

After letters and phone calls to the Ministry of Children and Families, the child was finally returned to the birth mother in the second year of life. The lesson to be learned is that in our haste to ensure the safety, welfare and protection of our pediatric patients, we should remember that all that glitters is not gold.

**A.J. Walter**  
Physician  
Surrey, BC

#### Reference

1. King WJ, MacKay M, Sirnick A, with the Canadian Shaken Baby Study Group. Shaken baby syndrome in Canada: clinical characteristics and outcomes of hospital cases. *CMAJ* 2003;168(2):155-9.

#### [Members of the Canadian Shaken Baby Study Group respond:]

Our study documented the physical findings of a large group of children who had suffered a severe shaking injury.<sup>1</sup> As noted in the article, we did not identify a control group and therefore were unable to compare the rate of bruising within our population with that of children who had not been subjected to a severe shaking injury. The intention of the bruising report was to highlight the large number of children who, despite a severe injury, had no external signs of injury and presented with subtle clinical findings.

Health care professionals are mandated by law to report suspected cases of child abuse. However, such a report is not a diagnosis or an accusation. Additional investigation by a child welfare agency will help to determine whether abuse or neglect is a concern. More reports of suspected abuse should be investigated than the number of cases of actual abuse that are found, just as more lumps will be investigated than turn out to be cancer and more coughs than turn out to be pneumonia. When abuse is suspected, evaluation by a child abuse and neglect team, along with a careful pediatric examination, rarely results in misdiagnosis (in less than 1% of cases).<sup>2</sup> In contrast, early studies of abused children discharged to their parents with-

out any intervention indicated that 25% are seriously reinjured and 5% are subsequently killed.<sup>3</sup>

Because of the prevalence of maltreatment,<sup>4</sup> it is important that physicians have the skills to recognize its signs and symptoms. Physicians should carefully evaluate all bruising in infants younger than 9 months of age and those who are not yet beginning to ambulate.<sup>5</sup> In children of any age, bruises located in atypical areas, such as the trunk, hands or buttocks, are also of concern. Unfortunately, our residency programs may not provide the necessary training — even pediatric residents have little exposure to child protection issues during their clinical training.<sup>6</sup> A child welfare investigation may be a difficult experience for all involved and, as shown by our study<sup>2</sup> and others,<sup>7</sup> the consequences for the child are potentially grave if there is a failure to refer early and evaluate appropriately.

#### **W. James King**

Chief, Division of Pediatric Medicine

#### **Morag MacKay**

Director, Child and Youth Injury  
Prevention Centre

#### **Susan Bennett**

Head, Child & Youth Protection Service  
Children's Hospital of Eastern Ontario  
Ottawa, Ont.

#### References

1. King WJ, MacKay M, Sirnick A, with the Canadian Shaken Baby Study Group. Shaken baby syndrome in Canada: clinical characteristics and outcomes of hospital cases. *CMAJ* 2003;168(2):155-9.
2. Wardinsky TD, Vizcarrondo FE, Cruz BK. The mistaken diagnosis of child abuse: a three-year USAF Medical Center analysis and literature review. *Mil Med* 1995;160(1):15-20.
3. Johnson CF. Abuse and neglect of children. In: Behrman RE, Kleigman RM, Jenson HB, editors. *Nelson's textbook of pediatrics, 17th ed.* Philadelphia; WB Saunders; 2004. p. 121-32.
4. Trocmé N, MacLaurin B, Fallon B, Daciuk J, Billinsley D, Tourigny M, et al. *Canadian Incidence Study of Reported Child Abuse and Neglect: final report.* Ottawa: Health Canada; 2001. Available: [www.hc-sc.gc.ca/pphb-dgspsp/publicat/cisfr-ecirf/index.html](http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cisfr-ecirf/index.html) (accessed 2003 Jul 17).
5. Sugar NF, Taylor JA, Feldman KW. Bruises in infants and toddlers: those who don't bruise rarely bruise. Puget Sound Pediatric Research Network. *Arch Pediatr Adolesc Med* 1999;153(4):399-403.
6. Ward MGK, Bennett S, Plint AC, Jabbour, King WJ. Are we training Canadian pediatric residents in child protection issues? *Pediatr Res* 2002;51:73a.
7. Jenny C, Hymel KP, Ritzen A, Reinert SE, Hay TC. Analysis of missed cases of abusive head trauma. *JAMA* 1999;281:621-6.

#### Correction

John Savage was predeceased by his wife, Margaret. Incorrect information appeared in a recent death notice.<sup>1</sup>

#### Reference

1. Deaths. *CMAJ* 2003;169(5):528.

#### Nouveau mécanisme de présentation des lettres

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