

Non accidental injury? A trap for the unwary

Case report

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Child abuse should be considered in children with unusual skin marks. Occasionally natural skin changes are misdiagnosed as non-accidental bruising¹. We present a case of normal venous discoloration that was at first suspected to be non-accidental bruising.

Case report:

A two year old girl was referred by the nursery to social services. Nursery staff reported that whilst washing the child's hands they had noticed bruising on her palms. Social services told us that some weeks earlier the child's 16 month old sister had been seen in our unit with non-accidental bruising. The children lived with their mother and had weekly contact with their father who lived close by.

The two year old was brought for medical examination accompanied by her father, a social worker and police. It was alleged the bruising had been acquired whilst she was in the care of her mother. Mother had already been interviewed by social services and police and had denied any knowledge of the bruising.

On examination by a paediatrician, the child was found to have skin lesions on both palms (figure 1) These were blue/light brown discolorations localised to both thenar eminences. The lesions were not raised, non-tender and the skin over them felt normal. It was difficult to tell if they blanched. The immediate diagnosis was not clear but old bruising was felt possible. Photographs were obtained. In order to confirm or reject the diagnosis of bruising by monitoring evolution of the lesions, a follow up appointment was arranged for seven days later. Unfortunately this decision was not acceptable to the senior social worker who requested a rapid diagnosis.



Figure 1.



Figure 2.



Figure 3.

A second opinion was therefore sought from a dermatology colleague who on seeing the photographs felt bruising was most likely.

The child was reviewed after the weekend (four days after the initial presentation) by the paediatrician. This time she attended accompanied by her mother, social worker and health visitor. By chance the mother happened to bring along the 16 month old sibling. The social worker reported to the paediatrician she thought she had seen the lesions on the two year old's palms change colour from light to dark then light again.

On re-examination the paediatrician found the lesions generally unchanged. On closer inspection however, a network of veins could be seen underlying the lesions. It became clear that the veins were the cause of the palmar skin colour changes. After explaining, the mother then pointed that the 16 month old sibling had identical changes on her palms (fig 2). Mother's palms were examined and she too was found to have similar palmar changes. (fig 3)

Reference:

- 1) Wheeler DM, Hobbs CJ. Mistakes in diagnosing non-accidental injury: 10 years' experience. *Br Med J (Clin Res Ed)*. 1988 April 30; 296(6631): 1233–1236

*Permission for publication of this case and all photographs was given by the mother.