



Potential Child abuse: Recognition and Obligations

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Text Messages

- Resident - 10 month old fell reportedly in the living room. Femur fx. I am going to splint and post for tomorrow for SPICA cast. Sending you a picture



- Fab- Sounds Good... wait ! 10month old? Femur? How did it happen ?

Remove splint in OR...



What I need to know...

1 to 1.5% children abused each year

- Who?
- Why?
- By Whom?
- Where? Body parts
- Now what..?



Who? What are the risk factors?

Age:

- Fractures in children <3 y/o:
 - 30% abuse
- Fractures in children <1 y/o:
 - >50% abuse

The CHOA Experience Flanagan

- 22/99 restrospective 20/141 prospective
- <7 months old were 24 times more likely to have NAT
- age, suspicious history, and additional injuries were the strongest independent predictors for NAT

What's the bottom line?

Before walking age

- Difficult for a child to generate enough energy to fracture their own femur
- Most spiral femur fractures are inflicted injuries in this age group
- Err on side of reporting


Why? Stressors?

<u>“Special child”</u>	<u>Parental Stress</u>
– Pre-me	– Sick child
– Twins	– Financial stress
– Medical illness	– Single parent
– Hyperactivity	– Adult abused as a child
– Psych	– Hx of prior neglect/abuse
– Step-child	– Low IQ
	– Mental illness

What does the bone tell us?

Most common bones

- Humerus
- Femur
- Tibia
- Radius
- Skull
- Ribs
- Ulna
- Fibula



GR
8-25-89

By Whom ?

- Undetermined 32%
- Mother 30%
- Father 23%
- Boyfriend 8%
- Grandparents 5%
- Babysitter 3%

Gillens, CONR 1992

Suppose the diagnosis is missed in the ED
(when you're on call)?

Risk of re-abuse?

- 35%

Risk of death?

- 5 to 10% chance of death from subsequent abuse

CHOA Abuse Data 2010

- Rising abuse with falling economy
- 42% of all trauma related deaths
 - 50% of all deaths at SR
 - 38% of all deaths at Egleston
- Now #1 cause of trauma deaths
 - Surpassed MVA's

Typical presentations

Suspicious story

- Not c/w the injury
 - “he must have fallen off his crib”
- Timing of seeking care
 - “he fell down three days ago”
- Changing history
- Defensive parents
 - Evasive explanations

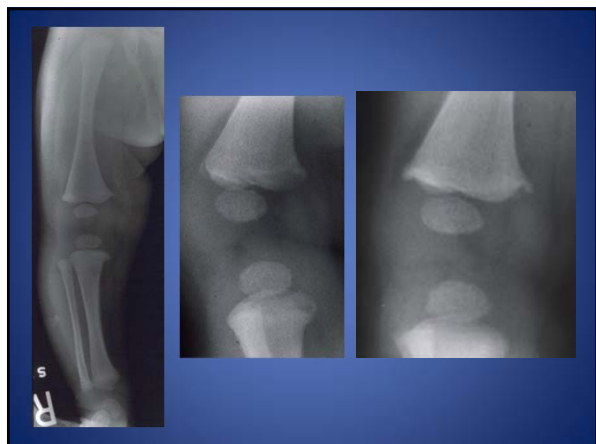


What do the bones tell us?

Key Bone Findings in the Dx of Child Abuse:

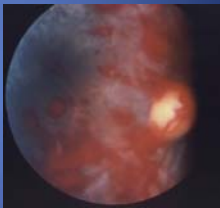
- Multiple fractures in various stages of healing
- Posterior rib fractures
- Corner fractures





What are the basic tests?

- Social Work Consult
- Skeletal survey
 - Role of bone scan
- CT head
- Ophthalmology consult



Documentation: Rank the Probability


Low Suspicion

- Isolated fracture
- Older child
- Typical childhood injury

Documentation:
Rank the Probability

Highly Suspicious

- Multiple fractures
- Non-ambulator
- Recurrent injuries
- (Associated findings)



Documentation :Rank the Probability

Virtually certain

- Multiple fractures in various stages of healing
- Multiple fractures without an explanation
- Corner fractures

Staying Out of Trouble

- Talking to the Family
 - “someone may have hurt your Child”
 - “by law I have to report it, otherwise I can lose my license”
 - Beware angry reaction (alcohol and drugs)

Staying Out of Trouble

- DFCS
- Social Service
- Pediatricians
- Remember handicapped and children with OI can be abuse
- Prepare all records as if they were to be reviewed by lawyer...
and read at loud in court !

Thanks !

**ACKNOWLEDGMENT
MICHAEL BUSCH, MD**
