



REVIEW ARTICLE

Abusive head trauma in children: a literature review☆☆☆☆

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KEYWORDS

Abusive head trauma;
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syndrome;
Child maltreatment;
Physical violence

Abstract

Objective: To review the scientific literature on pediatric abusive head trauma as a form of physical abuse against infants and young children, highlighting the prevalence, signs and symptoms, consequences, risk factors for its occurrence, and prevention strategies.

Data source: The MEDLINE, SciELO, LILACS, and Web of Science databases from 2001 to 2012 were reviewed, using the terms "shaken baby syndrome" and "abusive head trauma" in English, Spanish, and Portuguese.

Data synthesis: Pediatric abusive head trauma is defined as injury to the skull or intracranial contents of a infant or child younger than 5 years due to intentional abrupt impact and/or violent shaking. It occurs mainly in infants and children under 1 year of age, and may result in severe consequences, from physical or mental disabilities to death. Although there are specific signs for this form of abuse, they can be mistaken for common illnesses in children or accidental head injury; thus, clinical training of professionals involved in the assessment of cases to attain the correct diagnosis is crucial. Prevention strategies should include early identification of cases, as well as parental education on child development, especially on the infant's crying pattern.

Conclusions: Considering the severity of abusive head trauma in children, it is critical that prevention strategies be implemented and evaluated in the Brazilian context. It is suggested that its incidence indicators be assessed at the national level.

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PALAVRAS-CHAVE

Trauma craniano violento;
Síndrome do bebê sacudido;
Maus-tratos infantis;
Violência física

Trauma craniano violento pediátrico: uma revisão da literatura**Resumo**

Objetivo: Fornecer uma revisão de literatura científica sobre trauma craniano violento pediátrico enquanto forma de maus-tratos físicos contra bebês e crianças, ressaltando prevalência, sinais e sintomas, consequências, fatores de risco para sua ocorrência e, principalmente, estratégias de prevenção.

Fontes dos dados: Revisão nas bases de dados MEDLINE, SciELO, LILACS e Web of Science no período de 2001 a 2012 utilizando os termos “síndrome do bebê sacudido” e “trauma craniano violento” em inglês, espanhol e português.

Síntese dos dados: O trauma craniano violento é definido como a lesão ao crânio ou ao conteúdo intracraniano de um bebê ou criança menor de cinco anos devido a um impacto brusco intencional e/ou a uma sacudida violenta. Ocorre principalmente com bebês e crianças menores de um ano de idade, e pode resultar em consequências graves, desde deficiências físicas ou mentais até a morte. Apesar de haver sinais específicos para esta forma de maus-tratos, eles podem se confundir com doenças comuns em crianças ou traumas cranianos acidentais, sendo imprescindível o preparo clínico dos profissionais envolvidos na avaliação dos casos para o diagnóstico correto. As estratégias de prevenção devem incluir tanto a identificação precoce dos casos, como a educação parental sobre o desenvolvimento infantil, especialmente sobre o padrão de choro do bebê.

Conclusões: Considerando a gravidade do trauma craniano violento pediátrico, é fundamental que estratégias de prevenção sejam implementadas e avaliadas no contexto brasileiro. Sugere-se que indicadores de sua incidência sejam pesquisados nacionalmente.

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Introduction

Violence against children is a frequent and severe problem. Data from the World Health Organization (WHO) and from the International Society for Prevention of Child Abuse and Neglect (ISPCAN) demonstrate that in 2002, over 53,000 children younger than 15 years of age died across the world due to situations of abuse.¹ Among the forms of child abuse, it is worth mentioning pediatric abusive head trauma, due to its severity. In the year 2002, it is estimated that 1,400 children died from maltreatment in the United States,² and pediatric abusive head trauma accounts for 80% of these deaths, the leading cause of death for children victims of maltreatment.³ According to Lazoritz and Palusci, it is estimated that over 250 children die each year in the United States after being subjected to violent shaking.³⁻⁵

Despite this reality, pediatric abusive head trauma, hereinafter referred to only by abusive head trauma (AHT), can be prevented, and the pediatrician has a crucial role in these actions.⁶⁻⁸ Pediatricians are often present at stressful and challenging times for the family, especially those related to childcare. Furthermore, these professionals have contact with community resources that can help the family cope with their difficulties, which puts them in a unique position to prevent abuse and promote the future welfare of the child.⁶

In this sense, it is important that pediatricians understand situations that commonly lead to AHT, identifying risk factors in the family and providing adequate support to overcome these difficulties.^{8,9} This article aims to provide an overview of AHT, emphasizing its prevalence, signs,

consequences, risk factors, and possible prevention strategies, in order to assist pediatricians in their clinical practice.

Method

A review of the MEDLINE, SciELO, LILACS, and Web of Science databases was conducted from 2001 to December of 2012, using the terms “shaken baby syndrome” and “abusive head trauma” and their correlates in Portuguese and Spanish. A total of 238 scientific articles, book chapters, and books were found containing these key words. Of these, 173 articles were selected, as 65 were disregarded because they were related to another subject, were written in a language other than English, Spanish and Portuguese, or were not available as full text.

AHT

According to the Centers for Disease Control and Prevention of the United States (CDC), AHT can be defined as an injury to the skull or intracranial contents of a baby or child younger than 5 years due to intentional abrupt impact and/or violent shaking. Unintentional injuries resulting from negligent supervision, gunshot, and stabbing or penetrating trauma wounds are excluded from this definition.¹⁰

The use of the term AHT is recent and will be used in this article in accordance with the recommendation made in April 2012 by the CDC. However, it should be noted that other terms can be found in the literature to describe the same condition, such as shaken baby syndrome, violent

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