Child abuse is defined as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation.”

Abuse can take many forms, often categorized as neglect, psychological maltreatment, sexual misconduct, or physical abuse.

The statistics surrounding this issue are staggering with 2.76 million reports of child abuse being filed nationwide in 2013, nearly 1 in 5 of these fatalities had contact with a healthcare worker within the one month preceding their death.

Clinical Course

A 3 week old male presented to the Emergency Department of a large tertiary care center due to concern for head trauma per mother of child (MOC).

The MOC and grandmother reported inconsistent histories to examining physicians prompting them to obtain CXR, preliminarily read as “no acute abnormalities.” The patient was discharged home with his mother.

The following day, the attending pediatric radiologist reviewed overnight imaging studies. Although she still described “no acute abnormalities” on the CXR, she did note the word “HELP” to be seemingly superimposed on the radiograph.

Clinical Course - Continued

The family was immediately asked to return to the hospital for further investigation of x-ray abnormalities. A skeletal survey was negative.

Social work was consulted for investigation of possible abuse/maltreatment, and the mother admitted to being a victim of domestic violence and was seeking help.

MOC admitted to attaching letters to the inside of her infant’s shirt prior to the CXR being taken, hoping this would prompt an investigation.

Introduction

The near miss that occurred in this circumstance is an example of the psychological phenomenon known as inattentional blindness. In this case, the overnight radiologist failed to see the “help” message because he was not looking for it—he was reading a CXR that was “normal.” This was not a failure of medical knowledge or the incorrect interpretation of a radiographic study—the test was normal.

This case highlights several important considerations for the pediatric anesthesiologist. First, one can not underestimate the value of looking at patients first from a general perspective before beginning to focus on details. Second, one needs to realize the unfortunate high prevalence of abuse against minors and the aspects of our specialty that essentially prevent us from being proactive advocates for our patients. We must screen patients and look for clues that represent cries for help because we might miss the chance to help victims. We need to be aware the cries for help will not be easily visible or obvious. In order to help, we must take the time to become knowledgeable regarding community resources for families at risk.

References