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Apstrakt

Artrgripozou karakterišu urođene multiple kontrakture zglobova i slabost mišića. Mišići ekstremiteta bivaju zamenjeni masnim i vezivnim tkivom. Klasičan oblik artrgripoze se zato u novijoj literaturi obično zove amiooplazija. Ako dođe do izmene respiratornih mišića, može doći i do smrtnog ishoda, mada ređe. Bitno je naglasiti da stanje nije progresivno. Prevalenca je 1:3000. Prema nekim podacima prevalenca u Evropi je 1:12000.

Etiologija: Zglobovi se razvijaju u drugom mesecu trudnoće, pa upravo u ovom periodu može se tražiti uzrok nastanka ovog stanja. Kao razlozi navode se: infekcija uz povišenu telesnu temperaturu, traume, korišćenje droga, ali i insekticidi kojih ima u sprejevima protiv insekata, u šamponima protiv vaši i omasovljena upotreba u poljoprivredi doskora.

Klinička slika: Deformiteti su češći na distalnim zglobovima, na šakama i stopalima. Zglobovi su rigidni, sa tankim potkožnim tkivom i odsustvom kožnih nabora. Pored brojnih kontraktura, česta su i iščašenja (obično kukova i kolena), nekad odsustvo patele. Mišići su atrofični, nekada nedostaju cele mišićne grupe. Tetivni refleksi su oslabljeni ili ugašeni. Na licu se često javlja mikrognacija, ptoza, strabizam. Drugi organi takođe zaostaju u razvoju, pa može doći i do oštećenja CNS-a i do mentalne retardacije.

Lečenje: Lečenje dece sa artrgripozom zahteva saradnju fizijataru, hirurga, fizioterapeuta, ergoterapeuta, psihologa, socijalnog radnika, ortotičara, uz rano i potpuno uključivanje roditelja. U principu, lečenje dece sa artrgripozom jeste konzervativno (fizičko i ortotsko) i radikalno (hiruško)...

Cilj rada: Ukazivanje na povećanje broja obolelih od ovog oboljenja u kliničkoj praksi.

Metodologija: Prikaz slučaja.

Zaključak: Bitno je ultrarano početi sa lečenjem svim raspoloživim metodama i tokom prve godine života postići funkcionalne položaje zglobova uz podsticaj motornog razvoja. Cilj je osposobljavanje pacijenata za svakodnevni život, uz postizanje njihove maksimalne nezavisnosti.

Abstract

Arthrogryposis is characterized by congenital multiple joint contractures and muscle weakness. The muscles of the extremities are replaced by fat and connective tissue. The classic form of arthrogryposis is therefore usually called Amyoplasia in recent literature. If there is a change in the respiratory muscles, it can also lead to death, although less often. It is important to emphasize that the condition is not progressive. The prevalence is 1:3000. According to some data, the prevalence in Europe is 1:12,000.

Etiology: Joints develop in the second month of pregnancy, so it is precisely in this period that the cause of this condition can be sought. The reasons given are infection with elevated body temperature, trauma, use of drugs, but also insecticides that are found in sprays against insects, in shampoos against lice, and mass use in agriculture until recently.

Clinical picture: Deformities are more common on distal joints, hands, and feet. The joints are rigid, with thin subcutaneous tissue and the absence of skin folds. In addition to numerous contractures, dislocations (usually of the hips and knees), sometimes the absence of the patella, are also common. Muscles are atrophic, sometimes entire muscle groups are missing. Tendon reflexes are weakened, or extinguished. Micrognathia, ptosis, and strabismus often appear on the face. Other organs also lag behind in development, so damage to the CNS and mental retardation can occur.

Treatment: Treatment of children with arthrogryposis requires the cooperation of physiatrists, surgeons, physiotherapists, occupational therapists, psychologists, social workers, orthotists, with the early and full involvement of parents. In principle, the treatment of children with arthrogryposis is conservative (physical and orthotic) and radical (surgical)...

The aim of the paper: point out the increase in the number of patients with this disease in clinical practice.

Methodology: Case report

Conclusion: It is important to start ultra-early treatment with all available methods and during the first year of life to achieve functional joint positions with stimulation of motor development. The goal is to train patients for everyday life while achieving their maximum independence.

