

AMHE NEWSLETTER

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History of Prosthetics

The techniques of Amputation have not changed since the end of the 19th century but prosthetic limbs have shown steady improvements in their

designs and weight, their shape and their control mechanism. They are now computerized with brain controlled or myoelectric capability. Unfortunately, the fancier they become the more expensive they are and more, the amputees often prefer the simpler devices because of the difficulties of adaption to a bionic one. Researchers are working in new ways in performing amputations to render a bionic limb more natural and acceptable.

The term Prosthesis (From Greek: Addition, Application, Attachment) is an artificial device able to replace a missing part, lost through trauma, disease or congenital conditions. Prosthetics are intended to restore the normal function of the missing body part. Nowadays, prosthetics are commonly created with CAD (Computer-Aided design), a software interface or by hand. Let us review the Prosthetic devices

through the ages. □

In a past AMHE Newsletter, we mentioned in an article that the first ever recorded prosthetic device was given to the warrior Queen Vishpala, in the Rigveda. The Egyptians pioneered the idea of having wooden toes. Bronze crowns were discovered during the Roman Empire and may have been used for aesthetic purpose. Herodotus, a Greek historian mentioned the story of Hegesistratus, a Greek diviner who cut off his own foot to escape his spartan captors and replace it with a wooden one. A Roman general, Marcus Sergius lost his right hand in battle and used an iron hand allowing him to hold on a shield to return in combat.

The first confirmed use of prosthetic device dated from 950-710 BC. Recently in 2000,

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Pathologists discovered a mummy near Thebes, buried in the Egyptian Necropolis, with an artificial big toe (Wood and Leather). During the Middle Age, prosthetic remained quite basic. Debilitated knights would be fitted, so they could hold on their shield, grasp a lance or a sword. A knife held in a leather strap replaced well an amputated right hand. Later during the Renaissance, prosthetics were developed with the use of iron, steel, copper and wood.

In the mid-16th century, Ambroise Pare improved prosthetic design, inventing notably an above knee amputee prosthetic device with a kneeling peg, supplemented by a foot prosthesis in a fixed position dotted with adjustable harness and knee lock control. Others like Peter Verduyn invented a non-locking below knee prosthetics, James Potts visualized a wooden shank and socket, with a steel knee joint. Many others like Sir James Syme produced a Syme prosthesis to fit patient who benefited from a Syme ankle amputation. Benjamin Palmer Selpho added a leg with an anterior spring. Dobois Parmlee invented a suction socket. Desoutter was the first to use an aluminum prosthesis. All tried to improve the quality of life of the amputee.

Henry Heater Bigg developed arms that allowed a double arm amputee to crochet with an ivory hand. At the end of World War II, the National Academy of Sciences (NAS) advocated better research in the development of Prosthetics with government funding within the Navy, Army, Air Force, and the Veterans Administration.

Limb prostheses include upper and lower extremities prostheses:

Upper Extremity prostheses are used at varying levels of amputation Shoulder disarticulation, Forequarter amputation, Trans-humeral amputation, Elbow disarticulation, mid-forearm amputation, Wrist disarticulation, full or partial hand amputation, finger or partial finger amputation.

The upper limb prosthesis can be divided in three main categories Passive devices, Body powered devices, Externally powered (myoelectric) devices. Passive devices can be for cosmetic purpose or passive tools for leisure or vocational. They can be static with no movable parts or adjustable Hand. Passive devices are useful in bimanual tasks requiring fixation and support of an object. A third of upper limb amputees worldwide uses passive prosthetic hand. Body Powered or cable operated

limbs work by attaching a harness and cable around the opposite shoulder to the damaged arm. The third category of prosthetic devices are the myoelectrical arms. These worked by sensing via electrodes when muscles of the arms contract, forcing the artificial hand to open or close. A trans-radial prosthetic arm is often referred to as a Below Elbow (BE) prosthesis. In 2005, DARPA started a revolutionizing prosthetic program for upper extremity amputees.

Lower-extremity prosthetics describes artificially replaced limbs from the hip level or lower. Ephraim et al. (2003) found a worldwide estimate of all-cause lower-extremity amputations of 2.0–5.9 per 10,000 inhabitants. For birth prevalence rates of congenital limb deficiency, they found an estimate between 3.5–7.1 cases per 10,000 births.

The Lower extremity prostheses can be divided according to the level of replacement.: Hip dislocation, Transfemoral prosthesis, Knee disarticulation, Transtibial prosthesis, Syme's amputation, foot and partial foot amputation, and toe. Transtibial and transfemoral are the most common level of amputation and may be performed for congenital anomalies as well as traumatic amputations. A well-known Van Ness Rotationplasty can use a special prosthesis.

The 1980's brought a revolution in the socket technology of the lower extremity prosthetics. John Sabolich invented the Contoured Adducted Trochanteric-Controlled Alignment Method (CAT-CAM) and other prosthetists converted it into a quadrilateral socket. In 1990's Microprocessor-controlled prosthetic knees become available rendering ambulation more natural for the lower extremity amputee. Some devices were called Adaptive Prosthesis using Hydraulic control or pneumatic control as well as the microprocessor able to accommodate walking speed. We believe that sophistication can bring the cost of an above knee prosthetic to one million in years to come.

We are maybe reaching a point where there are no limits for a good Orthotist to improvise and provide a functional replacement to an amputated part. They generally perform a mold of the extremity and bring their conceptual design to fabricate prosthesis in using lightweight material at the cutting edge like plastics, carbon fiber, titanium, able also to assure strength and stability. They can add advanced electronical equipment for more stability and control.

Myoelectric limbs bring more sophistication in artificial limbs by converting muscle movements to electrical signals. They utilize the residual neuromuscular system

to control the function of an electric powered hand, wrist, elbow or foot. Computer Aided Design and Computer Aided Manufacturing (CAD-CAM) designed, they are slowly replacing upper extremity cable operated prostheses. There is no clear evidence concluding that myoelectric upper extremity prosthesis function better than body-powered prostheses. Advantages in using myoelectrical prosthesis bring cosmetic appeal or may be beneficial to amputee experiencing phantom limb syndrome.

More modern artificial prosthesis can be attached to the stump via belts and cuffs or kept by a suction device rendering possible the residual part to fit into a custom-made socket with silicone liners, helping in the distribution of forces. Newer techniques have used laser-guided measuring and have offered more up to date designs. One will need to minimize pressure on the skin to avoid itchy skin rashes or breakdown. Current technology allows the fabrication of light body powered arms.

Finally, wrist units can promote a voluntary or non-voluntary opening system. Artificial sensors have recently been placed in Switzerland and Italy, to stimulate median or ulnar nerve in the hope to provide a near-natural sensory response while other researchers have already found a way to implant electrodes in the amputated limb or wires linked to the nerves.

Robotic prostheses are often used in rehabilitation of an extremity after stroke, using biosensors and a controller connected to the user's nerve, the muscular system and the device itself. This controller will monitor and control the movements of the device. An "actuator" mimics the actions of the muscle in producing force. Re-innervation of the motor nerve is surgically performed in intact muscles by targeted muscle re-innervation (TMR). The Pentagon research division (DARPA) has also improved the robotic limb in transmitting signals from the brain to the prosthesis. Advances in the processor itself have allowed developers to preform fine-tuned control. A manually rotatable thumb allowed the hand to grip with precision and power.

If most prosthesis are attached to the body in a non-permanent way. Researchers are looking for a way to

have the prosthetic extremity implanted permanently via "Osseointegration" with an exoprosthesis or an endoprosthesis. This new method looks at attaching the artificial limb to the body, by inserting a titanium bolt into the bone and an abutment to the bolt which extend out of the stump. Well known athletes have already participated in Olympics with exoprosthesis. Sergeant Jerrod Fields, a BKA amputee of the US Army ran the 100 meters at the US Olympic training Center in California and won the gold medal with a time 12.15 seconds on June 13, 2009. Oscar Pistorius also a BKA amputee, was found ineligible to compete with his "blade Runner" at the 2008 Summer Olympics. He used a transtibial exoprosthesis and create such controversy that the Olympic committee hesitated to allow him to run thinking that such prosthesis was providing the athlete of an advantage. He ran in the para-Olympics competition and won all his races that same year but was cleared to participate in the 2012 Summer Olympics. He did represent his country of South Africa at the 1012 Summer Olympic and ran multiple races notably the 400 meters and the 4x400 m relay.

A neural prosthetic is about to see life in John Hopkins University laboratory. Other prosthetic devices from silicone and PVC are performed for cosmesis to replace fingers, hands with designed veins, hairs and even tattoos. The cosmetic prosthesis is generally more expensive. In USA, a prosthetic limb cost up to 95.000 dollars with insurance covering 10 to 50% of the total cost. A trans-radial prosthesis for below elbow amputee (BEA) costs a little less than 10.000 dollars while a trans-humeral prosthesis (AEA) and each prosthesis need to be replaced each 4-to 5 years due to wear and tear. An amputee can benefit prosthetic devices providing basic structural support with no joints etc. at low prices especially for children.

Many researchers are working on new ways in performing amputations in grouping or pairing muscle with different functions to render the bionic extremities more natural to users. Others are wiring the nerves, natural sensors, to re-create a sense of force, touch, power and position to better the newer prostheses functions. The technology is at our fingers and it will take more time to refine the ideas. The future is bright for our amputees. Be patient.

Maxime Coles MD

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LE PERSONNEL DE L'ÉCOLE DE MÉDECINE DE 1918 à 1922.

De droite à gauche :

Dr Justin Dorsainvil, Dr Paul Salomon, Dr Horace Périgord, Dr Charles Mathon, Dr Lebrun Bruno, Dr Kernizan, Dr Catts Pressoir, Dr Edouard Roy, Dr Molière Civil, Dr Benony Hyson, Dr Emmanuel Day, Dr Lamartine Camille, Dr Louis Baron, Dr Laurenceau.



Reynald Altéma, MD

PANEGYRIQUE DU

Dr FABIEN WESNER FLEURANT

(Contribution au projet de Konbit Pou Ranje Nodwes)

Fabien Wesner Fleurant, MD, a renaissance man.

Contrary to the stereotypical connotation of our country as the poorest in the Western hemisphere and generally depicted in the most negative view by some, there is plenty of evidence it's a cradle of many eminently talented people who have contributed to the education and development in various spheres, on all four continents. This crystallizes a confounding and puzzling reality creating the dispiriting legacy of an asset doubling as a curse, contributing to a permanent brain drain. One such example is our colleague, Fabien Wesner Fleurant.

Recounting the life of Fabien Wesner Fleurant is a cautionary tale of the divergent paths of individual and societal growth. Whereas the former is supposed to birth the latter, it is our accursed pattern that the former can be only be achieved outside of our geographical confines, leaving a void filled by less than stellar performance. Even when such accomplished and talented sons and daughters want to bring about societal growth, roadblocks are created.

Nonetheless, it is always refreshing learning from our elders and admiring their trailblazing groove. Through their experience, history becomes a front row seat learning process. Listening to their story is a voyage through space and time, different and yet so similar to the present. So, let's climb aboard and start this venture.

Having completed his secondary classes at the then-famous Lycée Pétion, he still fondly remembers the feared but venerated "censeur des études" Chrysostome Laventure, lovingly named Tutu, among several other competent, respectable teachers, who left their imprints and earned our undying admiration, love and respect. It was a time when a modicum teaching into handcraft was part of the curriculum, book binding, cabinetry, furniture making were taught once a week for an hour. Drawing classes were taught by "an original maître tonton Léon Bance." Wesner early on discovered he had a good dexterity and excelled at any activity with his hands. He enjoyed drawing a lot. He was a curious fellow and in the summer toward the latter part of his teen years, he interned at the national newspaper, *Le Matin*.

He started as manual labor, leaning typography, a tedious work involving handpicking, single metallic letter characters, aligning them to form words, phrases, paragraphs and also working the printing press. He gravitated through all the levels, to proof reading and finally began to write. That time spent at that newspaper and at other marginal printing plants was formative and allowed him to witness many honest intellectuals, also some vile politicians operating behind closed doors, where decisions are made, and people's true colors come alive; scheming was commonplace. He can tell a lot about the events leading to the election of the then colonel and later general, Paul Eugène Magloire to the national palace.

One of his most guarded reminiscence is his participation in a re-printing-albeit rushed and of meager présentation-of the *Mémoires de Toussaint Louverture*. The reading of this text traumatized him and as he describes it, "...his

lamentations, his implorations to Napoléon, his begging for a few more fire logs, to bring a little more heat in the dungeon, the glacial cell of Fort de Joux...deeply upset and scarred my young conscience at 17 years old.” One can surmise his experience rubbing shoulders with such diverse characters at those different newspapers was formative and molded him politically. He confesses that a by-product was his keen sense of observation, of note taking, of sleuthing, writing, editing, skills that would become so useful later in his professional career and inherent endeavors and activities.

He enrolled in medical school in October 1953, a few weeks before my own birth. Absent a fortuitous encounter with an old friend the evening before the exam, who reminded him to review his notes on chemistry, he claims candidly, “I might not have made the cut” or as he deftly quotes François Villon, "Tant s'en fût que je ne fusse de leur confrérie." Of course, this flies in the face of the fact he finished among the first ten in the ranking. With the support of some venerated chairmen, he got a residency position in Thoracic Surgery and landed at the Sanatorium of Port-au-Prince where he had exposure to a lot of pathology and perfected his surgical skills. Along the way, due to unfortunate and pressing circumstances, he rose to the top in short order.

He then went to Montreal to further his training in Cardiothoracic Surgery with the intent of returning to the motherland. Those were the horrific days of "Papadoc". Because of the clandestine political activities he was involved in and the capture, torture and killing of a few of his friends and comrades in the struggle, he had to reconsider coming back to the cauldron and made the obvious, painful, difficult and wise decision to remain abroad. As a lot of his contemporaries would attest to, professional opportunities in Canada at that time for members of the third world were limited.

He veered south to the US. Cleveland, Ohio, was his first stop for his training in General Surgery. He was exposed, through rotation to the famed Cleveland Clinic. He was lucky to have been taken under the wings of some well-connected Jewish physicians. Some of the perks were prime seats at the Cleveland Philharmonic Orchestra concerts. He

recounts a historical performance by a “cherubic Itzhak Perlman playing Paganini’s violin concerto...His virtuosity, his acrobatic fingerings amazed everyone, even the orchestra’s conductor and players. His resonating vibratos and highest string E tremolos giving goose bumps...There was not a dry eye in the Hall...Then the release, almost climactic, with the longest, most thunderous applause I ever experienced.”

His next stop was a fellowship in Cardiovascular surgery at Newark Beth Israel Hospital. His work was so well regarded that he was sent to Paris for one month to learn about and then report on the development and early use of then-called atomic pacemaker. This didn’t translate into any job offer after his training. He was nudged out and fortunately landed a position at Albert Einstein College of Medicine and based at Lincoln Hospital in the South Bronx, known then as Fort Apache. A tough job turned into opportunity to shine and become influential and well respected.

His early exposure to the writing and printing words was a seedling that kept germinating for the rest of his life. While in medical school, he wrote press releases in La Phalange (a newspaper that became a victim of Duvalier’s tight claws) about the activities of Le Cercle des Étudiants. In the US, he describes his role in medical writing thusly, “.writer for more than 10 years, in the Section of Abstracts in International Surgery in SG & amp;O, Surgery Gynecology & amp; Obstetrics, the official publication of the American College of Surgery, abstracting, condensing surgical articles on Vascular and Thoracic topics.

AMHE also benefited from his writing skills as he was at the forefront of publication of leaflets, newsletters, bulletins and so on. His collaboration with AMHE goes back to its creation, a maelstrom of achievement that he lays at the feet of the trio of Lionel Lainé', Roger Dérosena and Laurent Pierre-Philippe. Wesner Fleurant MD devoted is energy to the development, structuration, growth and smooth running of AMHE, holding several posts. He proudly states, “I remember, as if it was only yesterday, that the first drafts of AMHE by-laws were written in our living room in New Rochelle.

I humbly claim responsibility for the creation, and revendicate the paternity of the Board of Trustees (I can't forget, by twist and turns, being at the receiving end of many jokes and arrows!) ...” He also lets it be known that “The trove of initial manuscripts, handwritten archives are still dearly kept in many folders in my possession, waiting to be handed over to a secure Secretariat.”

A paean is not meant to be a comprehensive bio and as such a lot of events can be only be briefly touched upon. Some of the highlights one would retain would be the following facts:

- Chosen to be his class laureate, talented enough to be at the tender age of 29 years in charge of our country's only existing Cardiothoracic Department at the Sanatorium of Port-au-Prince and skilled enough to be ranked the best (up to that date) Fellow in Cardiovascular and Vascular Surgery at Newark Beth Israel Hospital, bright enough to lead the Cardiovascular Department at Lincoln Hospital, a unit of the Albert Einstein a College of Medicine and among the first to experiment the pioneering new techniques such as the use of staples. It is his great sadness he couldn't pass his knowledge to enough of our compatriots back home because of the archaic nature of our medical infrastructure, as hard as he tried.
- In the academic field, he published numerous scientific papers in peer-reviewed journals and presented exhibits of his works at ACS and New York State Congress, rose to the level of Assistant Professor at Albert Einstein School of Medicine. He spearheaded as Board member and then President of Bronx Chapter of ACS, international joint meetings and exchanges and helped organize numerous Conferences overseas with Medical Organizations in the West Indies (Jamaica, Trinidad & Tobago) and Martinique. In Haiti, he also taught Vascular Surgery at the Notre Dame School of Medicine but remains frustrated that he couldn't do the best possible job as there were no clinics, no patients / cases to present, no angiography

though there was plenty of teaching material around to identify.

- As membre of La Société Haïtienne de l'Environnement in Haiti. This organization was meant to sensitize the population about Ecology and decision makers about sound policies. But its mission was corrupted by deformed vision: the seed money became a piggy bank for junkets such as travels, 5-7 cocktail parties.
- The School of Music of St Trinity Church and The Ste-Cecilia Orchestra. A nexus that occurred by happenstance through his brother, a musician and among the first students from its inception. Fabien Wesner Fleurant became connected to the Boston supporting Group involved in structuring, teaching, organizing and financially supporting this great endeavor that formed lots of good musicians. The offspring choral “Les petits Chanteurs,” and the St Cecilia Orchestra toured North America with great success. We still remember the resounding performance of the Wind Ensemble section of the Orchestra at our first AMHE conference in Haiti at the then Club Med in July 1997.
- As a true renaissance man, he now spends the better part of his shrinking free time, a “citizen” of New Rochelle, now busier than ever, also painting and exposing his works. He has rekindled his early passion for drawing into a full-fledged avocation of l'Art plastique. At the tail end of a long life fervently shared with his companion, his wife Josette, and having gone through numerous trials and tribulations, he believes the following: “...seeing yourself in the mirror with honesty, serenity and humility, you come to espouse the writing in the bible, though having evolved from all religious experiences and mystical emotions, and having lost all faith and now being agnostic, I now live by the motto, my new mantra:

‘The Truth Shall Set You Free’.
With equanimity, peace of heart, live and let live, forgiving, though not forgetting...
Effort of liberation.”



COMPRENDRE ET VIVRE AVEC UN ETRE ATTEINT DE DEMENTIA.

Il est difficile d'adresser la problématique de la démentia d'un revers de main, tellement le sujet éprouve des facettes différentes et présente des spécificités qui correspondent à chacun des individus qui en sont atteints.

D'ailleurs, la démentia est une vraie maladie d'étapes ou de progression qui suit un processus normal de vieillissement des cellules du corps y compris celles du cerveau .mais Cela est seulement vrai pour un type bien défini de démentia, puisque la condition peut arriver a un âge intermédiaire de la vie, aux environs de la cinquantaine ou avant ,sans suivre le processus normal de vieillissement des cellules. La définition la plus appropriée de cette condition pathologique serait une perte totale des capacités mentales d'un individu donné et son inhabilité à coordonner les fonctions du corps par rapport au cerveau.

Beaucoup utilisent les termes Alzheimer et démentia de manière indiscriminée comme s'il s'agissait de deux mots identiques ou synonymes ; force est de rappeler que si l'Alzheimer est une forme de démentia, toutes les démentia ne sont pas nécessairement de l'Alzheimer. D'ailleurs, il faut bien mentionner que le diagnostic de démentia due a l'Alzheimer se fait de manière Post-mortem, et que seule une autopsie du corps suivie d'une évaluation du cerveau permet de dire si quelqu'un souffrait de l'Alzheimer ou non de son vivant. Dans la panoplie des maladies mentales se présentant avec des troubles cognitifs, l'Alzheimer est la forme de démentia la plus fréquemment connue ;viennent ensuite les autres types de démentia dont celle due aux accidents cerebro- vasculaires, la démentia de Lewis body qui affecte une population bien plus jeune, et la démentia de type front temporale qui peut présenter tous les symptômes de démentia sauf la perte de mémoire..

D'autres conditions médicales telles que le parkinson disease, l'Huntington disease, la syphilis, le HIV, le Creutzfeldt Jacobs disease, et d'autres prions, le TBI(traumatic brain injury), la Wernicke –Korsakoff dementia due a l'alcoolisme sont bien plus rares... Dans chacun de ces cas, Il existe des particularités propres a la condition, qui permettent de la distinguer des autres ainsi que des tests appropriés aidant à orienter dans la formulation d'un diagnostic. La démentia a plusieurs symptômes ou manifestations dont certains peuvent se développer de manière plus ou moins subtile par rapport a d'autres. Certains croient que le processus de démentia commence très tôt dans la vie et que les cellules du cerveau répondent au même processus physiologique qui veut qu'en fin de compte, ce sont les phénomènes de dégradation qui l'emportent sur les phénomènes de synthèse et d'équilibre.

Sans respecter un ordre clairement défini, les symptômes de la démentia peuvent se présenter a peu près de la façon suivante. :

D'abord vient la perte de mémoire. L'individu commence a oublier les noms des personnes qui lui sont proches..il oublie comment utiliser certains mots, et il a du mal a se rappeler un objet au cours d'une conversation.

Ensuite il a des problèmes de communication.il embrasse différents sujets a la fois.et parfois il confabule pour cacher les réponses et les mots qu'il a oubliés.

Il y a aussi un trouble du jugement et une difficulté de raisonnement dus a l'absence de mots qu'il n'arrive pas a trouver et qui lui font défaut.

Il a des difficultés a exécuter des fonctions complexes qui demandent par exemple plusieurs étapes d'action coordonnées telles que :prenez ce morceau de papier(1), pliez le en deux(2), et mettez- le dans la

poche arrière.(3)

Il a non seulement une perte de mémoire pour les noms et les êtres familiers, mais la personne commence à oublier ou il a déposé ses objets, ses clés et son porte-feuille, par exemple et accuse les autres de les avoir déplacés sinon de les avoir subtilisés. Il commence par avoir des difficultés à retrouver son adresse et sa maison lorsqu'il se déplace en dehors de la maison.

Au milieu de tout ce tableau commencent à s'installer la confusion et la désorientation. La personne ne sait plus où elle est, ni qui elle est.. Face à cette situation chaotique, il y a une sorte de dépression qui s'installe chez la personne, liée à une véritable angoisse et à de la paranoïa, puisque la personne ne sait plus à qui se fier et peut devenir extrêmement agitée.

En fin, très tard dans la dementia commence à apparaître une hallucination d'ordre visuel qui s'étend à d'autres formes de troubles de perception..

COMMENT CLASSIFIER LES ETAPES DE LA DEMENTIA ?

Il est difficile de faire une classification du phénomène de la dementia tellement il existe d'enchevêtrements entre les symptômes et les stades de la nomenclature en soi. Certaines littératures mentionnent sept stades dans le développement du processus de déclin du cerveau. D'autres par contre mentionnent 5 cinq étapes de développement et de progression de la maladie..

D'abord, c'est l'étape normale où le cerveau apprend et oublie en même temps.

Ensuite vient la 2e étape où la personne commence à oublier certains noms.

Dans la 3e étape l'oubli s'accroît, la personne commence à s'isoler par peur d'être ridiculisée. Les trois premières étapes représentent la phase présénile.

Les quatre autres phases sont successivement : La dementia de phase limitée, La dementia modérée, la dementia modérément sévère et, enfin la phase sévère de la dementia.

À ce stade final de la dementia, le corps et le cerveau fonctionnent comme des entités détachées l'une de l'autre. Toutes les fonctions normales que la personne savait si bien remplir dans le passé, sont maintenant oubliées. La personne va devenir incontinente, ne mange et ne parle plus, elle développe des troubles du sommeil et doit être sous surveillance constante 24 heures par jour.

Comme on l'a vu tantôt à chacune de ces phases correspondent des symptômes bien déterminés. On estime que la durée de vie de la personne souffrant d'Alzheimer, une fois le diagnostic établi, est de quatre à huit ans dépendant de plusieurs facteurs et surtout du degré de support que la personne reçoit à la maison. Certaines personnes arrivent à vivre près de vingt ans avec la maladie.

Les symptômes et les stades énumérés plus haut ne sont que des cas classiques à côté de toute une pléiade de comportements, de phénotypes inappropriés que le patient va exhiber tout le long de la maladie. Un homme de la quatre-vingtaine que j'ai rencontré récemment, s'est tout simplement mis à arracher les fils électriques qui circuitent les murs de la maison par peur qu'il soit sous surveillance dans sa propre demeure.

Beaucoup recourent à la violence pour liquider un différend familial. Et quand ils sont admis à l'hôpital, ils y restent très longtemps ; leur seul compagnon ayant peur de les garder à la maison à cause des dégâts énormes susceptibles d'être causés par ces individus.

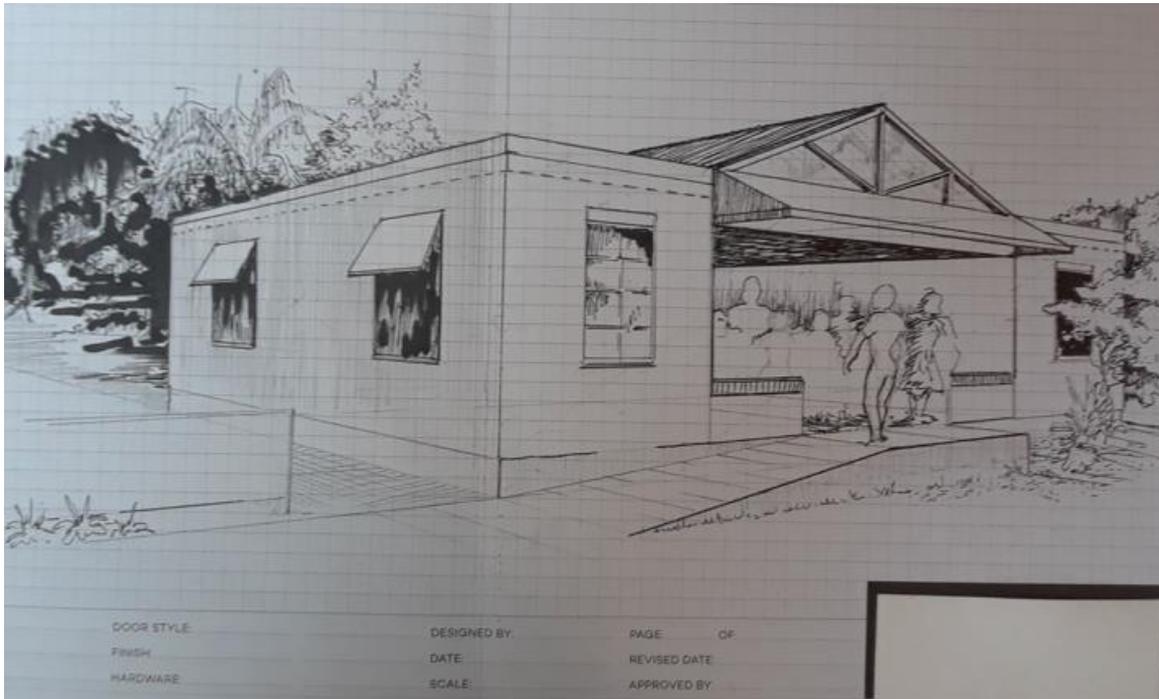
Dementia est un phénomène très complexe à répercussions énormes sur les membres de la famille. Au tout début, quand la personne éprouve des difficultés à reconnaître des objets familiers, un bracelet métallique sur lequel sont inscrits le nom de la personne, son numéro de téléphone à la maison, rendra grandement service au patient et aux parents qui mettront moins de temps à retrouver le patient si jamais il viendrait à se fourvoyer. Rien n'est plus triste à parent, à un fils ou à une fille, que de s'approcher d'un parent et de rester le plus longtemps possible au près de ce dernier sans être reconnu par lui. À cause de l'oubli total des gens et des choses de son entourage, il vit dans un état d'anxiété permanente. Tout représente une sorte de challenge pour la personne qui réagit assez souvent de la manière la plus étrange qui soit. L'agitation dont fait montre la personne atteinte de dementia est souvent le résultat de l'anxiété intense à laquelle la personne est en proie. Il est important d'avoir au près de la personne, un membre de la famille que la personne reconnaît encore, car cela le rassure et lui permet de mieux se comporter en public comme en privé.

Rony Jean-Mary, M.D.
Coral Springs, FL.

Le 26 novembre 2018

Dear AMHE members, family, and friends;

Contribute to the AMHE Sickle cell Clinic in Leogane NOW at [Gofundme](#).



AMHE is seeking to raise \$200,000.00 to Build the Clinic. We are waiting for your contribution.

- 1) We have created a [Gofundme](#); your generous tax-deductible donations, earmarked for the clinic, **will be sent to the AMHE Foundation and a receipt mailed to you.**
- 2) Forward this message to your friends and family, promote it on your Facebook, Twitter, Instagram and any social media you use.
- 3) You can also send your contribution by check made payable to the AMHE Foundation and mailed to:

AMHE, Incorporated
1166 Eastern Parkway, 2nd Floor
Brooklyn, NY 11213

- 4) Ask friends and family to donate by sending them the link above
- 5) Add a link to this project on your Facebook page

Sincerely,

Maxime Coles

Maxime Coles M.D., F.I.C.S., F.R.C.S., F.A.A.N.O.S.
Orthopedic Surgeon and Traumatologist
AMHE Central Executive Committee Past President
AMHE Board Of Trustees

[More informations](#)

The Healer

I.

Imhotep, long ago, in Egypt started this fraternity.
 True blessing for humanity.
 Caring of the sick, from curious inquisition,
 Years later into a special dedication,
 Art and science of healing.
 Most noble task, dealing
 With ultimate: life and death decision,
 Upholding a magnanimous vision.
 Famous motto: Do no harm!
 Just as important, deliver the care with charm!

II.

Knowledge painstakingly accumulated
 Most proudly disseminated
 Throughout the ages,
 A tradition as per the edicts of the sages.
 Hippocrates's oath, Aesculapius's rod
 Potent symbols for all to laud.
 Healer treating a new and contagious malady
 Exposes the self without prior remedy.

III.

Healer, sentient like an artist,
 Analytical like a scientist,
 With swift's alacrity, tortoise's pace,
 To diagnose and to listen as may be the case.

VI.

A golden rule to remember,
 As January follows December,
 We are all fallible; sooner or later,
 King, magnate, hewer, or cobbler,
 Illness as a great leveler
 Will make sure we all will need a healer.

Excerpted from *The Voice*, a novel just published by the author.

Text de Reynald Altéma MD

Le mois de Novembre amené le cafard et la désolation à la pensée d'un hiver très proche. Comment ne pas se souvenir de François Coppée (1842-1908) avec son poème : Mois de novembre. Je dédie ce poème à tous ceux que ce mois de Novembre rend penseur et posse vers des aventures fantaisistes à l'approche du froid rigoureux. MC

Mois de Novembre François Coppée

Captif de l'hiver dans ma chambre
 Et las de tant d'espairs menteurs,
 Je vois dans un ciel de novembre,
 Partir les derniers migrants.

Ils souffrent bien sous cette pluie ;
 Mais, au pays ensoleillé,
 Je songe qu'un rayon essuie
 Et réchauffe l'oiseau mouillé.

Mon âme est comme une fauvette
 Triste sous un ciel pluvieux ;
 Le soleil dont sa joie est faite
 Est le regard de deux beaux yeux ;

Mais loin d'eux elle est exilée ;
 Et, plus que ces oiseaux, martyr,
 Je ne puis prendre ma volée
 Et n'ai pas le droit de partir.



Published on the AMHE Facebook page last two weeks

Articles parus sur la page Facebook de l'AMHE durant la dernière semaine

Des maladies oubliées refont surface à cause de la faible couverture vaccinale - Salmonella Tied to Turkey Sickens 164 in 35 States - Quiz: Is It Fatigue or Something Else? - Spinal stenosis happens over time and can affect your mobility, comfort, and how your bladder and bowel work. - About Salmonella and the Thanksgiving turkey? MC - Kidney stones are rarely diagnosed before they begin causing pain.

What you need to know:

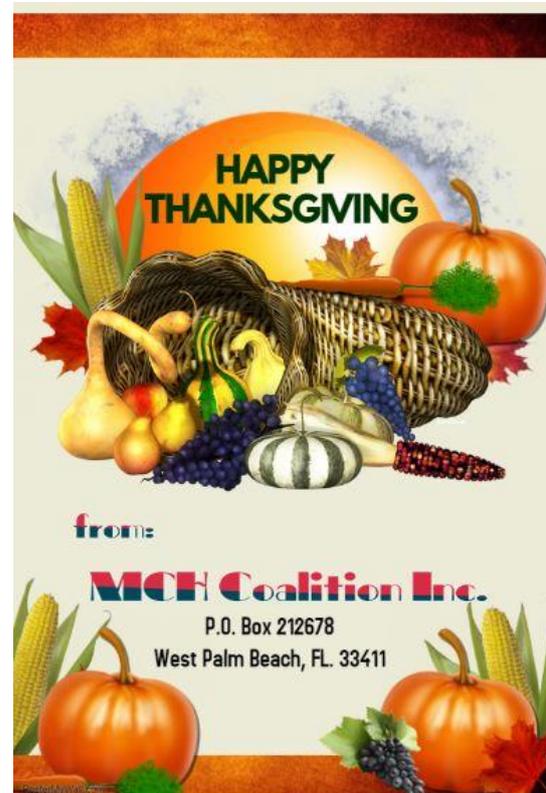
And more...

Les petites annonces du Newsletter

Pour toute information concernant le service de petites annonces du Newsletter, veuillez contacter Myriame Delva à cette adresse : mdelva@amhecec.org

Abonnez-vous à l'infolettre

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Upcoming Events

*Save The Date
AMHE Heads to Cuba*



The 2019 AMHE Medical Convention will be in Cuba. Start planning your trip NOW!

*July 20 – 28, 2019
Discover Cuba and Explore its sandy beaches!*

It's that time of year again.

**AMHE Florida Chapter's
31st Annual Fund Raising Gala**

Saturday, December 15, 2018

Westin Fort Lauderdale Beach Resort
321 N Ft Lauderdale Beach Blvd
Ft Lauderdale, FL 33304
From 6:30pm - 1:00am

Guest Speaker



Dr. Henri Ford
Dean of the University of Miami Miller School of Medicine

Entertainment By



T-VICE
Black-Tie Event

Buy Tickets

Sponsor Gala

La Fondation des Médecins Canado-Haïtiens vous invite à son

Gala Annuel de Levée de Fonds

Présidente d'Honneur:
Honorable Juanita Westmoreland Traore

**Présidente d'Honneur:
Juanita Westmoreland-Traoré**



Première femme noire nommée juge de la cour du Québec

Première femme noire à être nommée Doyenne de la faculté de droit de l'université de Windsor

Madame Juanita Westmoreland-Traoré.

Née à Montréal, Juanita Westmoreland-Traoré, juriste et avocate, a été présidente du Conseil des communautés culturelles et de l'immigration, faisant de ce conseil un instrument de réflexion et d'action auprès des communautés culturelles. Professeure de droit à l'Université de Montréal et à l'Université du Québec à Montréal, elle a fait partie de plusieurs conseils, dont la Ligue des droits de l'homme, le Conseil de l'Association canadienne des libertés civiles et le Congrès des femmes noires du Canada. Coauteure de plusieurs rapports et ouvrages, elle est aussi une conférencière appréciée, notamment pour les sujets qui touchent à la Charte des droits et libertés. Mentionnons enfin que madame Westmoreland-Traoré a été membre du premier comité consultatif de l'Ordre national, avant même que ne soit formé un premier conseil.

réf: <https://www.crdre-national.gouv.qc.ca/membres/video.asp?id=164&nom=westmoreland-traore-juanita&annee=1991&grade=officier&persiste=1>

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