

SUMMARY AND CONCLUSION

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1- Walking is one of the most complicated actions the general musculature of the body is called upon to perform. It is an essential requisite for proper existence, Struggle and independence.

Normal walking without support is expected at the age of fifteen months. Delay in the start of walking or inability to walk after a proper onset is of great concern to the parents.

2-Many factors affect walking. Familial variations probably depend on the rate of myelination of the nervous system. Lateness in walking may be due to lack of confidence, excessive fondness of crawling or shuffling. The expert crawler may dislike giving up his efficient way of getting about for the more hazardous method on two feet.

Lack of proper stimulation either because of fear of the mother that her baby will develop bowe legs or knock knees or because the infant is brought up in an institution from early infance.

3- Causes of delayed walking are either paralytic or non-paralytic.

The non-paralytic causes are those due to nutritional disorders such as vitamin D defieieney Rickets and

protein calorie malnutrition, mental subnormality, inborn error of metabolism, muscle diseases and bone diseases.

- 4) In this study 84 cases presenting with delayed walking of the non-paralytic type were encountered. Forty four were found to be vitamin D deficiency Rickets, 22 Protein Calorie Malnutrition 8 of them Marasmus, 6 Kwashiorkor and 8 are Marasmic-Kwashiorkor, Ten cases are due to mental retardation, 5 of them due to Down's Syndrome and 5 cases cretinism.

Five cases were due to inborn error of metabolism, 4 of them were due to inborn error of mucopolysaccharide which affect the mentality in addition to bone affection and one case of Fanconi's syndrome.

Two cases of bone disease were encountered in this study one case of Achondroplasia age one and half year with typical radiological picture, one case of Osteogenesis Imperfecta.

An interesting case of arthrogryposis multiplex congenital presenting with multiple deformities and contractures.

- 5) In most cases of delayed walking clinical diagnosis is possible. In only a minority radiological and laboratory investigations are required to ascertain the possibility of metabolic or bone diseases.