



PAEDIATRIC DERMATOLOGY

THINK ABOUT CHILD ABUSE IN FRONT OF SKIN LESIONS !!

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Background: Abuse is a public health problem. It's the moral, ethical and legal responsibility of every doctor to detect cases of child abuse and to intervene to prevent recurrence. We report two observations of child abuse collected in our department.

Case reports: 1st case: A 24-months-old child with no particular pathological history who was brought by her mother for spontaneous skin lesions. Examination revealed diffuse abrasions at the level of the trunk, the lower lip was divided in two, scars in the face, loss of substance in the flag of the ears. The careful questioning and inappropriate remarks of the mother prompted us to suspect abuse and to refer the mother to a psychiatric consultation. The interview revealed the diagnosis of schizophrenia.

2nd case: An 8 months old infant, single child, with no particular pathological history, whose mother reports the appearance of cutaneous lesions since 02 days in a context of apyrexia. The clinical examination had demonstrated the presence of diffuse scratches in the face and limbs. Abuse was suspected but unfortunately the patient was lost to follow up.

Key message: The skin signs of child abuse are many and varied. They include bruises, erosions, burns, bites and traumatic alopecia. Their early identification is important and must be taken into account, but caution must be taken not to confuse them with the manifestations of a pathomimic or of certain pathologies with cutaneous expression. A well-conducted anamnesis and the confrontation of the nature and the declared occurrence of the lesions with the psychomotor development of the child often make it possible to distinguish physical abuse from various spontaneous, iatrogenic or accidental pathologies. The dermatologist thus has an important role in the diagnosis of physical maltreatment and must also make the distinction between a dermatological pathology mimicking abuse and real physical abuse.

