WHEN IT’S NOT CHILD ABUSE

CHAMP Webcast
November 2, 2016

Disclosure Statement

The presenters
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Jennifer Canter, MD; Ann Lenane, MD
Yorgo Zahnane, MD; and
Jamie Hoffman-Rosenfeld, MD
have no financial relationships with any commercial interests.

POST STREPTOCOCCAL SEQUELAE; SKIN AND MUCOUS MEMBRANES

Linda Cahill, MD
Medical Director, Butler CAC
Bronx, NY
History
8 year-old non-verbal boy with Pervasive Developmental Disorder (PDD), in diapers, was sent for evaluation for physical and sexual abuse after this rash was noted by caregivers at his day school.

STREPTOCOCCUS IMPETIGO

Jennifer Canter, MD
Director, Child Abuse Pediatrics Program & Forensic Acute Care Team
The Maria Fareri Children’s Hospital
Valhalla, NY

Literature
GETTING SOME “RUNS” FOR YOUR MONEY
Ann Lenane, MD
REACH Program
Rochester, NY

History
• One year-old girl presented to the Emergency Department with a rash.
• Noted when she awoke that AM.
• There was diarrheal stool in the diaper.
• This rash was noted by her mother.
• It was painful.
• The baby was otherwise healthy appearing.

Case Progression
• Burn Team was called.
• Social worker was involved.
• No social risk factors identified.
• Mother insisted she had not done anything to injure her daughter.
• A Child Protective Services report was made based on the burn team’s report that this looked like an immersion burn.
The Culprit: “Little Tummies”

- Laxative that used to contain senna
- Mother had given her daughter a dose the day before.
- Case reports and a later study showed that senna can cause severe skin burns in children in diapers.
- Brief History
  - 1999 Phenolphthalein removed, replaced with senna, a natural plant derivative
  - 2001 Case reports of severe burns (4 cases)
  - 2003 Larger study confirmed this
  - No longer in most OTC children’s laxatives

Conclusions

- Mother and baby re-united.
- Burn Team contacts child abuse team on a regular basis.
- Multidisciplinary Team contacts child abuse program for all serious physical abuse cases.
- Child abuse is a “team sport.”

Literature

[Text not visible in image]
NONSEXUAL ACUTE GENITAL ULCERS: UNUSUAL ASSOCIATION

Yorgo Zahlanie, MD
PL3 Pediatrics
Upstate Medical University
Syracuse, NY

Outline

• Case presentation
• Case report
• Nonsexual acute genital ulcers (NAGU)
• Conclusion

Case Presentation

• 15 year-old healthy female p/w 3-day history of fever, headaches, nausea, photophobia, malaise and arthralgia/myalgia
• Also reported to have painful labial ulcers over last 2 days → difficulty walking
• Not sexually active
Pertinent findings on PE:
- Febrile (38.4 C), tachycardic (106 F)
- Appears to be in pain but alert
- Headache elicited by moving neck but full ROM
- Neurological exam normal
- Multiple tender ulcerative lesions on labia extending into vaginal introitus

Case Presentation

Case Presentation
- LP performed due to concerns of meningitis
- STI and rheumatologic w/u due to labial ulcers
- Lyme titers drawn due to working outdoors in summer camp

Case Presentation
- Started on IV Vancomycin, Meropenem (allergy to Cephalosporins) and Acyclovir
- Admitted to the floor
Case Presentation

- CSF showed no pleocytosis (WBC=0). Full sepsis w/u neg.
- STI w/u neg: wet prep, KOH, Gram stain, GC/Chlamydia PCR, RPR, HIV screen, labial HSV PCR
- EBV panel not consistent w/ acute infection
- RF, ANA and ANCA neg. Ophthalmologic exam neg.
- Lyme IgM + 3/3 bands. IgG neg.
Case Report

- 50-year-old female p/w a 3-week history of rapidly expanding painful vaginal ulcers, fever, malaise, neck/ back pain, and round lesions on arms/shoulders
- Vaginal ulcers progressed despite PO Ciprofloxacin, PO Prednisone and topical Neomycin.
- Not sexually active. No history of STI. No oral ulcers. No ocular symptoms.


Case Report

- Biopsy of ulcers showed polymorphous inflammatory infiltrate w/o organisms, malignancy or vasculitis.
- CG/Chlamydia, RPR, HIV, HSV-2, Babesia, Ehrlichia, ANA, pathergy test negative
- Lyme titers positive
- Resolution of symptoms 48 hours after starting Doxycycline


NAGU

- Nonsexual acute genital ulcers (NAGU), or Lipschutz ulcers, are a rare vulvar skin condition typically affecting girls and young women.
- Acute onset of single or multiple painful genital ulcers
- Most cases associated with nonspecific systemic symptoms

NAGU

- Etiology not identified in 75% of cases
- Some cases associated w/ infections:
  
  * EBV, CMV, Mycoplasma, HIV, Mumps, Influenza A, T. gondii*
- Genital ulcers may result from a strong immune response to infection → ?? systemic symptoms ??


Other Etiologies

Behçet's disease, lichen planus, lichen sclerosus, IBD, Sweet syndrome, Reiter syndrome, blistering skin diseases, and drug reaction¹ ²


Back to Our Patient

- 15 year-old female w/ NAGU associated w/ Lyme disease
- Started on PO Doxycycline 100 mg BID for 21 days
- Labial ulcers and systemic symptoms were resolved few days after starting Doxycycline.
Conclusion

- To our knowledge, this is second case of nonsexual acute genital ulcers associated with Lyme disease.
- Association and not causation
- Lyme disease should be considered in women presenting with NAGU, especially in endemic areas.
- Other infectious, rheumatologic and dermatologic etiologies should be ruled out.

CASE #1
PERIURETHRAL SUPPORT BANDS

Jamie Hoffman-Rosenfeld, MD
Medical Director, Queens CAC
Forest Hills, NY

Case

- 7 year-old girl presents to pediatrician with bleeding from private parts; no pain or dysuria.
- History of fall from monkey bars 3-4 weeks prior, landing on scooter; at the time grabbed “private” and said she hurt herself.
- No blood noted at the time of the fall.
- Primary care provider does exam and says she looks “weird.”
- Referred to Pediatric GYN – exam normal; no site of bleeding seen.
Case (cont.)
- Bleeding continues intermittently; mother not certain if it is from the vagina or anus.
- Primary care provider refers to a pediatric dermatologist.
- Pediatric dermatologist sees "two cuts in vagina" and makes report to the NYS Central Register.
- CPS tells the mother to take 7 year old to an Emergency Department – 2 lacerations seen.
- Referred to Child Advocacy Center.

Are these cuts??
Periurethral support bands - Small bands lateral to the urethra that connect with periurethral tissue to the wall of the vestibule: these normal supportive structures are also called vestibular bands and support bands.

Do pediatric chief residents recognize details of pre-pubertal female genital anatomy?
- Dubow, Giardino, Christian, and Johnson
- Child Abuse and Neglect Journal
- February 2005
- A National Survey
How often do you routinely examine the genitalia of a girl?

- Always (100%) 12%
- Most of the time (>90%) 38%
- Usually (70-90%) 31%
- Sometimes (50-60%) 9%
- Less than half the time 10%

Percentage Of Respondents Identifying Structure Correctly

- Clitoris 94%
- Posterior commissure 87%
- Urethra 63%
- Labial minora 90%
- Labia majora 80%
- Hymen 64%

Genital examinations for alleged sexual abuse of prepubertal girls: findings by pediatric emergency medicine physicians compared with child abuse trained physicians

Kathleen M. Miroff, James L. Hirshly, Ann M. Brudhorst, Patricia A. Myers, Robert A. Slapton
Study Results

• 4 year period
• 46 patients with non-acute findings felt to be significant for abuse were referred
• 32 (70%) – Normal
• 4 (9%) – Non-specific
• 2 (4%) – Concerning
• 8 (17%) – Diagnostic

Results - Correct Identification of Anatomy

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<th></th>
<th>CETCAN</th>
<th>Starling II</th>
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<tr>
<td>Hymen</td>
<td>64%</td>
<td>87%</td>
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<tr>
<td>Urethra</td>
<td>54%</td>
<td>57%</td>
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<tr>
<td>Labia Minora</td>
<td>21%</td>
<td>30%</td>
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<td>Correct identification of all 3 structures</td>
<td>12%</td>
<td>19%</td>
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CASE PRESENTATION #2
EXPOSED PECTINATE LINE

Case #2

• 3 year-old boy transferred to hospital in complete cardiac arrest; at time of arrival, exam compatible with brain death.
• Child Abuse Pediatrician consulted because of vague history and unclear circumstances.
• Complete exam including anal and genital exams normal.
• After official declaration of brain death, exam conducted by a medical provider from the organ harvesting/transplant team.
• Diagnosis of “anal tear” made.
• Several days into hospitalization, the question of sexual assault is raised.

Postmortem Perianal Findings in Children

John McGuire, M.D., Donald Bay, M.D., Joseph Sieracki, M.D.,
Boyd G. Stephens, M.D., and Stephen Wex, M.D.

On occasion, a postmortem perianal finding is critical to determine the cause of death and the potential for prenatal or intercurrent disease. In these cases, the anatomic features vary widely. The anal canal is subject to a variety of deep muscle in the ring of the anus and may be con-
Postmortem Examination

• No sign of perianal/anal trauma found at autopsy.

Summary

Mimics for child abuse can include:
• Infections
• Chemical contact (dermatitis)
• Normal structural findings (genital)
• Other

Discussion

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<tr>
<th>Name</th>
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<tr>
<td>Linda Cahill, MD</td>
<td>Perianal Strep</td>
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<td>Jennifer Canter, MD</td>
<td>Strep Impetigo</td>
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<td>Ann Lenane, MD</td>
<td>Senna burn</td>
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<td>Yorgo Zahlanie, MD</td>
<td>NAGU from Lyme disease</td>
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<td>Jamie Hoffman-Rosenfeld, MD</td>
<td>Periurethral support bands &amp; exposed pectinate line</td>
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