E-Poster

EP-149

Osteoarticular Manifestations in Silver-Russell Syndrome: A Case Report

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

Ikrame Aicha Behnas

Physical Medicine and Rehabilitation, EPH Bouguerra Boulaares, Tebessa, Algeria

BACKGROUND

Silver-Russell Syndrome (SRS) is a rare genetic disorder characterized by intrauterine growth restriction, postnatal growth failure, distinctive craniofacial features, and musculoskeletal abnormalities. These anomalies often include developmental dysplasia of the hip (DDH), scoliosis, and clinodactyly, which pose significant challenges in clinical management. This case report describes a four-year-old girl with SRS and her unique osteoarticular manifestations.

CASE DESCRIPTION

The patient was diagnosed with SRS, based on clinical findings and genetic testing. Her facial features included a triangular face, prominent forehead, and micrognathia. Growth failure was evident, along with a height below the third percentile. The patient presented with unilateral DDH, initially treated with a Pavlik harness, which failed. Functional orthopedic management was performed, addressing a shallow acetabulum and subluxation of the femoral head.

Progressive scoliosis was identified with a thoracic curvature of 51°, lumbar curvature of 46°, and cervicothoracic curvature of 20°. A Rigo Cheneau Brace was prescribed to control the progression of scoliosis. Bilateral fifth-finger clinodactyly was noted but required no specific intervention. The treatment plan included physical therapy focusing on improving posture, flexibility, and mobility, alongside multidisciplinary care involving orthopedic, physiatric, and nutritional management.

DISCUSSION

This case highlights the complex and multifactorial nature of musculoskeletal complications in SRS. Failure of initial DDH treatment with the Pavlik harness necessitated a shift to functional orthopedic interventions. Progressive scoliosis required bracing and rehabilitation therapy to manage spinal deformities and maintain functional mobility. Early recognition of characteristic craniofacial and skeletal features is critical for diagnosis and treatment planning in SRS. A multidisciplinary approach improves both functional and quality-of-life outcomes in these patients, emphasizing the importance of tailored, individualized care.

CONCLUSION

This case underscores the importance of early multidisciplinary management in addressing the skeletal manifestations of SRS. Functional orthopedic treatment and physiatric interventions, including bracing, are essential for improving mobility and quality of life in these patients.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-149

Corresponding Author:
Ikrame Aicha Behnas
Physical Medicine and Rehabilitation, EPH Bouguerra Boulaares, Tebessa, Algeria
Email: ikrame.aicha.ia@gmail.com