CO64-002-e
Etiologies, comorbidities and causes of death in a population of 133 polyhandicapped patients cared for at specialist rehabilitation centres
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Keywords: Polyhandicap; Death; Comorbidities

Objective.—This study addresses the questions of the aetiologies, comorbidities, and causes of death in a population of severely poly-handicapped (PLH) patients.

Method.—Based on the medical files of all deceased PLH patients, who were cared for between 2006 and 2012. Data collected: etiological diagnosis of death, comorbidities: chronic respiratory insufficiency, recurrent attacks of pulmonary infections, urinary infections, active epilepsy, scoliosis, chronic digestive disorders, and behavioural problems.

Results.—Hundred and thirty-three patients died, 70 children and 63 adults. The sex-ratio was 84 men to 49 women. The average stay in these institutions was 10 years. The average age at the time of death was 21 years, in 60% of cases the place of death was in the specialist rehabilitation centres. The causes of death in decreasing order were: pulmonary infections (63.2%), sudden death (18%), status epilepticus (6.8%); 79.7% of patients suffered from chronic respiratory insufficiency, 60.2% suffered from serious scoliosis, 66.9% drug-resistant epilepsy, 78.9% had digestive disorders. The main aetiologies of the poly-handicap were: pre- and perinatal encephalopathies (31.6%), metabolic encephalopathies (18%), convulsive encephalopathies (11.3%).

Conclusion.—The main comorbidity and main cause of death in patients with severe PLH is respiratory failure.

CO64-003-e
Cognitive disorders in adults with cerebral palsy
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Keywords: Cerebral palsy; Cognitive disorders

Objective.—To investigate causes of death and age at death in cerebral palsy (CP) subjects compared with the general population.

Method.—Analysis of data supplied by the Centre of Epidemiology on the Medical Causes of Death was conducted. Three thousand and thirty-one death certificates indicating a diagnosis of CP were reported between 2000 and 2008.

Results.—Median age at death was between 45–54 years and principal cause comprised the category ‘Symptoms, signs, and abnormal results of clinical and laboratory tests, not classified elsewhere’. Of these, 66% were related to the circulatory and respiratory systems. ‘Diseases of the respiratory system’ was the second most common cause of death. The third most common cause was ‘Diseases of the circulatory system’. The tumour pathologies were only the fourth cause of death.

Discussion.—These results concur with other published data, i.e. subjects with CP die younger than the French general population, and the principal causes of death are respiratory and circulatory problems.

Further reading

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The qualitative assessment of general movements in preterm infants with small for gestational age or abnormal echo image:

Pilot study
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Keywords: Preterm; Small for gestational age; Brain echo; General movement

Objective.—Identifying neurological deficits accompanying with the preterm infants is important but remains a challenging task. The purpose of this study was to examine the relationships of a relatively new method, the assessment of general movements (GMs), with two risk factors, abnormal brain echo findings and small for gestational age (SGA).

Material and methods.—Twenty-one preterm infants were included: five were SGA, five with abnormal brain echo, and one with both diagnoses. Video recordings were taken once before 38 weeks of gestational age and once at writhing period. Correlation between GMs and abnormal brain echo and SGA were determined using Spearman’s correlation coefficient.

Results.—In preterm and writhing period, half of the preterm infants without SGA or abnormal echo had abnormal GMs. One and 4 out of 6 infants with SGA had abnormal GMs in preterm period and writhing periods, respectively.

Discussion.—Abnormal GMs were not necessarily related to brain echo and SGA. Some studies considered that early abnormal GMs might be caused by transient abnormalities, which explained why the preterm infants without abnormal echo or SGA demonstrated abnormal GMs.