Do I Detect Child Abuse or Not? Dermatological Conditions Unrelated to Abuse

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Outline

Bruising- differential Bli

Inside problems
LS&A
Morphea
Mongolian Spots
Fixed Drug Eruption

Outside problems Sock line dermatitis Photophytodermatitis

Blisters & Burns

Inside problems
Epidermolysis Bullosa
Mastocytosis
Zinc Deficiency

Outside problems Bleach Burns Salt Ice challenge

Krokodil

Lichen Sclerosis & Atrophicus (LS&A)

Rare
Cause: Unknown
Diagnostic delay
Can raise concerns for abuse
Presentation: Prepubertal
females, predilection for GU
area, atrophic plaques,
hemorrhagic
Course: Chronic

Treatment: Potent top Steroids

Dan Med J. 2012;59(5):A4424

Morphea

- Uncommon (incidence 0.2%)
- Pathophysiology: Inflammatory, sclerosing
- Cause: Unknown
- Course: Plaque or linear, relentless until "burned out"
- Treatment: MTX + Steroids



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Fixed Drug Eruption

One or more annular or oval erythematous patches
Result of systemic exposure to drug
Usually resolves with pigmentation
May recur at same site
with re-exposure to the drug
Repeated exposure to the offending
drug may cause new lesions
(in addition the older
hyperpigmented lesion)



Mongolian Spots

Irregular, blue-gray patches Often on buttocks, lower back Represent dermal Melanin Most fade by 5y



Common- African-Americans, Native Americans, Asians, and Latinos

Can be assoc. w/ GM1 gangliosidosis, Hunter syndrome

Sock-Line Bands

Erythematous, linear,
partially or completely
circumferential plaques
Located on LE above ankle
Transition to palpable, scarline, skin-colored,
hyperpigmented plaques
Usually fades over 5m- 5yrs



Pediatric Dermatology
<u>Volume 28, Issue 1, pages 83-84, 28 JAN 2011 DOI: 10.1111/j.1525-1470.2010.01366.x/fullif1</u>
http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1470.2010.01366.x/fullif1

Phytophotodermatitis

Hyperpigmentation when in contact with psoralens (lime some orange peels) & light Can be mistaken abuse Fades over time



Epidermolysis Bullosa

Very rare

Genetic disorders

Various inheritance

Skin/muc mem blistering

With minor shearing forces



Mastocytosis

Pathophysiology: Clonal

Cause: Unknown

Course: Typically disappears in

Adolescence

Treatment: Antihistamines, avoid mast cell degranulators, consider epi pen



Zinc Deficiency

Rare

Acquired-Zn Def
Premies- insufficient input

Genetic -acrodermatitis enteropathica

Periorificial erosions

Treatment- Zinc



Bleach Burns

Alkali skin injury

Skin proteins denature
Hair can be consumed in ~ 8m,
nails in ~ 6h

Red-brown discoloration initially followed by post-inflammatory hyperpigmentation



Washing off within 1m caused epidermal but not dermal injury. Delay in washing led to epidermal and dermal injury (partial thickness burns)



Telmon, N, et. Al. Concentrated Bleach Burns in a Child. <u>J Forensic Sci</u> (2002) <u>47</u> (5)

Bleach Burns

Standard (5.25%) concentration (pH 11-12)

Burns primarily on lower body

Child with atopic dermatitis & frequent infections

Treated with antibiotics and bleach baths

Lang C and Cox M. Child Abuse and Neglect. 2013. 37:485-8

Inhalant Huffing

Intentional inhalation of volatile substances

To achieve intoxication

Erythema with blistering

"Huffing" computer cleaning spray

Hydrocarbon 1,1,1,2-tetrafluoroethane

Boiling point is -26.2 F

Liquid contact can cause frostbite

Upper Aerodigestive Mucosa Damage can threaten the airway



Salt and Ice Challenge

- Skin burns
- Popularized on Youtube,

Facebook, lay press

Williams JMD, Cubitt JJ, Dickson WA. <u>Burns</u>. 2013; <u>39</u>:1024-30



http://www.postgazette.com/neighborhoodscity/2012/06/29/Boy-12-badly-injured-insalt-and-icechallenge/stories/201206290188

Krododil

Injectable desomorphine made with corrosive fluids (lighter fluid, cleaning products)

Cheaper than heroin

Necrotizes

Leads to green, scaly skin

Hence- crocodile



 $\frac{http://www.chicagotribune.com/news/local/suburbs/mchenry_woodstock_huntley/chikrokodil-drug-mchenry-county-20131016.0,5939771.story$

The End

Thank you for your attention

Additional References

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Eichenfield, L. e. (2013). Evidence-Based Recommendations for the Diagnosis and Treatment of Pediatric Acne. *Pediatrics*, 131, S163-S186.

Personal Pictures of Dr. Janice L. Pelletier Schachner, M. L., & and Hansen, M. R. (2011). Pediatric Dermatology, 4th Edition. Elsevier Health Sciences.