

RE: Patient B
DOB: 07/01/09

Thank you for referring Patient B who is a 16-month-old male for a second opinion on a possible child abuse. He was brought to the clinic by both parents and the aunt who currently has guardianship over David. The patient is not on any medication.

As you are well aware, Patient B is a product of a full-term uncomplicated pregnancy born by spontaneous vaginal delivery. His birth weight was 7 pounds 8 ounces and there were no perinatal problems. His developmental milestones have been normal. He walked at 15 months of age. He has a good vocabulary. He can readily identify different body parts.

Concern about Patient B occurred one month ago when he was being cared for by his maternal grandmother. While playing at the park, he fell down on soft ground. Apparently, there are different versions of the story. One says that he fell on his rear end. Another version said that he fell backward and bumped his head. In either case, he was taken to a local emergency room because of persistent crying and then released home without doing any neuroimaging tests. Because of persistent fatigue and vomiting, he was taken to the emergency room at Cedars-Sinai Hospital where a head CT scan was performed. This showed the presence of subdural hematomas of different ages and the child was admitted for further evaluation and management.

In the course of his hospitalization, he was seen by a neurosurgeon as well as an ophthalmologist. The ophthalmologist found the presence of preretinal hemorrhages in both eyes. These findings raised the concern of possible child abuse and DCFS workers were called. Other tests performed at the hospital did not find evidence of child abuse. Skeletal x-rays were normal. There was no bruising, scars, scrapes or soft tissue swelling. Metabolic diseases were also evaluated and test results were normal.

This patient has been known by the pediatrician since birth and you have known the parents to be caring, stable people. Based on your deep knowledge of the parents and the family situation, you thought that non-accidental trauma was an unlikely cause of the problems. The parents have indicated that the only person caring for their child other than themselves has been the maternal grandmother who herself had raised six children. They found her also to be loving and caring.

The parents describe two other noteworthy facts. When David was about six months old, he had a growth spurt in which he grew rapidly over the course of the next six to seven months. It was well known at that time that his head circumference was large and had been increasing. David's head circumference was large and has increased over the 98th percentile like his father's.

The second important fact is that when David was irritable or angry, he would rock back and forth in his stroller or throw his head and trunk backwards. His parents note that he has been doing this for several months now. Sometimes, he does it in a playful manner and another time he will do it in a more aggressive way when he is angry or upset. The parents mentioned these self-imposed, to-and-fro shakings to the physicians at Cedars-Sinai in October. The parents have repeatedly said that they do not know of anyone who could have willfully injured or shaken

David in a manner to produce the subdural hematomas or retinal hemorrhages.

Despite the parents' deportment and other possible medical explanations for the child's findings, the child was taken away from the parents and is in guardianship with the mother's sister.

PAST MEDICAL HISTORY: David has only had one hospitalization at Cedars-Sinai Medical Center one month ago.

His immunizations are up-to-date. A complete review of his systems is negative.

FAMILY HISTORY: The mother is 34 years old and is a store manager for Victoria Secrets. The father is 36 years old and is an investment advisor. The both parents are healthy and well. There are no other siblings.

On examination, the patient's weight is 14 kg. Length is 32-1/2 cm. Head circumference is 52.5 cm (>98%). The father's head circumference is 60.4 cm (>98%), the mother's head circumference is 54.5 cm (50%). The anterior fontanelle is closed. He is a large infant with no dysmorphic features or neurocutaneous markings. No bruising or soft tissue swellings were observed. He was happy and cooperative. Cranial nerves: pupils were mid-position and reactive. Fundoscopy was difficult to perform. Extraocular movements were full. Facial movement was symmetric. He has a normal-appearing tongue. He alerts readily when his name is called. Motor shows increased bulk but normal tone and strength. He moves all limbs against gravity. There are no tremors. Reflexes were equal and symmetric. Plantar responses are downgoing. Gait, he walks with assistance. He can take one or two steps independently. Sensory shows withdraw to light tickle. Spine shows no midline lesions. There is no evidence of limp or cranial swelling or bruising.

I reviewed a video demonstrating David's vigorous rocking behavior.

Patient B is a 16-month-old male with subdural hematomas and macrocephaly. His neurologic exam is abnormal because of macrocephaly. Based on the evidence, I think that Patient B's injuries are due to accidental trauma and not from child abuse. There are a number of reasons for my conclusion: