Limb amputations in children

Oral communications

CO0144
Antenatal consultation following limb malformation discovery using ultrasound scan
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Opinion/Feedback Our unit has been providing antenatal consultations for 30 years following the discovery of limb malformation with the fetus.
Each of these consultations is specific and carried out by a multi-professional team. It requires a physical and rehabilitation doctor, an orthopedic surgeon, an occupational therapist for upper limb malformation, a physiotherapist for lower malformation and a psychologist.
This multidisciplinary consultation is unique because of each pregnancy story, because of each patient life story but also because of the words used by the sonologist when announcing the diagnosis. We deal with couples shocked by the prenatal diagnosis. We help them get acceptance of the child to be born and to forget about their imaginary child.
Medical information is often perceived as being “a surfeit of information” difficult to handle by the couple stunned by the overwhelming diagnosis.
We must stress that it is critical to not only have a good medical description of the malformations and potential treatments but also a good psychological support (parents personal life story, self-defense mechanism, guilt feeling).
The ethical aspect of this consultation is also important. Team members must be as neutral as possible in their assessments in order to let the couple take the final decision: the continuation of the pregnancy or a request of voluntary termination of pregnancy. These prenatal consultations highlight the importance of the multidisciplinary global care.
Keywords Antenatal consultation; Shock due to announcement; Psychological impact; Imaginary child; Support; Multidisciplinary global care

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Latest trends in upper limb prosthesis for children with agenesis
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Opinion/Feedback Design of these hands (3D prints) are often driven by the desire to have a prosthesis as close as a “real hand”, both from an aesthetic and a functional standpoint.
A new type of hands has been launched in France in September 2015 thanks to 3D printers. Alongside standard medical prosthesis available with medical prescription and designed by orthoprosthetist, they can also be developed and made in a non-specialised and non-CE approved workshop using 3D printer at lower cost.
Those hands were engineered in the USA with this easy manufacturing process and are now expanding all around the world. This design better fits with the shape of the malformation like for example for an agenesis or a transcarpal amputation. A 3D printed hand seem to fill a “hole” in current possibilities.
From a functional standpoint, use of this new hand must be studied and improved.
This 3D prosthesis also seems to have a psychological and social impact for children aged from 6- to 8-years-old. The child takes part in its configuration and design. He is asked to draw it, select its colours and to customise it with pictures of his favourites heroes. Children collaboration and involvement in the hand design with the “maker” enable to better meet specific needs of each child.
Where does the medical staff stand with regard to this “non-medical” product? What potential collaboration with the “makers”?
Keywords Malformation/upper limb amputation; Equipment; Prosthesis; 3D print prosthesis; Psychological experience
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