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Case Report

Parental Neglect and Physical Child Abuse. Case Report

Vidal Vidal JA[1], García García MG[2], Dzul Pech F[3], Heredia González CA[4], Solorio Ramírez E[4], Vázquez Moreno F[5], Ortiz Cárdenas L[6], Urbina Hernández JF[7], Zavaleta Hernández SY[7], Castillejos Blake RA[7], Tlahuizo Caballero Y[8], Cholula Alarid R[9], Soancatl Rodríguez DG[9], Soancatl Rodríguez LG[9], Porras Aguilar E[9], Jiménez Céspedes S[10], Rosas Alfonso TA[11] and Martínez Tovilla Yaneth[12]*

[1]Chief of Department of Pediatric Critical Care Medicine, Hospital para el Niño Poblano, Puebla, México

[2]Chief of Department of Pediatric Urgency, Hospital para el Niño Poblano, Puebla, México

[3]Second-Year Pediatric Critical Care Medicine Resident, Hospital para el Niño Poblano, Puebla, México

[4]Second-Year Pediatrics Resident, Department of Pediatrics, Hospital para el Niño Poblano, Puebla, México

[5]Second-Year Pediatrics Resident, Department of Pediatrics, Hospital de Alta Especialidad de Veracruz, México

[6]Second-Year Pediatrics Resident, Department of Pediatrics, Hospital General "Dr. Eduardo Vázquez Navarro" Puebla, México

[7]Attending Physician, Department of Pediatric Critical Care Medicine, Hospital para el Niño Poblano, Puebla, México

[8]Palliative Care Psychologist, Hospital para el Niño Poblano, Puebla, México

[9]Medical Social Service, Faculty of Medicine, Benemérita Universidad Autónoma de Puebla (BUAP), México.

[10]Director of Hospital para el Niño Poblano, Puebla, México

[11]Deputy Director of Hospital para el Niño Poblano, Puebla, México

[12]Department of Pediatrics, Faculty of Medicine, Benemérita Universidad Autónoma de Puebla, (BUAP)/Mexican Burn Association, Chief of Education and Research, Hospital para el Niño Poblano, Puebla, México

***Corresponding Author:** Martínez Tovilla Yaneth, Department of Pediatrics, Faculty of Medicine, Benemérita Universidad Autónoma de Puebla, (BUAP)/Mexican Burn Association, Chief of Education and Research, Hospital para el Niño Poblano, Puebla, México.

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Abstract

Introduction: Parental negligence can be defined as a form of mistreatment by the parent (or guardians) towards the children due to deficiency of attention to basic needs, or poor implementation of them. In México, it was reported in 2020 that 42.2% of girls and 45.3% of boys suffered some form of physical abuse.

Case Presentation: This 2 years 3 months old male patients, who presented multiple lesions of nonspecific etiology. His condition on admission in the Hospital para el Niño Poblano was critical, for that reason the Public Prosecutor's Office was notified and he was admitted to the intensive care unit. After clinical improvement, it was decided to extubate and remove the nasogastric tube and transfer to the internal medicine floor, where there was appropriate progress, leading to the decision for discharge from the hospital with follow-up by the outpatient neurology, gastroenterology, clinical nutrition, and psychology services.

Discussion: This case illustrates the complexity of child maltreatment, involving a young male patient suffering from various forms of abuse, including scald burns, contusions, lacerations, and fractures, underlining the multifaceted nature of child abuse and its severe health implications. The child, exposed to both physical neglect and abuse after being abandoned by his mother.

Conclusion: It's imperative to recognize and intervene in cases of parental neglect syndrome promptly, requiring healthcare professionals to maintain a high suspicion and conduct thorough examinations. Recognizing the syndrome involves understanding both visible and invisible signs of abuse, necessitating a multidisciplinary approach for accurate diagnosis, treatment, and reporting, to mitigate the short- and long-term impacts on the child's physical and psychological health.

Keywords: *Parental Negligence; Medical-Psychological Repercussions; Child*

Introduction

Parental neglect can be defined as a form of mistreatment by the parent (or guardians) towards the children due to deficient attention to elementary needs, or a poor implementation of them. Neglectful parents or caregivers are those who do not have the ability to determine the child's needs, put their individual needs above the child's needs, and are misguided in their perception of the child's true needs. A child affected by neglect can continue to harm him/her in adulthood, that is why it is necessary that every case is analyzed and treated with psychological therapy to avoid medium- and long-term psycho-social conflicts in his/her development [1].

There are currently records of 13 different categories of child maltreatment, ranging from different presentations of physical contact and abuse, psychological harm, forced labor, overprotection, neglect and abandonment [2]. In México, it is reported that in 2020, 42.2% of girls and 45. 3% of boys suffered physical abuse, but the ages with the highest number of reported cases of physical punishment are in the range of 2 to 4 years, representing 56.9% to 61.8% of all reported cases the highest incidence rate is reported in the 10 - 14 age range, which per 100,000 population represents 35.3 for girls and 20.9 for boys [3]. The aggressions that girls suffer more than boys are psychological aggressions (shouting, disqualifications, or insults) representing 54% for girls and 52% for boys, Interestingly, within the statistics it is possible to highlight that 5% of mothers believe that physical punishment is necessary and 8.4% of fathers believe that physical punishment is necessary [4]. It is reported that in 2022 there were 6188 deaths of boys and girls due to domestic violence, with 4252 (68.7%) deaths for boys and 1936 (31.2%) deaths for girls [5].

Among the parental negligence we find physical negligence, this is characterized by behaviors that make it impossible for the child to develop physically in an integral way, which include deficient feeding, inadequate clothing for the climate or size of the child, poor hygiene, leaving the child in the care of different people, leaving the child unsupervised for a large part of the day. Another negligence is medical negligence, which is highlighted by not being attached to the health needs of the child, for example, not following up on health appointments, not administering treatments in a timely or adequate manner, not getting involved in health programs for the child. A third type of neglect is emotional neglect, in which the child is exposed to situations of violence against his or her gender or involved in domestic violence, and the child is denied the possibility of communicating and interacting with people outside the home. Finally, we find the educational neglect, this is based on having disinterest in the child's academic training, for example, not enrolling children in school, allowing truancy, and not attending to the needs within the educational training [6].

Case Presentation

This is a male patient of 2 years 3 months who was brought by the emergency system accompanied by his uncles, presenting multiple injuries of nonspecific etiology, raising suspicion of child abuse in the form of parental neglect.

His current condition began a month prior to admission when he presented with scald burns on the anterior chest and abdomen, without medical attention. On December 18, 2023, at approximately 09:00 hours, he experienced a generalized clonic-type seizure with trismus. It is also reported an apparent unwitnessed fall by any family member or caregiver, finding the patient on the ground, prompting notification to emergency services. Emergency services arrived at the residence around 11:00 hours and provided first aid. They indicated the need to transfer the patient to a hospital for immediate care. Upon examination, the emergency responders found the patient with a right frontal contusion, right anisocoria, hypo ventilated lung fields, heart rate of 164, respiratory rate of 24, and a Glasgow Coma Scale Modified score of 3, leading to the decision to proceed to phase III of ventilation.

On admission to the Hospital para el Niño Poblano, the physical examination revealed: normocephalic skull with multiple circumferential healed abrasions numbering 5, with a right periorbital hematoma present, as well as a crusted wound on the frontal region measuring 1 cm x 10 cm (Figure 1). Multiple lesions were observed behind the ears (3 lesions measuring 1 x 1 cm in crusted phase on the left ear, and a 2 x 0.5 cm laceration in the crusted phase on the right ear) and on the face (Figure 2). There were no abnormal movements or seizure activity observed. Pupils were pinpoint with a slow response to light measuring 3 to 2 mm. The oral cavity appeared normal. A lesion in the submental region measuring 2 x 1 cm with a depth of 1 cm was noted (Figure 3). The neck appeared cylindrical without masses, with

a centrally located trachea, and well-ventilated lung fields without added sounds. In the thoracoabdominal region, and on the arms and forearms on the palmar surface, symmetrical healing phase burn lesions were observed (thoracoabdominal lesion measuring 10 x 20 cm) (Figure 4). Multiple linear lacerations in the healing phase were observed on the back, with a length greater than 2 x 8 cm (Figure 5). A lesion measuring 1 x 1 cm with a depth of 3 cm was noted on the medial epicondyle of the right humerus. Circular lesions with ulceration present in the crusted phase were observed on the wrists and ankles (Figure 6). Genital examination revealed healed lesions on the penile area measuring 2 x 1 cm, as well as approximately 3 healed lesions on the scrotum measuring 1 x 2 cm (Figure 7); no abnormalities were observed in the perianal area.

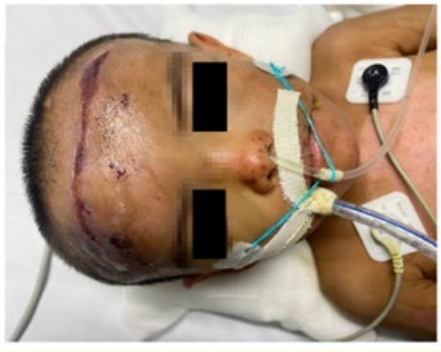

Figure 1: *Right periorbital hematoma and crusted wound on the frontal region.*

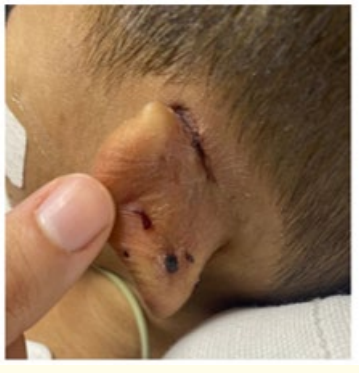

Figure 2: *Multiple lesions behind the left ear.*

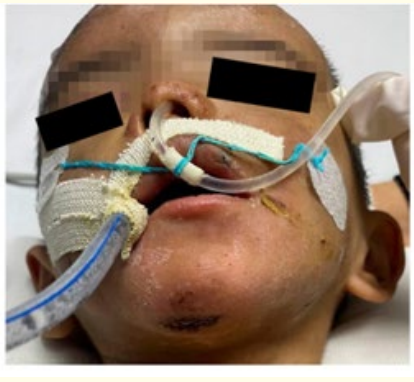

Figure 3: *Submental lesion.*

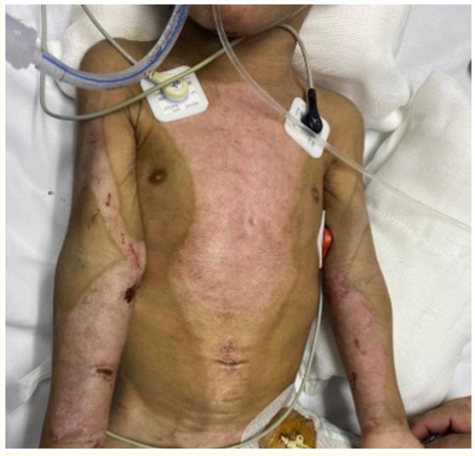

Figure 4: *Symmetrical burn lesions in thoracoabdominal region and both arms.*

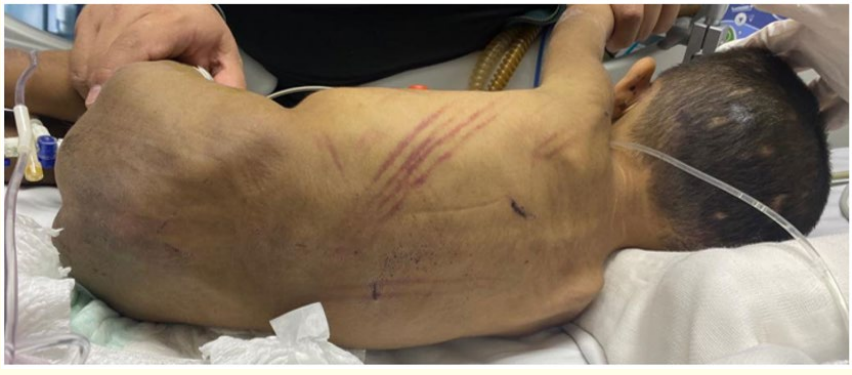

Figure 5: *Multiple linear lacerations on the back.*

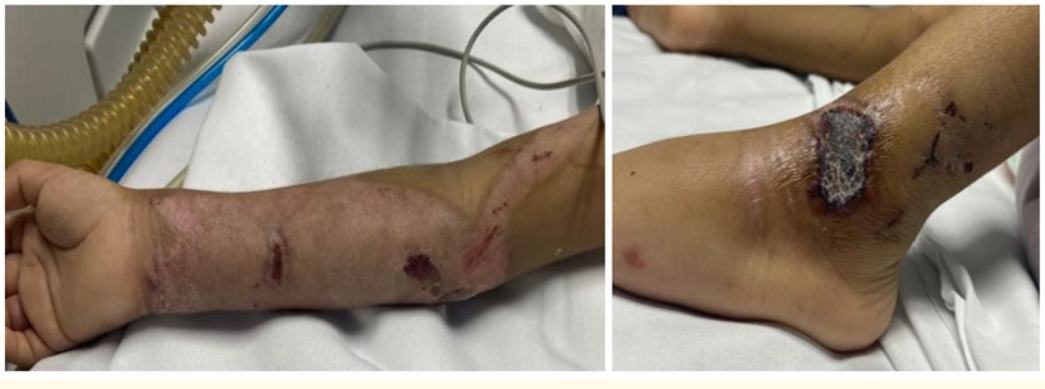

Figure 6: *Circular lesions with ulceration in the crusted phase on the wrist and ankles.*

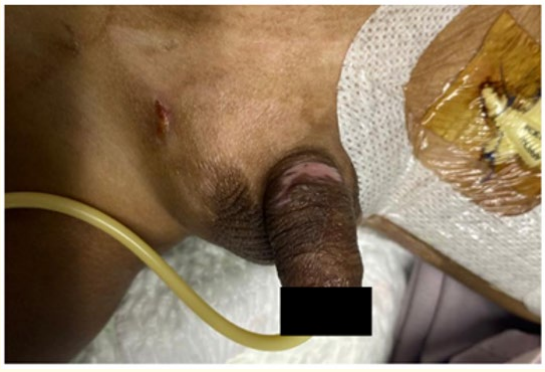

Figure 7: *Lesion on the penile and scrotum area.*

Laboratory tests were taken upon admission, which revealed a hemoglobin of 5.4 gr/dl. Consequently, protocols were initiated for blood transfusion due to the patient's critical condition. It was decided to admit him to the intensive care area on December 19, 2023, to continue his diagnostic approach and improve his short-term prognosis, At the same time, the Public Prosecutor's Office was notified to continue with the legal approach.

Upon admission, various imaging studies were performed including a skull, chest, and abdominal CT scan, as well as a bone series, to search other internal injuries and acute or chronic fractures. Only findings of lesions were observed on the skull CT scan, which revealed a bilateral chronic subdural hematoma, with rebleeding in the left subdural space, accompanied by a decrease in brain mass (Figure 8).

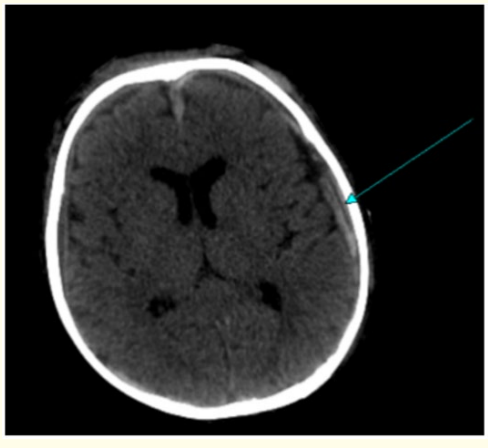

Figure 8: *A computed tomography (CT) scan of the skull revealed a chronic subdural hematoma in the left hemisphere (indicated by the arrow).*

In the intensive care unit, the patient was maintained on neurointensive measures with assisted ventilation, requiring aminergic support. Antiseizure management was provided with levetiracetam. One blood product transfusion was administered due to transfusion criteria being met (Hb 5.4). The patient remained fasting with an orogastric tube in place, which exhibited coffee-ground vomit output, of internal bleeding somewhere in his upper GI tract; without dysglycemia or electrolyte imbalance.

Upon admission to the Pediatric Intensive Care Unit (UCIP), a consultation was requested from the neurology department due to the admission diagnosis and the various clinical and imaging findings. Additionally, a consultation was also requested from the ophthalmology department to rule out intraocular injuries. The consultations indicated solely conservative management and medical measures.

On December 23, following clinical improvement, a scheduled extubating was performed, and the patient progressed to phase I ventilation with oxygen via a head helmet. Additionally, the nasogastric tube was removed, and the patient advanced to a soft diet without irritants, with enteral tolerance being adequately monitored and well tolerated. The patient continued to have a satisfactory clinical course, with no seizures or abnormalities noted.

However, on December 28, 2023, he began experiencing vomiting without apparent cause. A consultation was requested from the gastroenterology service, which recommended a series of esophagogastroduodenal (SEGD) tests to rule out obstruction by foreign objects or anatomical abnormalities that could explain the vomiting. The patient was instructed to continue with the established diet until the SEGD could be performed, with the addition of a gastric mucosal protector.

The SEGD was conducted on January 2, 2024, and revealed only gastroesophageal reflux, for which treatment was administered. Consequently, the patient was diagnosed with refeeding syndrome and appropriate therapeutic measures were initiated, resulting in improvement.

The patient showed clinical improvement with no neurological deterioration, no longer meeting criteria for critical care unit stay. Therefore, a decision was made to transfer him to a hospital ward for further medical management and follow-up, still under the custody of the public prosecutor's office.

On the Internal Medicine floor, interconsultation was requested from the Rehabilitation Medicine Service, who mentioned that the patient requires therapeutic treatment aimed at occupational therapy, with activities aimed at reinforcing visual-motor coordination, pincers, and basic hand functions, reinforcing bimanual activities, reinforcing nutrition with minimal support and supportive play therapy, and the Cardiology Service for presenting sinus tachycardia. At the time of the examination, no structural heart disease was identified, so it did not require follow-up by the service.

Following appropriate clinical progress, the patient was discharged from the Hospital para el Niño Poblano under the care of his maternal grandfather. He will receive outpatient follow-up in neurology, gastroenterology, clinical nutrition, psychology, and rehabilitation services. At the time of discharge, the patient was normocephalic with a linear pink scar on the frontal area. Pupils were symmetric with appropriate response to light, cranial nerves were intact, and back examination revealed multiple healing linear lacerations ranging from 2 to 6 cm in length. An area of hypopigmented scar suggestive of a burn was noted on the anterior chest. Cardiac examination revealed normodynamic precordium with rhythmic heart sounds. The abdomen was soft, depressible with healing lesions. Lesions in various stages of healing were observed on the extremities, with circular lesions on the wrists and ankles with ulcerations in the crusted phase. Genital examination revealed healed lesions on the penile area measuring 2 x 1 cm, as well as approximately 3 healed lesions on the scrotum measuring 1 x 2 cm; no abnormalities were observed in the perianal area.

Discussion and Conclusion

The present case involving a 2-year, 3-month-old male patient, who presented with multiple injuries characterized by scald burns, contusions, lacerations, and fractures highlights the multifaceted nature of child abuse and its potential to precipitate a wide range of health complications.

Neglect represents the most common form of child maltreatment, often resulting in significant physical and psychological harm [7]. In the current case, the patient was abandoned by his mother and placed under the care of his maternal uncle and aunt. This transition not only exposed the child to physical neglect but also subjected him to physical abuse, another manifestation of child maltreatment.

Risk factors for child maltreatment are multilayered, encompassing individual aspects (such as a child's disability or having an unmarried mother), familial circumstances (including domestic violence or having multiple siblings), community issues (like the absence of recreational facilities), and broader societal challenges (such as poverty) [7]. A notable risk factor, as observed in the case of our

patient, is early parenthood; the patient's mother is both a teenager and a single parent. Early parenthood is identified as a significant risk factor for neglect or abuse due to the combined challenges of adolescent biopsychosocial changes and adult responsibilities, complicating caregiving [8]. Previous studies have reported that physical maltreatment is notably prevalent among newborns and preschool-aged children [8,9]. This observation is consistent with our patient's age, who was two years old. Another study identified young childhood (newborns, infants, and toddlers) and the male sex as significant child-related risk factors for physical abuse [8]. Maltreatment impacts both genders, with observed trends indicating that physical abuse is more prevalent among boys, whereas girls are more susceptible to sexual abuse [9].

In our clinical case, the injuries observed in the patient, including a right periorbital hematoma, diverse lesions at various stages of healing across multiple body regions, symmetrical burn marks, and fractures, reflects the recognized injury patterns associated with child abuse as reported in existing literature. The detection of contusions in targeted areas such as the back, limbs, and genitalia, alongside multicolored bruising indicative of different stages of healing, and injuries with distinct shapes characteristic of physical abuse, raise considerable concerns for intentional harm. Moreover, the presence of contact burns, characterized by sharply defined edges, patterns consistent with cigarette burns, and immersion burns that display clear demarcations between affected and unaffected skin, further corroborates the suspicion of abuse. While no single fracture pattern is exclusively indicative of abuse, the prevalence of fractures in approximately 55% of physical abuse cases demands a careful evaluation of the injury mechanisms to ensure they align with the injuries presented [8-10]. This alignment with recognized signs of abuse emphasizes the critical need for healthcare professionals to conduct thorough examinations and maintain a high index of suspicion in potential abuse scenarios, ensuring prompt identification and intervention to safeguard affected children.

The patient's clinical course highlights the complexities involved in managing cases of severe neglect, including complications such as refeeding syndrome, a condition that arises from the reintroduction of nutrition to severely malnourished individuals, that exemplifies the critical and often overlooked consequences of neglect [11]. This condition requires a carefully nutritional and medical approach, highlighting the importance of multidisciplinary care in the management of abused children.

While the patient's discharge marks a positive outcome in his medical journey, the long-term implications of parental neglect and physical abuse on his physical and psychological well-being warrant continued attention. Child maltreatment is linked to an array of adverse outcomes, notably the potential onset of psychiatric conditions such as major depressive disorder, anxiety disorder, and posttraumatic stress disorder [12]. Ongoing follow-up and support from various specialties, including neurology, gastroenterology, clinical nutrition, psychology, and rehabilitation, are essential for addressing the child's complex needs and promoting his overall well-being.

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