v. 3, n. 93, 2023

International Journal of Health Science

THE IMPORTANCE OF DIFFERENTIAL DIAGNOSIS BETWEEN AUTISTIC SPECTRUM DISORDER AND CEREBRAL PALSY IN A CHILD PATIENT: CASE REPORT

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INTRODUCTION

The diagnosis of Autism Spectrum Disorder (ASD) is clinical and based on family reports, anamnesis and physical examination. The deficit in non-verbal communication ranges from a total lack of facial expression to the inexistence of gestural communication with verbal communication. Motor coordination deficit manifests mainly as difficulty in performing fine motor coordination movements, using tools and learning complex motor skills. Cerebral palsy presents itself as motor, tonic, postural and kinetic dysfunction, in addition to causing impairment in speech and cognitive function. It is evidenced in the literature that 30% of cases of children and adolescents with cerebral palsy have ASD associated with it. Therefore, the objective of this study was to discuss the importance of the differential diagnosis between cerebral palsy and ASD.

MATERIAL AND METHODS

A case study (Yin, 2015) was carried out with qualitative analysis. Patient L.S.B, male, 2 years and 6 months old, attended in the medical emergency, participated in the study. At this point, anamnesis, physical examination and interview with the mother were carried out.

RESULTS AND DISCUSSIONS

The patient arrived at emergency care with a seizure associated with nystagmus, progressing to loss of consciousness and was referred to neurological emergency care. The pediatric neurology evaluation reinforced the hypothesis of autism by showing repetitive motor movements, lack of verbalization, abnormality in visual contact and body language, total absence of facial expressions and non-verbal communication. Furthermore, during the consultation the mother reported episodes of emesis, hyporeactivity, and postprandial central cyanosis. L.S.B also had neurodevelopmental delay, macrocephalic, micrognathic, hypotonic, malformation and hydrocephalic without treatment, without a history of epilepsy. The mother had used fluoxetine, haloperidol and risperidone during pregnancy. In a neurological evaluation, there was a delay in psychomotor development with verbal and behavioral deficits, considering the diagnostic hypothesis of cerebral palsy and/or autism, with atypical manifestations.

CONCLUSION

The reported case raises the hypothesis of two possible diagnoses: Autism and/or cerebral palsy. Evidence indicates that cerebral palsy has a multifactorial etiology, as does autism, and may or may not occur concomitantly. Therefore, a multidisciplinary assessment is necessary, with the aim of improving the patient's cognitive, motor and verbal function, as well as their social integration, and finally, so that the diagnosis can be finalized.

REFERENCE

Yin, R. Estudo de Caso: Planejamento e métodos. Porto Alegre: Bookman, 2015.