Inhaler Burn

- 1,1,1,2-tetrafluoroethane (4F2C2H) a propellant with a boiling (vaporization) point of -26.3°C, is a hydrofluoroalkane (HFA) compound used in aerosol inhalers since 2009 because it does not deplete the ozone layer. (It does contribute to global warming….)
- Under pressure in an inhaler canister, 4F2C2H is compressed into a liquid.
- Proper use: Medication suspended in the propellant is delivered to the respiratory tract through the inhaler.
- Misuse: On repeated, close contact with the skin, tiny liquid droplets evaporate, absorbing thermal energy (heat) from the skin resulting in frostbite.
References


Case 2

Ann Lenane, MD
Medical Director,
REACH Program
Rochester, NY

Lichen Sclerosis

• Unknown etiology
• Skin has thinning/ “white color”
• Effects pre-pubertal children and post menopausal women (bimodal)
• Symptoms include itching, dysuria, pain, bruising, bleeding
• Can be mistaken for child sexual abuse
• Treatment is topical steroids (high dose by dermatologist or gynecologist)
Case 3
Alicia Pekarsky, MD
Co-Medical Director: CARE Program
Upstate Golisano Children’s Hospital
McMahon Ryan Child Advocacy Center
Syracuse, NY

Frequently Asked Questions about Lichen Sclerosis
• Is this associated with sexual abuse?
• Do you need to refer to a dermatologist?
• What other treatments are available?
• Can you get this in boys?

Ann S. Botash, MD
Co-Medical Director: CARE Program
Upstate Golisano Children’s Hospital
McMahon Ryan Child Advocacy Center
Syracuse, NY

Is LS Associated with Sexual Abuse?
• Genetic factors
• Local factors (skin graft developed LS)
• Immunologic factors (associated with Autoimmune diseases)
• Hormonal factors
• Cell kinetics – An elastase-type enzyme produced by vulvar fibroblasts may lead to the destruction of connective tissue in patients with LS
• Trauma—Köchner phenomenon
Referral?

“The diagnosis of vulvar LS is based upon the presence of characteristic clinical manifestations, ideally with histological confirmation. We perform a 3 mm vulvar punch biopsy both to confirm the diagnosis, and to document whether atypical histological features are present.”

UptoDate, accessed 11/18/14; Vulvar LS, Elizabeth Gunther Stewart

Other Treatments?

- Relieve pruritus and pain if symptomatic
- Superpotent topical steroids—even if asymptomatic: clobetasol .05% at night x 6-12 weeks—tapered discontinuation
- Intralusalional triamcinolone
- Progesterone or testosterone
- Retinoids
- Phototherapy

LS in Boys

Systematic studies have shown that 10% to 40% of all surgically treated cases of phimosis are due to LS.

Case 4

Ann Lenane, MD
Medical Director REACH Program
Rochester

Vulvovaginitis

- Contact
  - Soap, “tight” clothing, irritants, etc
- Hygiene
- Infections
  - STI's, Candida, Pinworms, Gardnerella vaginalis, Group A Streptococcus
- Trauma

Group A Strep Vulvovaginitis

- Ages 3-10 years
- Not usually accompanied by pharyngitis
- Does not seem to be associated with child sexual abuse
- Treat with 10 day course of oral antibiotics appropriate for Group A Streptococcus
Case 5
Lori Legano, MD
Bellevue Hospital
New York University

Key Points about Unusual Findings (Tight Sock Finding)
• The parental history may be accurate sometimes.
• It is helpful to reenact the scenario described by the parent.

Reference
The online version of this article, along with updated information and services, is available at http://pediatrics.aappublications.org/content/131/4/e1314.full.html
Case 5
Ann Botash, MD
Co-Medical Director: CARE Program
Upstate Golisano Children’s Hospital
McMahon Ryan Child Advocacy Center
Syracuse, NY

Cases 6 & 7
Jamie Hoffman-Rosenfeld, MD
Medical Director, Queens CAC

Key Points for Molluscum Contagiosum
• Skin findings can be confusing particularly for nonmedical professionals such as educators/school officials.
• School officials are on the front lines but may be unable to interpret what they see on their students.
• A complete skin examination should be performed when genital lesions are noted.
Important Facts

• Molluscum contagiosum results in raised, round, flesh-colored bumps on the skin. It is a poxvirus. The bumps:
  – Are small — typically under about a quarter inch (approximately 2 to 5 millimeters) in diameter
  – Characteristically have a small indentation or dot at the top
  – Can become red and inflamed
  – Can be easily removed by scratching or rubbing, which can spread the virus to adjacent skin (incubation is 2-6 weeks)
• In children, the bumps typically appear on the face, neck, armpits, hands and arms.
• Inflammation can be a sign of regression and not necessarily infection.

Treatment of Molluscum

• Observe
• Podophyllotoxin
• Cryotherapy (liquid nitrogen)
• Cantharidin — blistering agent
• Curettage
• Imiquimod
• KOH
• Salicylic acid
• Topical retinoids
• Oral cimetidine

Summary

• Evaluations for child abuse require careful examination to rule out other medical or accidental causes of disease.
• Skin diseases and injuries can present as child abuse mimics.
• A complete skin examination is important in the examination of suspected child abuse.