



GLOBAL SKIN HEALTH

## SUSPECTED TRAUMATIC SKIN INJURIES: DERMATOLOGIC POINT OF VIEW

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**Introduction:** In the last few years Dermatology has played a key role in assisting other medical specialities in the differential diagnosis process. The skin shows dermatological diseases as well as acts as clue of internal diseases, is also involved in the expression of a wide range of traumatic processes. Skin lesions, due to their shape and site, often represent a clinical challenge in the differential diagnosis of abuse-suspected patients. Therefore, a proper interpretation of these lesions is considered to be cornerstone in the management of these patients.

**Objective:** To present several cases of dermatological skin lesions that can simulate a traumatic pathogenesis in order to emphasize the role of the Dermatologist in the clinical management of patients victim of abuse/assault.

**Materials and Methods:** We conducted a retrospective analysis by comparing the skin lesion's iconographic database of the Outpatient Dermatological Clinic (Umberto I Hospital, "Sapienza" Medical School, Rome) and the traumatic anamnestic iconographic database of the Legal Medicine Dept. (Arcispedale S. Anna, Ferrara University, Ferrara), considering the period between 2014-2018.

**Results:** Our analysis has identified pathological skin lesions which, due to their morphology and location, recall traumatic lesions of forensic interest. Inter alia, Mongolic spot, vasculitis, mastocytosis and erythema marginatum recall ecchymosis; lichen planus, lichen sclerosus and perianal streptococcal dermatitis recall sexual abuse-related injuries; acrodermatitis enteropathica, parapsoriasis, urticaria, atopic dermatitis, seborrheic dermatitis recall blunt lesion; bullous impetigo, contact dermatitis, pemphigus and epidermolysis bullosa recall heat injuries.





Conclusions: Our results confirm the existence of a wide range of cutaneous frameworks of dubious interpretation, providing a valid tool in the correct clinical-morphological correlation of cutaneous lesions in case of suspected abuse. Dermatologists should represent a landmark to other clinicians (Emergency Physicians, Paediatricians, Forensic Pathologists) and they should be involved in the multidisciplinary approach to patients victim of abuse and assault.

