

# CPOP NETVÆRKSMØDE

5/4 2022

Jens Erik Klint Nielsen

Overlæge

Roskilde Børneafdeling

# NEUROPAEDIATRISKE OPGAVER I CPOP

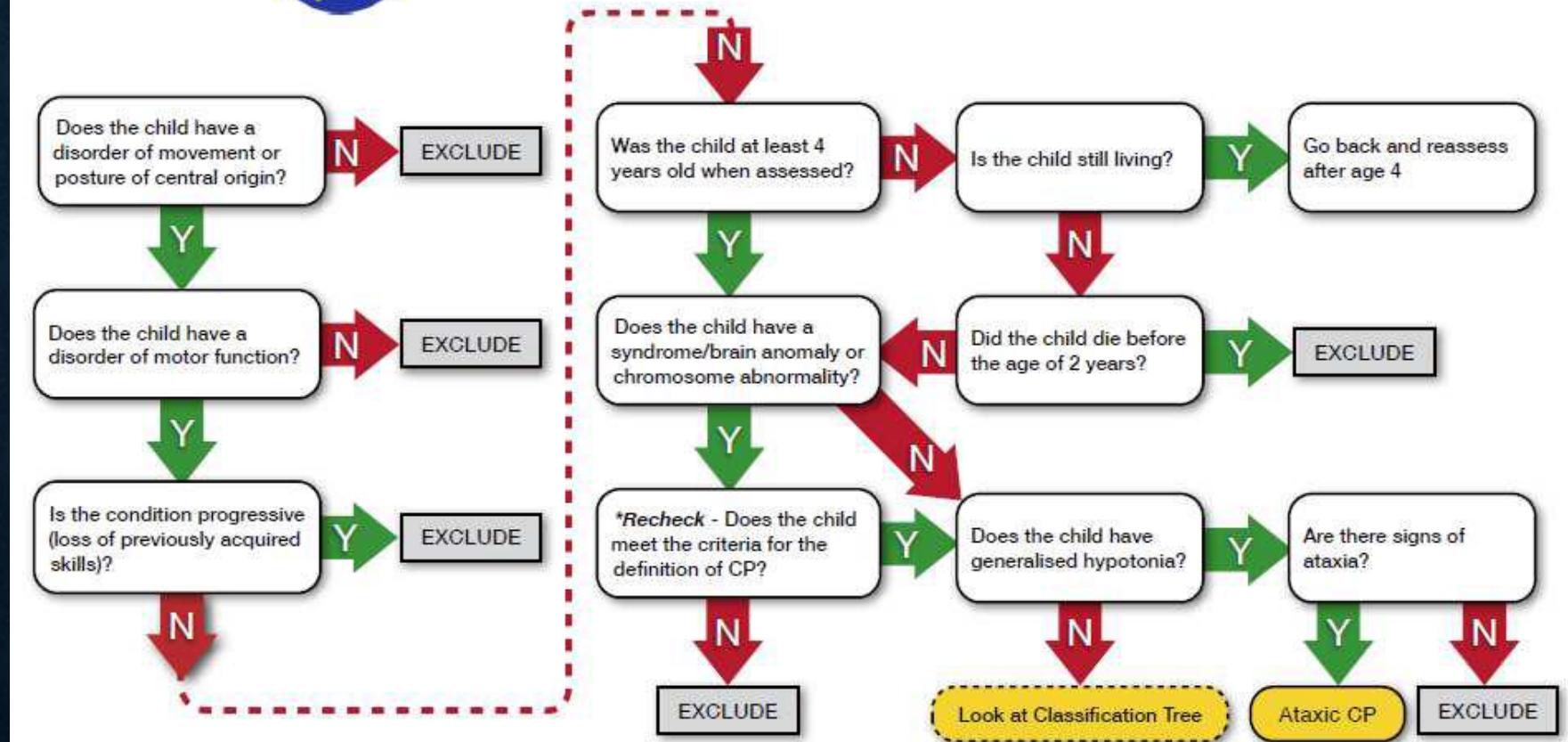
- Inkludere i CPOP
- Deltage i CPOP konsultation
- Koordinering og evt. opfølgning
- Udfyldelse af neuropædiatrisk protokol senest ved 4 års alderen

# CP DEFINITION

- "A group of **permanent** disorders of the development of **movement and posture**, causing **activity limitation**, that are attributed to **non-progressive disturbances** that occurred in the **developing fetal or infant brain**. The motor disorder of CP are often accompanied by disturbances of **sensation, perception, vision and hearing, feeding, cognition, communication, behaviour** and by **epilepsy and musculoskeletal problems**"
- Medfødt eller tidlig erhvervet hjerneskade < 2 år med påvirkning af motorisk funktionsniveau
- Diagnosen således klinisk



## Decision tree for Cerebral Palsy

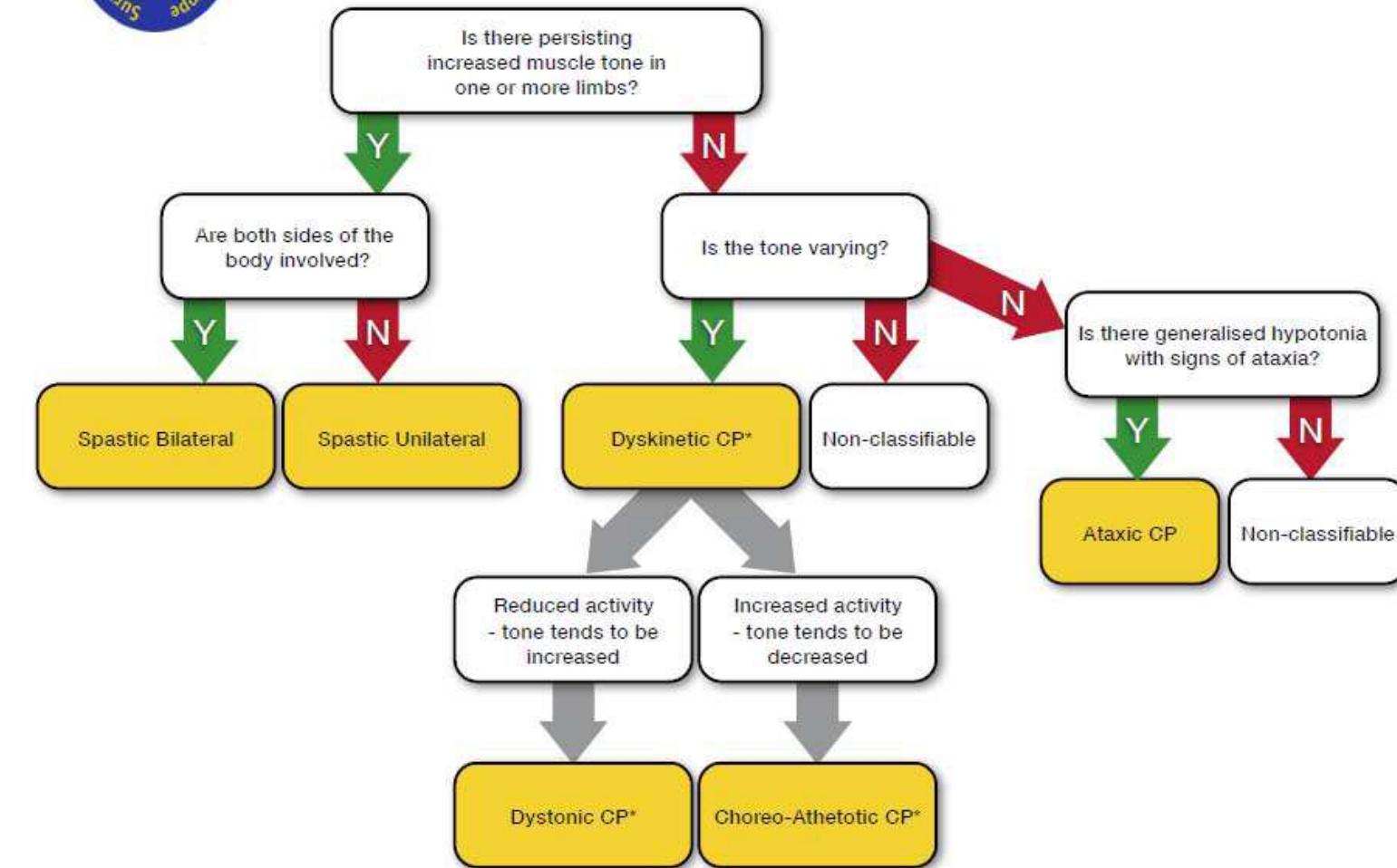


# CP - EKSKLUSIONSKRITERIER

- Progressive lidelser
- Børn, der dør før 2 års alderen
- Børn med generaliseret hypotoni, som ikke er ataktiske
- Børn med erhvervet hjerneskade efter 2 års alderen



## Classification tree for sub-types of Cerebral Palsy



# CP KLASIFIATION

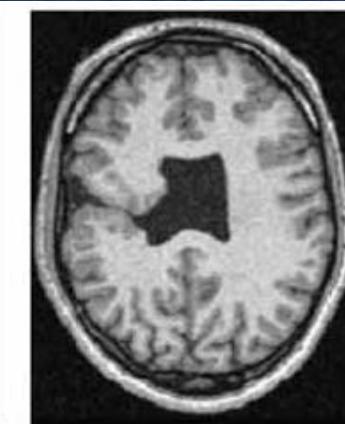
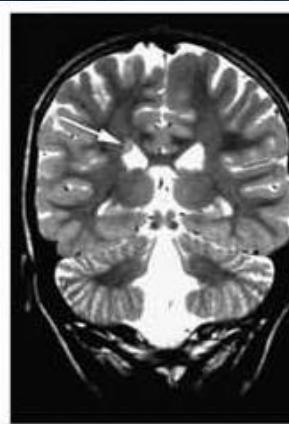
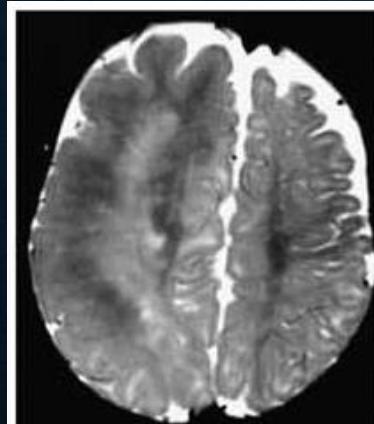
- **90 % Spastisk CP**
  - **Unilateral/bilateral**
  - Øget tonus, catch, klonus, hyperrefleksi, udvidet refleksogene zoner, pos plantarrespons
- **6 % Dyskinetisk CP**
  - Abnormt bevægelses og/eller stillingsmønster med ufrivillige, ukontrollerede, gentagne og nogle gange stereotype bevægelser.
  - **Dyston CP** (vekslende tonus , mest hypertoni,, hypokinesi med reduceret aktivitet og stive langsomme bev)
  - **Choreoathetotisk CP** (vekslende tonus , mest hypoton, hypokinesi og hyperkinesi med øget aktivitet og hurtige, store, evt. vridende bev)
- **4 % Ataktisk CP**
  - Abnormt bevægelses og/eller stillingsmønster med manglende koordination og som regel nedsat tonus, således at bevægelser gennemføres med abnorm kraft, rytme og præcision
- Ej klassificerbar / blandings CP

# PÆDIATRISK PROTOKOL

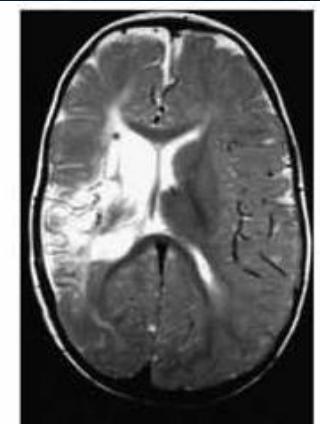
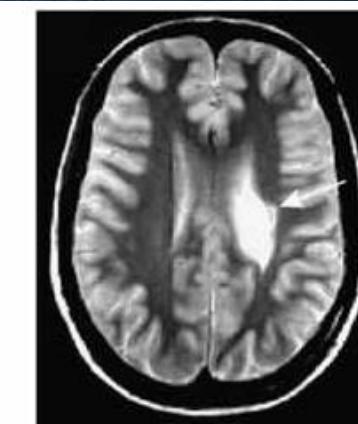
- Fødselsoplysninger
- Subklassifikation af CP
- Billeddiagnostik
- Talefunktion
- Kognitiv vurdering
- Diverse – syn, hørelse, vækst, spasmolytiskmedicin, epilepsi, operationer mm.

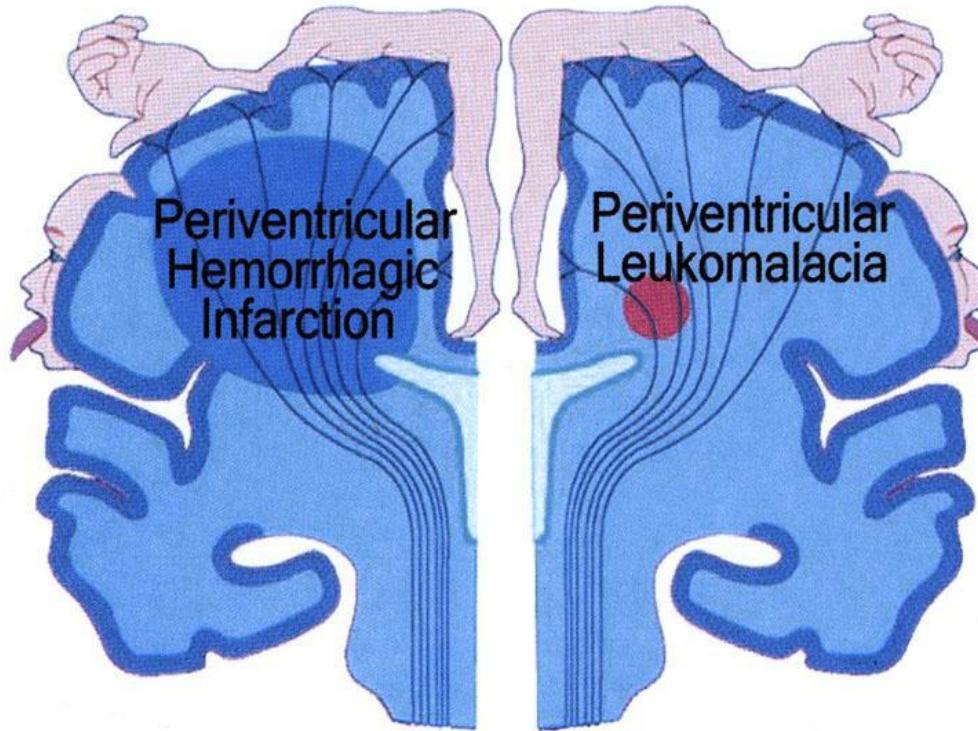
# TIDSPUNKT FOR CEREBRAL SKADE OG MR FUND

6-20 grav. uge

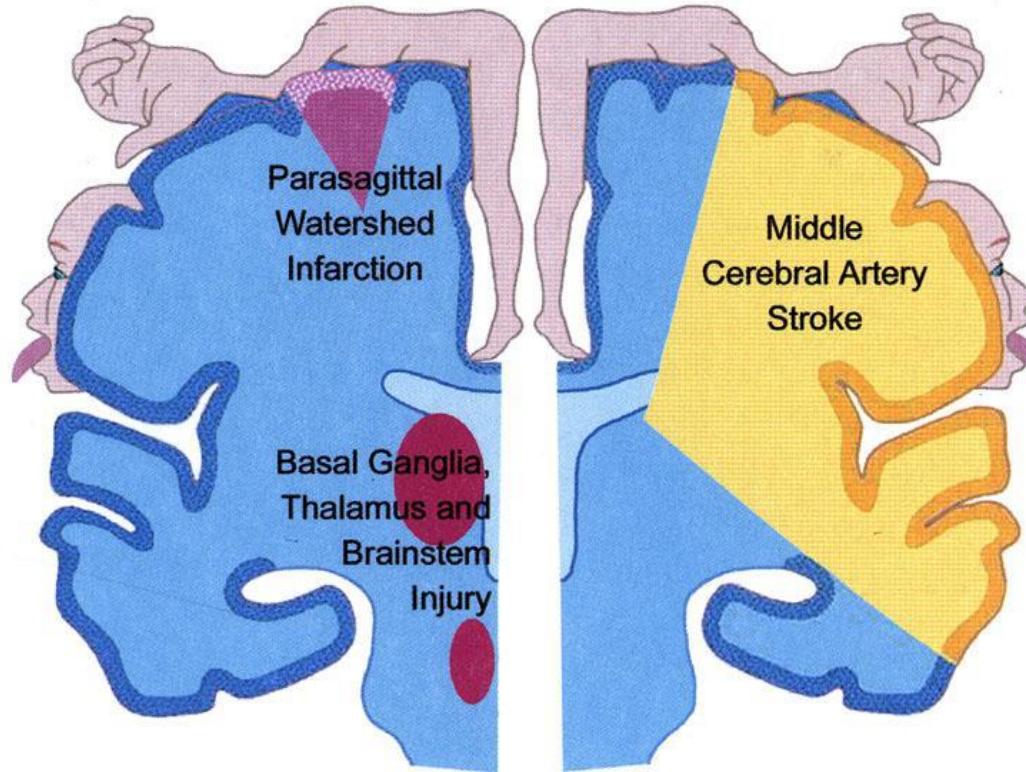


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**Fig. 2.4.** Location of common brain lesions in the preterm infant and their motor sequelae. Diagram of cerebral hemispheres (coronal view) with superimposed homunculus to demonstrate the cortical origin and white-matter pathways of motor fibers to the face, trunk and extremities. PVL in the frontal regions (shown on the right, but typically bilateral) involves pathways to the lower extremities and results in the typical clinical picture of spastic diplegia. PVHI (shown on the left and usually unilateral) affects pathways to the arms, legs and even the face, producing the typical form of hemiparesis seen in surviving preterm infants (contrast with arterial stroke in term infants, Fig. 2.6).



**Fig. 2.7.** Location of brain lesions in the term infant and their motor sequelae. Diagram of cerebral hemispheres (coronal view) with superimposed homunculus to demonstrate the cortical origin of motor fibers to the face, trunk and extremities. The left side of the figure shows parasagittal watershed infarction and regions of selective neuronal necrosis. The right side of the figure shows the distribution of injury in the most common vaso-occlusive lesion, i.e. middle cerebral artery stroke

# NYTTIGE LINKS

- <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/paediatri/tilstade-og-sygdomme/udviklingsforstyrrelser/cerebral-parese/>
- [www.CPOP.dk](http://www.CPOP.dk)
- [www.CPDanmark.dk](http://www.CPDanmark.dk)
- [https://eu-rd-platform.jrc.ec.europa.eu/scpe\\_en](https://eu-rd-platform.jrc.ec.europa.eu/scpe_en)

# TAK

- Spørgsmål?