

La Fatigue et poliomyélite séquellaire

Dr Zouhir Boukara - Service MPR CHU Frantz Fanon, Blida

¹Z. Boukara - ¹A.C. Nouar - ¹H. Cherid - ¹S. Arbaoui - ²O. Bensaber - ²M. Bendjaoui - ³M. Aoudjhane

1- Médecine Physique et Readaptation CHU Blida; 2- Médecine Physique et Readaptation CHU Sidi Bel Abbès; 3- Epidémiologie CHU Blida.

OBJECTIFS:

La fatigue est fréquemment rencontrée chez les survivants de poliomyélite. Les objectifs de notre étude est de retrouver l'incidence de la fatigue chez nos malades survivants de poliomyélite algériens, et de rechercher la corrélation entre le degré de la fatigue, les facteurs biométriques, socio-professionnels et les différents signes cliniques du syndrome post poliomyélite. SPPS 14,0 logiciel utilisé pour l'étude épidémiologique.

RESULTATS:

L'incidence de la fatigue chez les survivants de poliomyélite est considérablement présente à 80%, le pic d'âge entre 40 - 50 ans, les fractures biométriques (âge, poids et socioprofessionnels ne semble pas avoir une influence significative sur la fatigue. 70.3% des survivants de polio présentent un syndrome post poliomyélite et seule l'amyotrophie est retrouvée en rapport significatif ($P < 0.03$).

CONCLUSION:

La prise en charge doit être basée sur l'origine et le diagnostic de la fatigue.

Le traitement de la fatigue doit consister en une éducation du patient sur le syndrome post-polio, l'économie des efforts, la gestion du repos et le recours à des aides techniques. A cet effet, la rééducation devrait agir dans un cadre multidisciplinaire.

Newborn jaundice and kernicterus at the era of intensive phototherapy in a teaching hospital in Algeria

Y. Sadi, F. Sadaoui, C. Kaddache, R. Boukari

Pr. neonatologist, Neonatal unit, Pediatric Department Teaching Hospital Blida.

INTRODUCTION:

Approximately 60% of healthy newborns and 90% of premature babies have jaundice during the first days of life.

The challenge is to distinguish infants presenting with severe hyperbilirubinemia risk of bilirubin encephalopathy in the larger

number of infants with jaundice harmless. Several reports mention in recent years, an increase of encephalopathy associated with bilirubin, this increase is mainly due to early discharge of maternity, as well as underestimation or trivialization of the toxic effects of bilirubin on the central nervous system.

OBJECTIVES :

Analyze the clinical etiological, therapeutic and evolutive characteristics of a population of infants with a bilirubin encephalopathy (kernicterus) hospitalized in neonatal unit (CHU Blida - Algeria) after installation of intensive phototherapy.

METHODS:

36 newborns were collected From 2003 to 2007 retrospectively and from 2008, 08 newborn admitted to neonatal unit were followed prospectively.

RESULTS:

2696 infants were hospitalized for jaundice, 44 (1.63%) are affected by bilirubin encephalopathy (kernicterus) with a mean annual incidence of 6.2. There was a marked male predominance (sex ratio=3.5). The average age for admission is 3.5 days jaundice appeared on average 1.9 days (I 2H- J4) with an average time from onset of Jaundice and hospitalization of 1.6 days. In one third of cases, kernicterus occurs on a low birth weight (weight <2 500g). Hyperbiliru-

binemia is an average of 275 mg/l, Rhesus D incompatibility (28%) and ABO incompatibility (25%) account for almost half the cases, subgroups Incompatibility in (2 cases) G6PD deficiency (1 case), Crigler Najar disease (1 case).

Jaundice in not labeled in 36% of case, in 78% of cases, the first-line intensive phototherapy (1-3 session) was performed, whereas exchange transfusion has been used in 19% of case, the average hospital stay is 4.8 days the hospital case fatality was 22% (because of the land or neurological disorders), Among 30 infants followed 10 infants (23%) were lost to follow : the installation of cerebral palsy was observed in 2/3 of cases.

CONCLUSION :

Although the prognosis of neonatal Jaundice has greatly improved his last years with the help of intensive phototherapy, the prognosis for infants with bilirubin encephalopathy requires early detection of Jaundice prior discharge maternity and monitoring of newborns with Jaundice (Transcutaneous bilirubinometry interest). Efforts should be strengthened in terms of prevention and treatment of maternal-fetal incompatibility Rhesus D whose frequency remains high in our country.

Research and education in Algeria

H. Kaced

Service Médecine Physique et Réadaptation – EHS Douera

INTRODUCTION:

Continued Medical Education and Continued Profession Development are applied in voluntary accreditation.

Usually hospitals get a yearly budget to perform medical Education and professional development but it's still insufficient according to the important requirements of the different services.

In fact , all health professio-

nais (practitioners, specialists, nurses, physiotherapists, etc.) need to get more education, regarding there daily practice.

A fewyears ago, english teaching, computer science and economic course were planned in a large education program of specialists, however the number of those who enjoy that, was limited.

For now, the exigency of our daily practice and less financial means determine the tapes of continued education programs.

IN PRM, priorities considered, are patient management in a multidisciplinary team, improvement in activities using new technology, training in functional investigations as EMG, Cystomanometry, etc.