E-Poster

EP-952

Journey of a Five-Year-Old From Hypoxic Ischemic Encephalopathy (HIE) Sequelae From Hospital to Home

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

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BACKGROUND

After Hypoxic Ischemic Encephalopathy (HIE), treatment focuses on helping children adapt to symptoms caused by the brain injury. The myriad of signs and symptoms range from motor, non-motor, and social.

CASE DESCRIPTION

A five-year-old child without any known co-morbidity was found cyanosed and unresponsive at home. He was immediately taken to the hospital, cardiac arrest was suspected and a prolonged cardiopulmonary resuscitation was followed by mechanical intubation. After a turbulent, intensive care course and a prolonged disorder of consciousness, a Physiatrist supervised, neuro rehabilitation program was started. Physiotherapy, occupational therapy, a speech swallowing pathologist, and a child psychologist were involved. Post-decannulation, the patient showed a transient improvement in all domains. However persistence of stridor and worsening of functionality led to the re-exploration of causes. Huge adenoids were found to be the culprit. Post adenoidectomy, complications were noted and a neurorehabilitation program was innovated and customized at every stage. Simultaneously a large section of the society came forward with philanthropic intentions to help the family. The child showed remarkable improvement and was discharged in an ambulatory state with improved speech and cognition. A supervised home program followed and over a period of six months, the child was ready to return to school. The child was further followed up one year later. He had regained his speech and regularly attended school with decent scholastic performance and acceptable outdoor sports participation.

DISCUSSION

This case is an example of inter-departmental liaison and the uniqueness of successful pediatric rehabilitation of a near-dead patient.

CONCLUSION

Rehabilitation of children with hypoxic-ischemic encephalopathy sequelae can be both challenging and tedious. The approach depends on the pathophysiology as well as scientific innovation. A Physiatrist needs to get the right balance between pharmacological and non-pharmacological approaches.

Statement of Disclosures

None

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Doi: 10.5606/archisprm.2026.EP-952