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## CASE REPORT

# Severe protein-calorie malnutrition in two brothers due to abuse by starvation

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### KEYWORDS

Protein-energy malnutrition;  
Child abuse;  
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### PALAVRAS-CHAVE

Desnutrição proteico-calórica;  
Maus-tratos infantis;  
Deficiências nutricionais

### Abstract

**Objective:** To describe the case of two siblings with severe protein-calorie malnutrition due to abuse by starvation.

**Cases description:** The two patients were simultaneously referred to the Hospital Municipal, where they were admitted to the Pediatric Gastroenterology clinic of a university hospital for diagnostic investigation of the cause of severe malnutrition and screening tests for Celiac Disease, Cystic Fibrosis and Environmental enteropathy among others. The exams were all normal, and after detailed research on the interactions of this family, we reached the conclusion that the malnutrition was due to abuse by starvation. The children spent approximately two months in the hospital, receiving a high-protein and high-calorie diet, with significant nutritional recovery.

**Comments:** Abuse by starvation, although rare, should always be considered of as one of the causes of child malnutrition and pediatrician should be aware of the child's development, as well as the family interactions, to prevent more severe nutritional and emotional consequences in the future.

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### Desnutrição proteico-calórica grave em dois irmãos devido ao abuso por privação alimentar

### Resumo

**Objetivo:** Descrever os casos de dois irmãos acometidos de desnutrição proteico-calórica grave causada por abuso por privação alimentar.

**Descrição dos casos:** Os dois pacientes vieram simultaneamente encaminhados de um hospital municipal, onde estavam internados, ao Ambulatório de Gastroenterologia Pediátrica de um

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hospital universitário para investigação diagnóstica da causa de desnutrição grave. Foram feitos exames para pesquisa de doença celíaca, fibrose cística e enteropatia ambiental, entre outras. Os exames mostraram-se todos normais e, após investigação detalhada sobre o relacionamento dessa família, chegou-se à conclusão de que a desnutrição tinha como causa o abuso por privação alimentar. As crianças passaram cerca de 2 meses internadas, receberam uma dieta hiperproteica e hipercalórica, com recuperação nutricional significativa.

*Comentários:* O abuso por privação alimentar, embora raro, deve sempre ser pensado como uma das causas de desnutrição infantil, devendo o pediatra estar atento ao desenvolvimento da criança, bem como ao seu relacionamento familiar, para evitar conseqüências nutricionais e emocionais mais graves no futuro.

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## Introduction

Protein-calorie malnutrition in childhood is a worldwide public health problem, especially in countries of low and middle income, being related to more than one third of all deaths of infants and children under five years in these countries.<sup>1</sup>

The United Nations Children's Fund (UNICEF) recognizes environmental, economic and socio-political factors as root and underlying causes of malnutrition, with poverty representing the core of the problem.<sup>2</sup>

Another less common, but extremely serious cause concerns abuse by starvation, when parents or caregivers deliberately fail to feed their children, which can lead to risk of death.<sup>3</sup>

The aim of this study is to describe the cases of two siblings suffering from severe protein-energy malnutrition due to abuse by starvation, which characterizes a type of mistreatment.

## Case description

The two patients were simultaneously referred from the Hospital Municipal de Diadema (HMD), where they were admitted to the Pediatric Gastroenterology Clinic of Escola Paulista de Medicina for diagnostic investigation of the severe protein-calorie malnutrition causes.

The mother reported that her younger son, 4 years and 8 months, was feeling fine at home, when suddenly he went into "respiratory arrest" (*sic*); so she called the Mobile Emergency Service (SAMU) and there was need for resuscitation maneuvers (*sic*). After that, the patient was taken to HMD, where it was decided to admit him, together with his older brother, due to a picture of severe malnutrition.

Since then, children started being followed at our outpatient clinic every 15 days for diagnostic investigation and clinical follow-up.

## Case 1

Male patient, aged 6 years and 11 months, with good weight/height gain up to approximately 2 years old. After that time, there was an evident weight gain deceleration, which apparently occurred without any definite cause. It was also observed that between 2 and 4 years of age there was

no record of weight and height, because the patient stopped attending the Basic Health Unit (BHU).

After 4 years of age, these measures were again recorded in the vaccination card, which showed evident weight and growth impairment.

According to the mother's report, the patient had an adequate diet (evaluated by a nutrition team). She denied the occurrence of diarrhea, constipation, abdominal pain and/or distension or any other gastrointestinal symptoms.

Regarding the family history, the patient has a brother aged 4 years and 8 months with a similar picture. The father is healthy and the mother was followed at the Psychiatry Service, used medications, but had no definitive diagnosis. At the first visit, the mother said her name was Maria das Graças; however, in subsequent consultations, we realized that their children called her Ana Paula. The mother was investigated on suspicion of mistreatment and accompanied the children during hospitalization at HMD.

The family lived in a house with basic sanitation, with running water and sewage systems. Family income varied from 1 to 5 minimum wages.

On physical examination, the patient showed a regular general status, extremely emaciated, pale (+/4+), apathetic, with scarce subcutaneous tissue, muscle atrophy of the gluteal region and abdominal distension. Weight=8.5kg (W/A Z-score=-6.56) and height=87cm (height/age Z-score=-6.21).

The patient had the following laboratory tests: hemoglobin 9.4g/dL; hematocrit 28.9%; leukocytes 2680; platelets 148,000; serum glutamic oxaloacetic transaminase (SGOT) 1.191U/L; serum glutamic pyruvic transaminase (SGPT) 1.043U/L. These changes were attributed to a picture of severe protein-calorie malnutrition.

At the first consultation, the diagnosis of severe protein-calorie malnutrition was characterized and the patient started being investigated for the following causes: celiac disease, cystic fibrosis of the pancreas and environmental enteropathy, among others.

The following laboratory tests were requested: anti-transglutaminase antibody, sweat test (sodium and chloride in sweat) and upper endoscopy with duodenal biopsy. Laboratory tests were negative for the suspected diagnoses and duodenal biopsy disclosed fingerlike villi and celiac disease was ruled out (Fig. 1).

The patient was hospitalized for two months at HMD and during the hospitalization period, he received a high-calorie

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