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Safeguarding in pediatric practice: Identification of non-accidental head injury in a child with cerebral palsy

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Abstract--Objective: To highlight the importance of early recognition of safeguarding concerns in pediatric patients presenting with neurological emergencies, particularly when clinical findings are disproportionate to the reported history. **Methodology:** This is a case-based analysis of a 3-year-old child with a known diagnosis of cerebral palsy who presented with active seizures and reduced consciousness. Clinical assessment included neurological examination, Glasgow Coma Scale (GCS) evaluation, and urgent neuroimaging with CT scan. Caregiver history was compared with clinical findings to assess consistency. **Results:** The child presented unconscious with ongoing seizures, poor GCS, and a dilated, non-reactive pupil suggestive of raised intracranial pressure. Examination revealed brisk reflexes. An urgent CT brain demonstrated a subdural hematoma. The severity of findings was inconsistent with the caregiver's account of a routine seizure episode, raising strong suspicion of non-accidental injury. The patient was stabilized with seizure control measures and management of raised intracranial pressure. Safeguarding protocols were initiated, and the case was referred for medico-legal documentation with notification of

appropriate authorities. **Conclusion:** Early identification of red flags such as inconsistent history and unexplained neurological deterioration is critical in suspected child abuse. Prompt imaging, structured clinical assessment, and timely escalation can prevent further harm and improve outcomes. This case underscores the vital role of vigilance and safeguarding awareness in pediatric practice.

Keywords--Child abuse, safeguarding, seizures, subdural hematoma, cerebral palsy, pediatric emergency, non-accidental injury, neuroimaging.

Introduction

Non-accidental trauma (NAT) is a major cause of morbidity and mortality for children around the world and most significantly impacts children under one year of age. (1) In fact, the Centers for Disease Control (CDC) estimates that one in seven children have experienced some form of abuse in the past year. (2) Safeguarding in pediatric practice is the proactive, multi-faceted process of promoting child welfare, preventing impairment of health or development, and ensuring children grow up in safe, consistent environments. (3) With all the psychosocial impacts of the global coronavirus pandemic in mind, several studies delved into the pandemic's impact on NAT incidence and severity. During this period, the incidence of reported NAT appeared to decrease, but the fatality rate witnessed a distressing increase. The DHHS reported a 7.7% rise in fatality rates between their 2017 and 2021 reports, shedding light on the concerning trends in child abuse during times of heightened stress and vulnerability. (4) This case report highlights the identification of non-accidental injury in a neurologically vulnerable child presenting with seizures and reduced consciousness. Early recognition and intervention led to appropriate medico-legal escalation.

Case Presentation

A known case of cerebral palsy patient age 3 years presented with active seizures and reduced consciousness. The child was unconscious on arrival. Caregiver history suggested a routine seizure episode; however, clinical findings were disproportionately severe. The patient was unconscious with poor GCS. One pupil was dilated and non-reactive, suggesting raised intracranial pressure. Reflexes were brisk, and seizures were ongoing. An urgent CT scan of the brain revealed subdural hematoma, raising suspicion of non-accidental injury. Inconsistent history, unexplained neurological deterioration, and imaging findings were highly suggestive of abuse.

Management

The patient was stabilized, treated for seizures and raised intracranial pressure, and managed in a protected environment. The case was escalated as suspected child abuse and referred for medico-legal documentation. Appropriate authorities were informed.

This case emphasizes the importance of recognizing red flags in pediatric safeguarding. Early imaging and escalation are essential in suspected abuse cases.

Conclusion

Timely identification of safeguarding concerns can prevent serious harm. Structured assessment and vigilance are key components of pediatric practice. This case strengthened ability of consultant to identify safeguarding concerns and highlighted the importance of early escalation and documentation.

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