

## Refusal to walk post COVID -19 in a child with cerebral palsy and rehabilitation intervention

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### ABSTRACT

**Summary:** Musculoskeletal manifestation in child with cerebral palsy post COVID-19 can present with refusal to walk and rehabilitation can facilitate recovery. He is a 4-year-old boy with spastic bilateral cerebral palsy gross motor function classification system level 4 presented to the outpatient rehabilitation consult 3 weeks after COVID-19 infection with refusal to walk. He had 2 days of fever and was relatively well. Subsequently, he refused to stand or walk after 1 week from the onset of fever. During clinical examination, he was uncooperative and refused weight bearing on left lower limb which was kept in a flexed hip and knee position. Further investigation was conducted which included left lower limb X-ray and inflammatory markers. All investigations were reported normal. Child was given a provisional diagnosis of post COVID-19 myalgia. Oral analgesic was prescribed to children for pain control. He was enrolled in a multidisciplinary rehabilitation programme with the aim for gradual return to walking. Exercise prescription included gentle stretching to prevent contractures. Child was put on supported standing with gradual increase time. Play therapy was included to encourage child's participation. He was able to return to his previous walking status after 10 sessions of therapy. Early rehabilitation intervention with strategy to identify the complications in a child with disability post COVID-19 infection may leverage the recovery in this special group.

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## The classical internal limiting membrane drape sign

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### ABSTRACT

**Summary:** Macular telangiectasia (MacTel) type 2, also known as idiopathic juxtafoveal retinal telangiectasia type 2, is an acquired form of bilateral macular telangiectasia observed in elderly patients. It typically presents with dilatation of retinal capillaries and crystalline deposits at the vitreoretinal interface. Optical coherence tomography (OCT) macula characteristically shows hypo-reflective retinal cavities with the persistence of overlying internal limiting membrane (ILM) known as 'ILM drape'. Herein, the authors described a case of elderly woman who presented with a classical OCT appearance characterised by MacTel type 2. As there is currently no generally accepted therapies for MacTel not associated with subretinal neovascularization, she was offered with cataract extraction and lens implant in order to improve her quality of life.