

Cutaneous Manifestations of Child Abuse and Their Differential Diagnosis

Blunt Force Trauma

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Preface

My Skin Is Only the Top Layer of the Problem...

In July 1995, Irene A. Crosby wrote an article for the Archives of Dermatology, titled “My skin is only the top layer of the problem.” She described the problems she encountered as a patient with atopic dermatitis: *“As a dermatologist, you see many patients with atopic dermatitis. There are a lot of us. We come to you in the arms of anxious parents who feel personally responsible for our agony and look to you for absolution of their erroneously perceived guilt. Regardless of how your atopic patients arrive, we all expect a cure in short order. Sometimes we heal, but often we do not. At this point, you and your patients like me are often thrown into an uneasy symbiosis where each unfairly blames the other for the chronicity of the disease.”* As a patient with atopic dermatitis, she wants to be treated in a respectful and proper way.

The same accounts for victims of child abuse. Just replace “dermatologist” by “doctor” and “atopic dermatitis” by “a suspicion of child abuse” and you read a fascinating introduction that could have been written by a victim of child abuse: *“As a doctor, you see many patients with a suspicion of child abuse. There are a lot of us.”* At the same time, the quote shows some of the quandaries of physicians who are confronted with a suspicion of child abuse, because a physician practically always examines a child when one parent is or both parents are present: *“We come to you in the arms of anxious parents who feel personally responsible for our agony and look to you for absolution of their erroneously perceived guilt...”* The parent who accompanies the child is not necessarily the parent who abused the child and does not always know what happened, but will feel guilty even when unjustly accused of child abuse. When “dermatologist” is replaced by pediatrician and/or pediatric dermatologist, a fascinating introduction arises that clarifies the role of these disciplines in the diagnosis as well as in the differential diagnosis of skin findings whenever a suspicion of child abuse arises.

The skin is the most accessible organ of the body and is therefore easy to observe for anybody. The skin is also the primary target organ to become damaged in physical abuse of children. Furthermore, skin findings may be encountered in all types of child abuse. Therefore, these findings often play a central role in the recognition of child abuse. These abnormalities can be observed by well-trained physicians and by untrained bystanders. Nevertheless, the interpretation of skin lesions is primarily the task of physicians in general and (pediatric) dermatologists in particular and is not always simple. In recent

years, many reports have been published on pediatric (dermatological) disorders and accidental injuries that were unjustly regarded as physical signs of child abuse. Knowledge of the differential diagnosis of unexplained or apparent skin findings is essential for an accurate diagnosis, sometimes even vital because errors in either direction (false positive and false negative) can be disastrous.

Doctors do have a specific role in the medical diagnosis of cases of physical violence and neglect, sexual abuse, and artificial disorders like pediatric condition falsification (formerly known as Munchausen's syndrome by proxy), factitious disorders (formerly known as Munchausen's syndrome), and self-mutilation. When a suspicion of child abuse arises because of physical findings, it is important to avoid jumping to conclusions. No physical sign or symptom is in itself an absolute proof of child abuse. The combination of physical findings, a thorough medical history, and the determination of the child's developmental level allows a well-trained physician to conclude whether a story told by the parents is consistent with the findings in the child. In other words, a suspicion of child abuse arising from physical abnormalities must be approached in the same way as any other medical problem:

- Formulating and testing a differential diagnosis (including a detailed history)
- Undertaking additional (e.g., laboratory) investigations
- Establishing a definite diagnosis

Therefore, it is essential that the physical examination is done by well-trained physicians, and in case of skin findings in cooperation with an experienced (pediatric) dermatologist.

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