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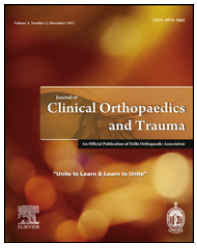

Review article

Cerebral palsy in children: An overview

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ABSTRACT

A review article giving a brief synopsis of etiology, classification, diagnosis and management of cerebral in children.

1. Introduction

Cerebral palsy (CP) has been described as a group of disorders of the development of movement and posture that are attributed to nonprogressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, cognition, communication, perception, and/or behavior and/or a seizure disorder.[1] Diseases specific to the peripheral nerves of the spinal cord (e.g. spinal muscular atrophy, myelomeningocele) or to the muscles (e.g. muscular dystrophies), although causing early motor abnormalities, are not considered cerebral palsy.

2. Pathophysiology

The pathophysiology of cerebral palsy is not fully understood. The following events occurring during child's neural development occurring due to fetal, maternal, gestational or postnatal factors are may be responsible:

1. **Brain injury or abnormal brain development:** injury to the developing brain can occur anytime from gestation to early childhood. Contrary to popular belief, fewer than 10% of injuries occurring during the birth process result in cerebral palsy.
2. **Prematurity and postmaturity:** cohort studies have shown an increased risk of cerebral palsy in children born slightly preterm (37–38 weeks) or postterm (42 weeks) compared with children born at term (40 weeks).[2]
3. **Cerebral leukomalacia**
4. **Periventricular–intraventricular hemorrhage, hypoperfusion injuries** in the distribution of the middle cerebral artery, basal ganglia or other regions of brain.
5. **Cerebral infections or inflammations**

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