not only be aimed at improving the disability of patients but also to limit the impact of the disease on their social.

Further reading
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