

CHILD ABUSE BY BURNS – A CASE REPORT

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ABSTRACT: Child maltreatment happens in all countries and in families of all racial and religious groups. There are four major types of abuse: physical abuse, sexual abuse, emotional abuse and neglect. Cutaneous injury is the most common injury caused by abuse. Cutaneous manifestations of physical abuse include bruises, lacerations, abrasions, burns, oral trauma, bite marks and traumatic alopecia. Abuse by burning comprises approximately 6% to 20% of all child abuse cases. Proper evaluation is necessary, because the use of cultural practices does not exclude the potential for child abuse. A 3 year old boy reported with extra oral swelling over the right side of the submandibular region. On clinical examination the boy had well demarcated burn marks at right and left side of submandibular regions. Treatment for lymphadenitis and burnt region was carried out and case reported to psychiatry department for counseling. It is recommended that the offering of community child abuse educational programmes for all professionals including dental professionals, psychiatry, medicine, allied health, nursing, social workers and schools of education by providing literature, posters and handouts

KEYWORDS: Child abuse, Cutaneous manifestations, Cultural practices

INTRODUCTION

The abuse and neglect of children is a worldwide problem. Child maltreatment happens in all countries and in families of all racial and religious groups. There are four major types of abuse: physical abuse, sexual abuse, emotional abuse and neglect.¹ Kempe et al published their paper the "battered child syndrome" in 1962² the full impact of the physical maltreatment of children was brought to the attention of medical community subsequently general public. The battered child syndrome, which is now usually termed child abuse or child physical abuse, had such profound effect upon the professionals and the public that within a few years the majority of the states in the USA had introduced laws which made it mandatory for physicians, dentists and other health related professionals to report suspected cases.³ Cutaneous injury is the most common injury caused by abuse.⁴ Therefore, cutaneous signs are very important in the diagnosis of child abuse. Up to 90% of victims of physical abuse present with skin findings.^{5,6} Cutaneous manifestations of physical abuse include bruises, lacerations, abrasions, burns, oral trauma, bite marks and traumatic alopecia.⁵ Abuse by burning comprises

approximately 6% to 20% of all child abuse cases.⁷ Burn abuse appears to be more common in children under 3 years of age.⁵ Accidental contact burns are often patchy and superficial as the child quickly withdraws from the hot object. Inflicted contact burns are deeper, may be multiple, and have well demarcated margins. They are commonly due to hot irons, radiators, hair dryers, curling irons, and stoves.⁸ Proper evaluation is necessary, because the use of cultural practices does not exclude the potential for child abuse. Some common cultural methods used to treat various illnesses include cupping, coining, spooning, moxibustion, caida de mollera and salting.⁹ Dentists are in a unique position to identify possible victims of child abuse and neglect. It has been reported that dentists are more likely to see evidence of physical abuse than the other health care workers.

Case Report

A 3 year old boy reported along with his parents with the chief complaint of extra oral swelling over the right side of the submandibular region. On clinical examination the



Fig. 1. Left side Burnt mark



Fig. 2 . Right side Burnt mark



Fig.3. Right side Swelling

boy had well demarcated burn marks at right and left side of submandibular regions on questioning the parents it has been told that the burn marks are due to a heated object burnt by a gold smith because of the cultural belief that by burning that region the swelling will reduce, we reported the case to psychiatry department and the counseling was carried out, after through examinations it was diagnosed as lymphadenitis, treatment for lymphadenitis was carried out and ointment for topical application over the burnt region was prescribed.

Discussion

Child abuse includes physical, sexual or emotional abuse as well as child neglect. Physical abuse can be defined as any nonaccidental injury or trauma to the body of a child inflicted by a parent, guardian or sibling. It can either be the result of an occasional trauma or of a continuous behavior pattern. Examples include whipping, biting, burning, scalding and severe shaking.¹⁰

The diagnosis of physical abuse should not be based on a single injury in isolation but arrived at in the context of the child's medical, social and developmental history and the explanation offered for the injury.¹¹ It is obvious that all

cases of child abuse should be detected as soon as possible. Therefore, dental health professionals have to be alert to a variety of physical and behavioral indicators to identify child abuse.

Around 10% of physical abuse case involve burns, burns from hot solid objects applied to the face are usually without blister formation and the shape of the burn often resembles its agent.² Intentional burns may be inflicted on a child as part of a cultural belief or traditional remedy.⁹ Traditional beliefs and practices may be more common among people who have had little exposure to modern medicine this is particularly common in areas of south-east Asia. Intentional contact burns are frequently multiple. They have a clearly demarcated edge and involve unusual areas of the body such as the back, shoulders or buttocks.⁸ Such treatments include moxibustion – burning the moxa herb under a glass over the part of the body that is affected to draw out the illness. Other remedies include cupping, which causes superficial circular burns, usually found on the back, and the rubbing of bruised skin with a hot freshly boiled egg, which can cause a superficial burn. Toddlers sustain accidental contact burns when they reach out and grab hot objects. These burns are typically on the palm of the hand, and are often a single burn. A

small child may pull the flex of a hot object, such as an iron, down on themselves. Again, this is likely to cause a single burn on an exposed area of skin, or at most two burn areas. The edge may not be well demarcated if the skin has only had a glancing contact with the object.

Dentists were generally unaware of the agency to which cases of child abuse should be reported, the only majority of the practitioners who knew where to turn for help were the pedodontists. The issue of child abuse is not widely acknowledged by dentists, 10% dentists yearly report seeing suspicious cases this figure rises to approximately 20% for oral surgeons and pedodontists expected because of the nature of their practice.¹²

CONCLUSION

Many dentists are interested in additional information in identifying and reporting child abuse cases, participation in this program indicates their willingness to become involved in the troublesome area of child abuse, since many dentists allow their office staff to attend presentation on child abuse, some dentists no doubt recognize the importance for the entire dental office to have information on identifying and reporting child abuse.¹³ It is recommended that the offering of community child abuse educational programs for all professionals including dental professionals, psychiatry, medicine, allied health, nursing, social workers and schools of education¹³ by providing literature, posters, handouts, etc. The prevention of child abuse and neglect certainly have several options, recognizing the wider environmental and family contexts, within which children are growing, could lead to more effective preventive work to protect vulnerable children and the delivery of appropriately targeted services for children in need.

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