

# 11<sup>TH</sup> WORLD PEDIATRIC CONGRESS

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### An apparent case of non-accidental injury

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A four-year-old girl of mixed Costa Rican and Chinese origin was admitted to KK Women's and Children's Hospital in November 2016 for concerns of Non-Accidental Injury (NAI). She presented with spontaneous bruising with occasional gum bleeding over a period of one month. Parents are divorced and they have joint custody of this child. There was no family history of bleeding tendencies. Examination revealed a girl with multiple bruises and petechiae over the upper and lower limbs. There was no hepatosplenomegaly or significant lymphadenopathies. For the workup, her initial full blood count: Hemoglobin 12.1 g/DL, total white blood cell count  $14.72 \times 10^9/L$  (neutrophil 38%, lymphocyte 29%, monocyte 3% and eosinophil 28%) and platelets  $135 \times 10^9/L$ . Her coagulation profile was unremarkable. In view of eosinophilia, she was referred to the hematology team. Her platelet function test was performed and showed decreased aggregation with ADP, Arachidonic acid, collagen, epinephrine and normal aggregation with ristocetin. A clinical diagnosis of Acquired Platelet Dysfunction with Eosinophilia (APDE) was made. She was discharged home as she was clinically well with no further bleeding tendencies. Parents were reassured of the spontaneous recovery expected with this condition. She was subsequently reviewed in the hematology outpatient clinic periodically and at her latest visit in January 2017, her full blood count reflected normalization of her eosinophil counts. Concurrently, there were no concerns from the police and medical social worker investigations, with regards to child safety and future placement.

### Biography

I have been working in KK Women's and Children's Hospital, Singapore, since 2007, with keen interest in paediatric patient care, and both undergraduate and postgraduate education. I have undergone previous traineeship in Paediatric Seamless Program, with rotations through Neonatology, Children's Emergency and Paediatric Medicine. At the moment, I am involved in KidSTART, a pilot collaboration between Early Childhood Development Agency (ECDA) and KKH, aiming to help disadvantaged families and children by identifying early developmental issues, growth delays, maternal mental health issues. Through early interventions, the pilot project hopes to achieve better integration of such families into the community agencies, rectifying paediatric growth and developmental delays through counseling and referral to tertiary institutions, to ensure good outcomes for them.

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