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Editorial

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Non-accidental injuries in children: Common pitfalls and how to avoid them

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Non-accidental injuries in children as old a problem as mankind itself. However, only in 1946, with the classical paper by Caffey did its systematic study begin. In 1962, Kempe, Silverman and co-authors used for the first time the expression *battered-child syndrome* .

Progressively, the physicians and the pediatricians acquired a better knowledge of the battered-child syndrome. This made it possible to increase the number of diagnosed cases and reach the diagnostic forms earlier.

Unfortunately, also the phenomenon of the misdiagnosis arose. The medical publication databases already have hundreds of communications of cases of erroneous diagnosis of child abuse.

Conditions that have been mistaken for child abuse are several and very varied. Numerous congenital or acquired, localized or systemic diseases still are cause of this mistaken diagnosis. Among them the following may be mentioned:

...Serious mistakes can also be made in the diagnosis of the sexual abuse in the young children. Sometimes the pediatricians and the medical examiners themselves make the mistake to apply to the children diagnostic criteria that are only valid for the adult people...

- Violent injuries accidentally caused.
- Impetigo that is confused with cigarette burns.
- Ecchymoses caused by hematological diseases that are interpreted as caused by contusions.
- Bone fractures in pathological bones by metabolic, genetic or infectious conditions (osteogenesis imperfecta, congenital syphilis, vitamin D deficiency rickets).
- Caffey's disease (Infantile Cortical Hyperostosis)

Serious mistakes can also be made in the diagnosis of the sexual abuse in the young children. Sometimes the pediatricians and the medical examiners themselves make the mistake to apply to the children diagnostic criteria that are only valid for the adult people.

In the young children the violation is extremely rare. This is due to anatomical reasons. The sexual abuse of children implies certain forms of stimulation by the attacker among which almost never is present the penetration. That's why habitually it does not leave any evidence physical objective.

It is frequent that the abused children present a very nonspecific symptomatic pattern, as various indicators of depression, aggressively, unexplained changes in the school performance. Unfortunately these elements tend not to be adequately assessed. On the contrary, in practice it is common to find denunciations unjustifiable by sexual abuse of children by findings in vulva or anus that do not bear a relation to the sexual abuse.

The following ones are only some of the most common causes of misdiagnosis of sexual abuse in the children:

- Bruised injuries of vulva by accidental fall.
- Sexually transmitted disease for a non-sexual way (congenital or acquired).
- Vulvovaginitis.
- Anal fissure.
- False allegations of family members.

...One currently insists that the intervention strategies in cases of possible abuse or sexual abuse should guarantee the protection of the child without undermining the rights of the parents with unjustifiable accusations. In few cases as this, the possibility of mistreatment or sexual abuse in children, our competition as medical examiners turns out testing...
Is known that when the physician is not capable of diagnosing the *battered-child syndrome* or the sexual abuse the child is exposed to a certain risk of new and major injuries, whose outcome can become the death.

It should also be aware that the misdiagnosis of child abuse is a serious iatrogenic consequences for the child, the suspected perpetrator and their family.

One currently insists that the intervention strategies in cases of possible abuse or sexual abuse should guarantee the protection of the child without undermining the rights of the parents with unjustifiable accusations. In few cases as this, the possibility of mistreatment or sexual abuse in children, our competition as medical examiners turns out testing. In the cases of bettered child syndrome and sexual abuse of children we should be capable of offering to the judicial system conviction elements that permit a timely intervention. At the same time, we should minimize the margin of error in its diagnosis.

Both the physicians of the health system and the medical examiners we should be capable of doing a certain diagnostic, using clinical and paraclinical methodology, capable of excluding other possible causes of explaining the findings suspected.

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