



Parent/Guardian of Gwendolyn Vials-Moore
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Alder Hey Children's 

NHS Foundation Trust

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Fractures
Mr D Wright
Orthopaedics

Dear Dan

Gwendolyn VIALS-MOORE
2 Coronation Drive
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D.O.B. 22/08/2014
Hospital No. AH1565586
NHS No. 701 057 1422

Many thanks for asking me to see Gwendolyn who came to clinic with her parents and brother. Gwendolyn has Trisomy 21 which was diagnosed antenatally. In addition to that she has more complications, specifically with her respiratory system, and is under the care of Dr Halfhide.

Dr Halfhide has written in her last letter that she has obstructive sleep apnoea. She also has issues with gastro-oesophageal reflux. She is also under the care of a number of other specialities such as ENT Audiology and Ophthalmology.

The reason for the referral is that there have been some concerns that, in addition to the above, Gwendolyn also may have signs of right hemiplegia. This has been based on family and physiotherapist concerns that she has some asymmetry with posturing of the upper limbs as well as internal rotation of the right hip.

The family are due to see a Paediatric Neurologist in the next few weeks which will help with this. In addition, the family tell me there were some concerns that some of her respiratory problems may be centrally driven which makes this appointment very important.

In terms of her orthopaedic issues, the main concerns the family had were with her considerable laxity. In particular they said that she dislocates her hips both habitually and when she is moving them in general. Also they report that she has some clicking around the knees and ankles.

When I asked about mobility, the family said Gwendolyn walked at the age of 2 years which is excellent. Her motor control is advancing well and she participates in activities such as ballet.

On examination it was difficult to get her to co-operate with walking. It was quite surprising that on command she would go onto her tip toes bilaterally and then she would do bilateral heel strikes as she was stomping on the floor. This gave an impression of some excellent gross motor control.

During the walk I did not see any significant posturing of the upper limbs. On questioning I understand that she does not favour any particular side but is able to manipulate objects between both hands.

Static examination did not show any increased tone or reduced mobility in either upper limb. Reviewing the lower limbs, she had an increased range of movement at both hips. There were certainly signs of instability, more on the right side than the left with an obvious ability to dislocate the joint in and out.

She had a full knee extension but there was a particular hypermobility around the patellae. She did have a tendency to go into increased dorsiflexion at the ankle but with normal hind foot valgus. I could not elicit any signs of spasticity in the lower limbs.

Based on the hip examination, I took a further x-ray today of her hips as she had one done in 2017. This showed both hips were in joint with well-formed acetabular roofs.

I have explained to the family today that I did not elicit any specific signs which would concern me about a right hemiplegia but I am obviously aware of the history and the concerns. When we discussed Gwendolyn's birth history, it was reported that at the moment she was born she was not breathing. She was taken away in an incubator for around 24 to 48 hours. There has been an underlying question of whether at that time she had a hypoxic episode.

I understand that there are still some issues which the family have regarding the time line of these events at the Women's Hospital.

Ultimately, I think it is important for Gwendolyn to have the neurological review to assess this situation. Certainly, even if she did have a mild right hemiplegia there is nothing structurally That is affecting it at this moment in time.

My main concern is the obvious hip instability especially on the right side. We have had a conversation today about surgical treatments to try and help this. This is really to try to improve hip survivorship.

One of the problems I do not know is that if when Gwendolyn is weight bearing whether she is subluxing the hip which would lead to abnormal loading and early degenerative changes.

Follow Up Arrangements

My plan is to see her and her family in 6 months time after they have seen the Neurologist. We will then have some more ideas about diagnosis. In the meantime, I will also contact Dr Halfhide for a bit more information about her respiratory status. She is also due to undergo a sleep study in the near future.

Once we have this information we can make a better judgement on whether she should have surgical intervention. There might be a need to do an EUA and arthrogram prior to anything else.

Again, it would be worth organising this with other professionals who are doing other interventions at the same time.

Yours sincerely

Electronically checked and authorised by Mr David Wright

Mr David Wright
Paediatric Orthopaedic Consultant

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