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

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Outline

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<th>Lichen Sclerosis &amp; Atrophicus (LS&amp;A)</th>
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<td>Rare</td>
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<td>Cause: Unknown</td>
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<td>Diagnostic delay</td>
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<td>Can raise concerns for abuse</td>
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<td>Presentation: Prepubertal females, predilection for GU area, atrophic plaques, hemorrhagic</td>
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<td>Course: Chronic</td>
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<td>Treatment: Potent top Steroids</td>
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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

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

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 ~ 8h, nails in ~ 6h
Red-brown discoloration initially followed by post-inflammatory hyperpigmentation
Rat studies
Washing off within 1m caused epidermal but not dermal injury. Delay in washing led to epidermal and dermal injury (partial thickness burns)

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 Mucoa Damage can threaten the airway

Salt and Ice Challenge

• Skin burns
• Popularized on Youtube, Facebook, lay press

Krododil

Injectable desomorphine made with corrosive fluids (lighter fluid, cleaning products)
Cheaper than heroin
Necrotizes
Leads to green, scaly skin
Hence - crocodile


The End
Thank you for your attention

Additional References