

EDITORIAL COMMENT

Dr Barnes et al present a very nice case with an unusual outcome that is clearly well documented and valuable data regarding the production of central nervous system injury. The status of public awareness of the possibility and disturbing frequency with which parents/caretakers inflict injury on helpless infants can now be considered widespread to the point of being "general knowledge." Most textbooks of pediatrics, radiology, pediatric neurology, orthopedics, and emergency medicine contain information about when to suspect this kind of event and what to look for to make a "diagnosis." Most large and many medium-size hospitals have Child Abuse Teams or Child Protective Services to which the suspicion must be reported. Once the report is made, a sequence of investigations is set in motion and the physician is no longer able to stop them. The problem is that, as Dr Barnes has shown, none of the "diagnostic" features is truly specific, and most have not been studied as well as they ought to be. By this, I mean that the nature and extent of the force applied to the infant to produce a given lesion has not been carefully determined in most instances. Furthermore, not enough is known about the individual variability inherent when dealing with a diverse human population.

Dr Barnes also mentions what I consider to be one of the most worrisome byproducts of making a "diagnosis" of non-accidental injury/shaken baby syndrome and that is the fact that the medical team usually puts an end to the careful and

thorough investigation of other possibilities once the diagnosis has been made. This is why, sometimes, an unsuspected metabolic or structural disease is missed. I had the experience once of seeing a 1-year old who had been taken from the family as a victim of child abuse because of retinal hemorrhages, bloody cerebrospinal fluid, and no history to explain the findings. This infant had suffered a ruptured cerebral aneurysm rather than child abuse, and the proper investigations were never performed until considerable emotional trauma was perpetrated on the family.

I certainly am not contending that these children should not be reported to the appropriate authorities. What I am trying to say is that the "diagnostic" criteria are far from iron clad. They do not rule out natural or accidental causes for most injuries, and the findings of injury are not specific for mechanism of injury. I am hoping that child neurologists, at least, would be wise enough to know and strong enough to say that when anybody, physician or otherwise, says that the only possible way a child could have ended up with a given set of injuries is that the child was the victim of a violent crime, that person is always wrong!

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