



Battered child syndrome with stomatological repercussions. Case report

Síndrome de niño maltratado con repercusión estomatológica. Reporte de un caso

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ABSTRACT

Introduction: Battered child syndrome is defined as all forms of violence, prejudice or physical and mental abuse, carelessness or neglect inflicted on the child while under the care of his parents, tutors or any other person exerting physical and/or intellectual superiority. In over 50% of all cases lesions are found in the head and neck area. For that reason, dentists, especially pediatric dentists, must be aware to recognize all sorts of battering or neglect based on a suitably-taken clinical history, and focused exploration when suspicion of battered child syndrome is established. **Objective:** To be knowledgeable with BCS intra- and extra-oral indicators which might allow the pediatric dentist to recognize signs and contribute in the diagnosis as part of a multi-disciplinary team in charge of providing care to this type of patients. **Clinical case:** A two year, five month old male patient was brought to the National Pediatrics Institute afflicted with peri-orbital edema, multiple limb fractures and oral-facial indicators which suggested battered child syndrome diagnosis. **Conclusion:** Taking into consideration the frequency with which oral and facial structures are involved in battered child syndrome cases there is a medical, ethical and legal commitment for all dentists and specifically pediatric dentists, to intervene in prevention, detection, diagnosis and treatment of this medical and social problem.

Key words: Battered child syndrome, child abuse, dental neglect, child mistreatment.

Palabras clave: Síndrome de niño maltratado, abuso infantil, negligencia dental, maltrato infantil.

RESUMEN

Introducción: El síndrome de niño maltratado se define como toda forma de violencia, perjuicio o abuso físico o mental, descuido o trato negligente, mientras el niño se encuentra bajo el cuidado de sus padres, de un tutor o de cualquier otra persona en función de su superioridad física y/o intelectual. En más del 50% de los casos las lesiones se presentan en cabeza, cara y cuello. Es por eso que el odontólogo y especialmente el odontopediatra deben estar preparados para reconocer alguna forma de maltrato o negligencia con base en una historia clínica adecuada y una exploración intencionada ante la sospecha de síndrome de niño maltratado. **Objetivo:** Conocer los indicadores intraorales y extraorales del SNM que le permitan al odontopediatra reconocer los signos y contribuir en el diagnóstico como parte de un equipo multidisciplinario encargado de la atención de estos pacientes. **Caso clínico:** Paciente masculino de dos años cinco meses quien acude al Servicio de Urgencias del Instituto Nacional de Pediatría por presentar edema periorbitario, múltiples fracturas en extremidades e indicadores orofaciales que permitieron diagnosticar síndrome de niño maltratado. **Conclusión:** Considerando la frecuencia con que las estructuras orofaciales se ven involucradas en el síndrome de niño maltratado, existe un compromiso médico, ético y legal para que todos los dentistas y específicamente los odontopediatras intervengan en la prevención, detección, diagnóstico y tratamiento de este problema médico social.

INTRODUCTION

The medical and social problem currently named «battered child syndrome» (BCS) is daily gathering more worldwide impact.

In view of this situation and its increasing effect on children's welfare, the World Health Organization (WHO) has considered it a worldwide public health problem.¹ It is not easy to clearly define the concept of child abuse. Several national and international organizations have undertaken to define the concept. Nevertheless, based on concepts of the *Clínica de Atención Integral al Niño Maltratado* (CAINM-INP-UNAM) (Clinic for Battered Child Care), we can define

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BCS as «Any intentional aggression or omission within or without the home against a minor, before or after birth which might affect his biological-psychological-social integrity, undertaken by a person or institution exerting physical and/or intellectual superiority».²

There is presently sufficient information to state that child abuse has been present since the beginnings of time. It must be understood that this is a phenomenon as old as humanity, and not the distinct characteristic of a modern society. A clear example of this are the words of Aristóteles: «a son or a slave are property, and nothing undertaken with property can be considered unjust». In some civilizations, like in China, breeding was limited to three children, and in order to exert birth control, the fourth child was thrown to wild animals. In France, during the 19th century a habit was developed to hurt and deform children so as to inspire pity and beg for alms. In other parts of Europe, children afflicted with some sort of mental retardation or physical malformation were drowned, since it was believed they were the devil's instruments.³

In Mexico, some pre-Hispanic ethnic groups such as the Mazahuas, sacrificed children and adolescents so as to thank some deity for a given benefit. In some of the Mayan codes, there are specifications for punishments such as infliction of maguey thorns, hair burns when the child lied, long working days or keeping the head of the child in the fumes of dry chili when he was disobedient.^{4,5}

Child abuse recognition dates from 1875, in New York City, when after an abuse case on a 9 year old girl, which shocked all society, the first worldwide law was enacted in order to prevent and chastise child abuse.³

In scientific literature, reports on child abuse identification begin when Caffey, in 1946, described the clinical picture of six children with subdural hematoma and multiple fractures in the long bones, it is interesting to note that three of these children presented oral and facial trauma.^{6,7} In Mexico, Riojas and Manzano detected the presence of child abuse through radiographic studies.⁸ It was only in 1981 when Dr Jaime Marcovitch really raised awareness not only of the physicians who treat children, but also the other medical professionals of related areas which are in contact with children.⁹

Pediatric dentistry, as part of the medical areas, might have had less participation in the problem of child abuse, partly due to lack of interest in the subject, but mainly due to lack of information.^{6,10} In countries considered first world countries such as USA or United Kingdom, there has always been the concern of describing and documenting child abuse findings in the field of dentistry.

In our country, Monter, de la Teja *et al* conducted a study on 52 children diagnosed with BSC at the Stomatology Service of the National Institute of Pediatrics (*Instituto Nacional de Pediatría*). In that study they found that 54% exhibited indicators in the head, face and neck.¹¹ Based on the aforementioned, and considering the frequency of oral and facial structures involved in BCS cases, there is a medical, ethical and legal commitment for all dentists, especially pediatric dentists to intervene in the prevention, detection, diagnosis and treatment of this medical and social problem.^{6,10,12}

Presently it can be determined that a child can be the victim of one or several forms of abuse. Among them we can count sexual and psychological abuse, neglect and physical mistreatment in all possible varieties.¹³⁻¹⁵

The mouth and all adjacent structures are frequently locations more prone to suffer damage in BCS patients. This is specially due to its psychological meaning, the child speaks, cries and eats through the mouth. Thus, violence is used to silence the child, resulting in clinical indicators of abuse and mistreatment.^{6,12,16-19}

Child mistreatment and neglect cannot be diagnosed when the clinical operator is unaware of the signs and symptoms related to that conduct. Pediatric dentists play an important role raising suspicions on child mistreatment since they could become aware of clinical indicators which might be visible and/or invisible.^{10,20,21}

The American Dental Association, from 1999 onwards, has been stressing the dentists' ethical responsibility to report any suspicion of abuse or neglect, and it forces them to recognize signs of these entities. Thus, specialists dealing with children must bear the task of acquiring an exhaustive clinical history aimed at finding clinical indicators in those cases when battered child syndrome is suspected.^{10,22} In our country, there is the *Norma Oficial Mexicana* (Official Mexican Norm) *NOM-190-SSA1-1999. Provision of health services. Criteria for medical care of interfamilial violence*. This norm compels all health services providers within the public and private sectors which form the National Health System (*Sistema Nacional de Salud*) to establish criteria to recognize abuse, provide medical care, promote activities of awareness, updating and training so as to train personnel in charge of providing health services and orientation to users who might be involved in interfamilial violence situations.²³

Interrogation as an initial aspect of clinical history, must be focused on becoming aware of abuse's invisible aspects; it is of the utmost importance to

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