



Helpfulness of rectoanal endosonography in diagnosis of sexual abuse in a child



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ABSTRACT

Background: Clinical importance of sexual abuse in children has rapidly expanded in recent years, but despite of it, the lack of medical signs in the vast majority of sexual abuse cases, makes it difficult to assess. Given that, owing to our prior experience in endosonography (EUS) of the anal canal in child with anorectal malformations, we wanted to test EUS as a diagnostic method of sexual abuse in a child.

Purpose: The purpose of our study is to present our experience in the use of anorectal EUS among children with suspected sexual abuse.

Materials/methods: We present 40 consecutive patients (34 boys and 6 girls, age: 10 months–13 years) recruited from April 2010 to December 2012, with suspected sexual abuse those made a transrectal EUS.

Results: The procedure was well-tolerated in all patients without complications. Rectoanal EUS findings were normal in 27 patients and showed a partial interruption in the external anal sphincter in 8, scars in 2, *double rail* image in 2, and rectal wall hematoma in 1.

Conclusions: The interpretation of findings in children depends of historical, physical, and laboratory findings. We believe that anal EUS is another aid in the constellation of clinical factors that could help in diagnostic of sexual abuse.

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Child sexual abuse, the most hidden abuse of all, has afflicted all cultures and social strata throughout human history. Child sexual abuse includes a wide spectrum of behaviors perpetrated by adults or minors at least five years of age, for his or her own sexual satisfaction, without the child's comprehension or ability to give consent. Currently, more people are willing to acknowledge such abuse, as well as report it and ask for help, as reflected in the increased number of consults for this issue. In Chile, as in other countries, the number of diagnosed cases has increased and the age of the abused children has decreased. In Latin America, 1 in 5 children is abused by a close family member, with evidence of incest found in more than 50% of cases, and overall 80% of abusers are friends, neighbors, or relatives [1–4]. Suspicion of abuse may arise when a close relative (usually the mother) or a caregiver (teacher or physician) notices indirect signs (compulsive masturbation, genital injuries, repeated vulvovaginitis, sleep disorders, enuresis, or encopresis). As the sexual abuse is generally not a violent act, diagnosis is quite difficult, owing to a lack of objective signs [1–3,5]. In retrospective analyses of child sexual abuse claims in which the molester confessed to the charges, physical evidence was found in a low

percentage cases. Therefore, clinical history is key to the diagnostic process. Moreover, delays in consultation are not uncommon, owing to parental reluctance to seek help or because the abuse went unnoticed for a long time, making it even more difficult to accurately identify physical signs to confirm the diagnosis [1–3,5–7]. Pediatric surgeons must address this complex problem; several signs and symptoms involve our areas of expertise, and consults may arise in the emergency room or on an outpatient basis. In the absence of severe, acute traumatic injuries as a result of a violent rape or abuse, interpreting clinical findings can be challenging. Therefore, all diagnostic tools available may provide valuable information that should be included in the medical report [8]. Anorectal endosonography (EUS) has been used since 2007 in our group as part of postoperative evaluation for patients with anorectal malformations (ARM), rectal bleeding, perianal abscesses, anorectal trauma, and constipation, among other diagnoses. Between 2007 and 2010, 26 patients underwent EUS, 7 of whom were patients with ARM. In this case series, we documented the anatomy of the anal canal and the genitourinary structures of children between 3 months and 15 years old with images [9]. In 2010, as part of a collaborative project carried out by the Child Abuse Committee of our institution and the Endoscopic Surgical Unit of Clínica Santa María, EUS was added as a diagnostic tool for children with suspected sexual abuse (SSA). The ability to show anal sphincter disruptions or scars was the theoretical basis for

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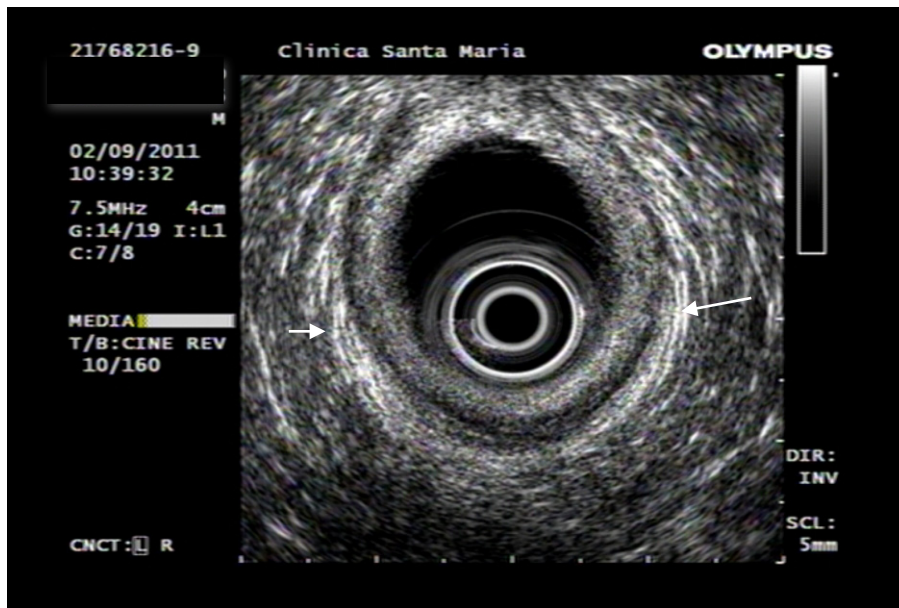


Fig. 1. Puborectalis muscle: this muscle shows a clear hyperechoic U shape band image that surrounds posteriorly the anal margin. Has two bundles that run in an anteroposterior way until they reach the posterior aspect of the pubis.

postulating that EUS may have a role in the diagnosis of sexual abuse. A form to explain the procedure to parents, an informed consent form, and preprocedural and postprocedural indications forms, and other documentation were developed under the supervision of both institutions. The endoscopic surgery unit has adequate professionals (endosonographer, anesthesiologist, and trained personnel) and physical infrastructure to provide this procedure safely and with the privacy and comfort required for these patients and their parents.

1. Objective

The purpose of this study is to present our experience with the use of EUS in diagnosing SSA.

2. Patients and methods

We studied a cohort of forty consecutive children, 34 boys and 6 girls, all with clinical history of SSA. Median age was 6 years 4 months (10 months to 13 years old). The patients underwent anorectal EUS between April 2010 and December 2012. The patients were selected over this period from a total of 256 SSA patients (188 females and 68 males) seen in our institution.

2.1. Multidisciplinary Sexual Abuse Committee and EUS team

The Dr. Roberto del Rio Children Hospital Sexual Abuse Committee consists of various professionals including a pediatric infectologist, pediatric surgeon, pediatric orthopedic surgeon, pediatric gynecologist, psychologist, psychiatrist, social worker, and lawyer.

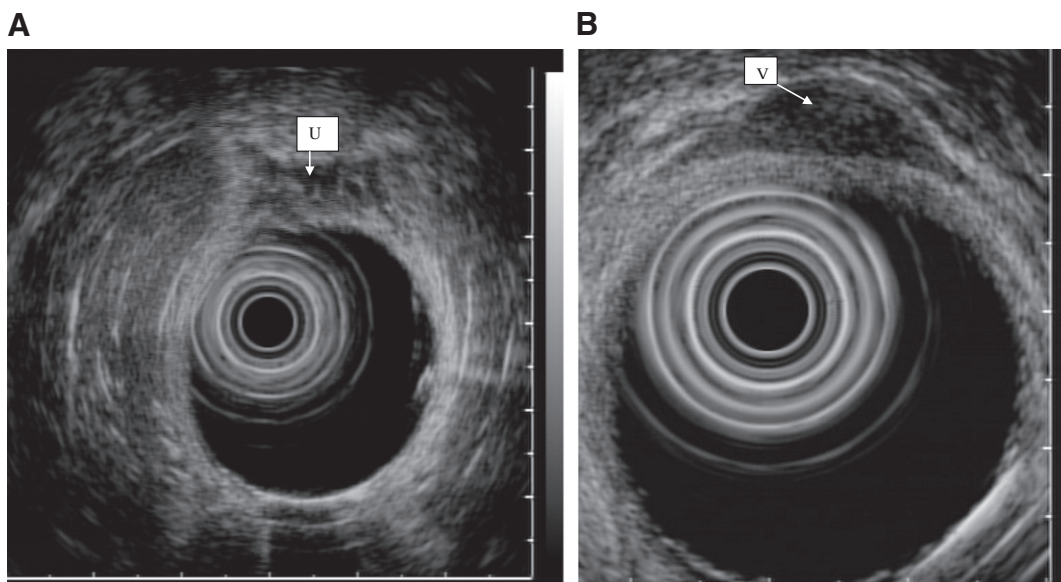


Fig. 2. **A.** In girls, the uterus (U) is clearly identifiable by its hypoechoic quadrilateral shape compared with the puborectalis bundles. **B.** The vagina has a characteristic hypoechoic shape that reminds the Gaussian bell curve with refractive borders and with a posterior wall that it is thicker and with a reinforced signal owing to the vaginal-rectum septum.

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