A simple pneumonia…or not?

A mother, 32 weeks pregnant, brings her only child, an 18-month-old girl, to the emergency room because of a fever persisting for the past three days. She mentions giving her antipyretics but does not remember how much and how often, and she seems depressed. The child is coughing a lot and, between bouts of cough, is drinking a thick, whitish mixture of milk and cereals from a bottle.

On physical examination, the child weighs 8 kg (less than the 5th percentile), measures 77 cm in length (10th percentile) and has a head circumference of 45.4 cm (25th percentile). She is febrile (40.2°C) and looks pale and sick, with sunken eyes. She is tachypneic with intercostal indrawing, and you hear crackles on pulmonary auscultation. Her hygiene is poor. The diaper has a strong smell of urine and the buttocks are covered with diaper rash with some bits of dry stools between skin folds.

The chest radiograph confirms left, lower lobe pneumonia and the child is admitted for intravenous antibiotics. Complete blood count confirms iron deficiency anemia with a hemoglobin level of 60 g/L with hypochromia and microcytosis noted on blood film examination. The child is started on iron therapy. A chart review revealed a previous visit to the emergency department for a minor head trauma. In the ward, the nurses notice that the child eats poorly and does not know how to use a spoon. She barely stands up with support, although her muscular tone appears normal, and does not walk. She does not say any words and she does not play with toys appropriate for her age, despite the patience and goodwill of a volunteer. Her mother is rarely at the bedside. Further social inquiries confirm that the father has a drinking problem and the mother admits to domestic violence.

A thourough assessment of the child and family confirms a diagnosis of understimulation with a good potential for recuperation. The situation is reported to the child welfare authorities. During the hospital stay, the medical team, including the social worker, builds a trusting relationship with the parents and the extended family. A close follow-up is organized with local community resources, including mental health services, a referral to an infant stimulation program and home visits by an educator to improve parenting skills and empower the family when the child is discharged home.

LEARNING POINTS

- Neglect is often difficult to identify because it typically presents as pattern of behaviours or lack of behaviours over a period of time, as opposed to a single acute event. Neglect includes:
  - Physical neglect – inadequate provision of physical necessities, such as clothing, hygiene, shelter and food;
  - Safety neglect – inadequate supervision of the child or unsafe environment;
  - Medical neglect – delay or failure to provide necessary medical care; and
  - Emotional neglect – inadequate provision of affection, nurturance and love.
- In 2003, The Canadian Incidence Study of Reported Child Abuse and Neglect surveyed child welfare investigators and confirmed that neglect was the most common substantiated form of maltreatment documented, with a rate of six per 1000 children in Canada.
- Neglect in infancy can cause long-term physical, psychological and educational sequelae, and early detection brings the greatest benefits.
- Ensuring the child's safety is the priority, and reporting could be life-saving. These are fundamental rights for all children recognized by the World Health Organization and the UNICEF Convention on the Rights of the Child that specifically states that all appropriate legislative, administrative, social and educational measures should be taken to protect the child from all forms of violence, abuse or neglect.
- If neglect is not recognized or ignored, even more devastating types of abuse can follow. In 2006, the Canadian Paediatric Surveillance Program study on head injury secondary to suspected child maltreatment (abuse or neglect) confirmed 51 cases. Shaken baby syndrome was the suspected diagnosis in 67% of the cases, while other suspected physical abuse accounted for 26% and suspected neglect accounted for 8%.
- Several social factors can contribute to neglect, such as parental depression, domestic violence, social isolation or substance abuse. These need to be addressed to offer an adequate intervention plan.
- The importance of community support and close follow-up of the families was illustrated by the Canadian Paediatric Surveillance Program study because the child welfare authorities had previously been involved in over one-third of head injury cases (17 of 45 cases) with available information.
- All health care providers have to keep a high index of suspicion to diagnose affected children, and they have a duty to report to child welfare authorities if they suspect child abuse or neglect.

Dubowitz H, Bennett S. Physical abuse and neglect of children. Lancet 2007;369:1891-9.

The Canadian Paediatric Surveillance Program (CPSP) is an ongoing collaborative national child health surveillance activity of the Canadian Paediatric Society and the Public Health Agency of Canada. For more information, visit our Web site at <www.cps.ca/cpsp>. This article has been peer-reviewed.