**Introduction**

Childhood Spinal Muscular Atrophy (SMA) is a motor neuron degeneration disorder secondary to a deletion in the SMN1 (Survival of Motor Neuron 1) gene on 5q13. In typical SMA, it is a homozygous deletion of exon 7 in SMN1 gene (95%). Childhood SMA is an autosomal recessive affection [1]. Its prevalence is 1 case per 5000 to 10000 births [1,2]. The disease caused high childhood handicap with severe motor symptoms. SMA is classified in 4 types according to the age at the first symptoms and severity [3,4]. Type I, begins between 0 and 6 months of age: Werdnig-Hoffmann disease; type II: begins between 6 and 18 months of age; type III: begins after 18 months of age and type IV: adulthood SMA. In 2019, there is no reported SMA in Benin. The authors report a case of childhood spinal muscular atrophy type II at Cotonou, Benin.

**Case Presentation**

It was a child J.H. 5 years old, from Benin who had a natural way burn. She had a normal psychomotor development for her nine first months. And she had progressively lost the motor acquisitions. Clinical examination showed pelvic and shoulder girdle deficit and muscles atrophy. Electromyography was characteristic of anterior corn abnormality. There is no specific treatment for SMA. She was prescribed physiotherapy.

**Discussion**

The prevalence of Childhood spinal motor atrophy SMN1 is well known, 1 case per 5000 to 10000 births [1,2]. In Benin no case was reported. Neurology physicians were asked in their experiences how many SMA they saw. Officially in their registers, no SMN1 confirmed. Did patients avoid going to hospital because of poverty? Do parents consider these children like “TOHOSSOU” or “VODOUN” and did not ask medical attention (Benin sociological conception of disability)? Is the consanguinity fight in Benin contributed to Miss SMA Diagnosis or there is no mutation in SMN1?
in Benin? So, there are a few risks having a homozygote of SMN1 gene. This girl was seen at “Saint Jean de Dieu de Tanguïéta” Medical Center during the popular mission of free surgery and sent for EMG examination. Based on the natural history of disease, the diagnosis of Spinal Motor Atrophy was retained. The physical examination and the EMG were characteristic: anterior corn abnormality [1,4,5]. In EMG, the patterns were motors troubles (Figure 1) without sensitive dysfunction (Figure 2). This hereditary disease caused veritable handicap with real motors symptoms [1,6]. For a long time, it is approved that the cognitive development depends on children’s locomotion [7,8]. But it is known that SMA, despite the locomotion failure, they had satisfied cognitive performances [6,9]. This girl was able to speak two languages (“GOUN” and “YORUBA”), except few difficulties over (“ADJA” and FRENCH”). She had a normal school progress. The management of this first case is a new challenge.

**Conclusion**

There is no specific treatment for SMA. But, since few years an experimetal treatment improve motor function of this patients. Physiotherapy, orthoprosthesys, ergo therapy with physical medicine and rehabilitation physician management are required to improve the quality of life for this girl.

**References**