CO02-001-e

Use of baclofen pump in the cerebral palsy of child: National survey of practice 2

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Keywords: Spasticity; Intrathecal baclofen therapy; Cerebral palsy

Background.—Aim of this study was to shed a light on the current use of intrathecal baclofen delivered by pump infusion in France for cerebral palsy in children in order to standardize practice in that specific indication.

Methods.—We performed an observational study based on a standardized questionnaire sent to 29 pediatric PM&R services over the country. The questionnaire consisted in closed responses (yes or no).

Results.—Twenty-four services responded to the questionnaire. Pre-test evaluation was performed in 22 cases and post-test evaluation in 21 cases, and early after implantation in 20 cases and late after implantation in 17 cases. Single shot infusion was the test favored by PM&R physicians in 15 cases. The pump was implanted in the subcutaneous tissue in 19 cases. Early complications were observed in 16 cases after pump implantation. Late complications were observed in 2 cases and consisted in catheter migration.

Conclusion.—In conclusion, the current study demonstrated large practice diversity over the country and highlighted to potential for complications due to the treatment. The follow-up of the treated patients was also non-uniform. It should be of interest to develop nationwide standardized strategies in order to improve and make uniform patient management.

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Intrathecal baclofen therapy for children with cerebral palsy (CP), especially the ambulatory and dystonic children

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Keywords: Spasticity; Intrathecal baclofen therapy; Cerebral palsy

Background.—Intrathecal baclofen therapy for children with severe spasticity (Gross Motor Function Classification System IV-) is a successful therapy. However, in children with GMFCS I-III and dystonia patients, this therapy is not so evident.

Method.—I’d like to elucidate our screening and follow-up methods based on the experience of a multidisciplinary team approach at the University Hospital Pellenberg on a large group of CP children.

Results.—It is important to assess the patients whole clinical presentation of spasticity and spasticity-related problems, to make short-term and long-term treatment goals. Re-assessment of treatment goals is necessary.

Conclusion.—Intrathecal baclofen therapy is not a solo therapy. How can we evaluate this therapy then?

Further reading


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