

Jasna Peručić^{1, #}, Marko Tarle^{1, 2, #}, Petar Đanić^{1, 2}, Igor Čvrljević², Ivan Salaric^{1, 2, *}

Unrecognized Lower Jaw Fracture in a Physically and Emotionally Abused Child

Neprepoznati prijelom donje čeljusti kod tjelesno i emocionalno zlostavljana djeteta

¹ University of Zagreb School of Dental Medicine, Zagreb, Croatia
Stomatološki fakultet Sveučilišta u Zagrebu, Hrvatska

² Department of Oral and Maxillofacial Surgery, Dubrava University Hospital, Zagreb, Croatia
Klinika za kirurgiju lica, čeljusti i usta Kliničke bolnice Dubrava, Zagreb, Hrvatska

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Abstract

Diagnosing child abuse still poses a challenge for healthcare professionals. We will present a case in which a physically and emotionally abused four-year-old boy had an undiagnosed lower jaw fracture for almost eight months. The child first presented with a peri-mandibular swelling and was treated with antibiotics prescribed by his doctor of dental medicine. After not having responded to antibiotic treatment, the boy was referred to the Department of Oral and Maxillofacial Surgery, accompanied by his birth mother. The deciduous mandibular molars with deep cavities were extracted since we thought that they were the reason for swelling. After several visits with his foster mother, the child was finally diagnosed with a lower jaw fracture and a psychosomatic disorder. Physical abuse by his birth parents was later on confirmed, and the consequences were insufficient growth, non-perception of pain and reduced speech development. After having been with his foster mother for almost a year, the child learned to complain when he was in pain. This report emphasizes the importance of taking a detailed medical history along with a thorough clinical examination.

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Address for correspondence

Assist. Prof. Ivan Salaric, DMD
University of Zagreb
School of Dental Medicine
Department of Oral and Maxillofacial
and Surgery,
Dubrava University Hospital
Ave. Gojko Šušak 6
10000 Zagreb, Croatia
Phone: 00385 98 877 582
salaric@sfzg.hr

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Jasna Peručić - <https://orcid.org/0000-0001-7461-5698>
Marko Tarle - <https://orcid.org/0000-0002-4173-1278>
Petar Đanić - <https://orcid.org/0000-0002-6789-2782>

Igor Čvrljević - <https://orcid.org/0000-0003-1927-9163>
Ivan Salaric - <https://orcid.org/0000-0001-8390-8185>

Introduction

As reported by World Health Organization, almost 3 out of 4 children worldwide, or 300 million children between 2 - 4 years, regularly suffer physical punishment and/or psychological violence by the hand of parent or caregiver (1). Abuse can come in many forms, but there are four generally accepted types: physical, sexual, emotional abuse and neglect. According to research, among 4191 Croatian high school graduates, 15.9% of them were physically abused, 16.5% of them were emotionally abused and 13.7% of them were sexually abused (2). Based on U.S. Department of Health and Human Services, 656,000 children were abused in the USA in 2019. Just over 60% of them were neglected, 10.3% of them were physically abused and 7.2% of them were sexually abused. More than 15% of them were victims of two or more maltreatment types. In 2019, 1,840 children died from abuse-related injuries in the USA (3).

Uvod

Prema izvješću Svjetske zdravstvene organizacije, troje od četvero djece u svijetu, odnosno njih 300 milijuna u dobi između druge i četvrte godine roditelji ili skrbnici redovito tjelesno kažnjavaju i/ili trpe psihičko nasilje (1). Zlostavljanje se može pojaviti u mnogim oblicima, ali općeprihvaćene su četiri vrste: tjelesno, seksualno i emocionalno zlostavljanje te zanemarivanje. U istraživanje u koje je bio uključen 4191 hrvatski maturant ističe se da je njih 15,9 % bilo tjelesno zlostavljano, 16,5 % emocionalno, a 13,7 % seksualno (2). Prema podatcima U. S. Department of Health and Human Servicesa, u SAD-u je u 2019. godini bilo zlostavljano 656 000 djece. Od njih je nešto više od 60 % bilo zanemarivano, 10,3 % trpjelo je tjelesno zlostavljanje a 7,2 % seksualno. Više od 15 % djece bilo je žrtvom dvaju ili više vrsta zlostavljanja. U SAD-u je 2019. godine od ozljeda prouzročenih zlostavljanjem umrlo 1840 djece (3).

Generally, abuse is not a one-time occasion and it has devastating effects on the individual (4). Victims of child abuse and neglect face greater risk for mental and physical health problems including depression, smoking, obesity, high-risk sexual behavior, alcohol use, drug use and perpetration of violence (5). Additionally, such children may have low self-esteem, poor appearance, low weight, disrupted sleep and poor quality of life (4).

Health care professionals should recognize the signs and symptoms of child abuse and neglect. Furthermore, it is important that they are competent to evaluate and address such symptoms and adequately report child abuse identified in the dental office (6). Up to 66.2% of child abuse injuries are located in the area of the head, face and mouth (7). The most frequent orofacial manifestations of physical abuse are bruises, abrasions and lacerations. In addition, tooth fractures, dislocations and avulsions, or fractures of the upper and lower jaw should raise the suspicion of child abuse. Moreover, multiple injuries at different healing stages are important signs of child abuse. Healthcare professionals, especially doctors of dental medicine (DMD) are placed among the first line of professionals to detect and treat an abused child (4).

A case with an unrecognized lower jaw fracture in a physically and emotionally abused child will be presented.

Case report

A four-year-old boy was referred to the Department of Oral and Maxillofacial Surgery due to peri-mandibular swelling. He was accompanied by his birth mother, was afebrile and had no difficulty in breathing or swallowing. Deciduous right molars in the lower jaw with deep carious cavities were extracted, and recognized as the cause of peri-mandibular swelling. No dental X-ray was taken. He had been previously treated by his DMD with antibiotics for one month (amoxicillin with clavulanic acid).

Four months after the extraction of deciduous right molars in the lower jaw, the boy, accompanied by his foster mother visited his DMD due to a fistula on the alveolar ridge. His DMD took a panoramic X-ray and treated the fistula with excoheation of the region and again prescribed amoxicillin with clavulanic acid.

Two weeks later, the boy was again referred to our department by his DMD. The boy did not talk much, nor did he complain of pain during clinical examination. His foster mother claimed that the post-extraction alveolar socket never healed and that the swelling was present at the time she adopted him. At this time, a mild swelling was still present in the region of the right first lower permanent molar that had not yet erupted. An intraoral fistula was still present above the unerupted first molar, however no discharge was observed.

The swelling and fistula were attributed to the eruption of the first permanent molar and the boy was sent back home with his foster mother. They were scheduled for a check-up in two months. The foster mother did not bring or mention the panoramic X-ray taken at the dental office.

After two months, they arrived for a check-up and his foster mother suspected and reported limited mouth open-

Za zlostavljanje je karakteristično da se ponavlja i da razorno utječe na pojedinca (4). Zlostavljana i zanemarišana djeca suočena su s većim rizikom od mentalnih i tjelesnih zdravstvenih problema, uključujući depresiju, pušenje, pritost, rizično seksualno ponašanje, konzumiranje alkohola, drogu i počinjenje nasilja (5). Uz navedeno, ta djeca često imaju nisko samopouzdanje, smanjenu tjelesnu težinu, zapuštena su, san im je poremećen, a kvaliteta života loša (4).

Zdravstveno osoblje mora biti svjesno i osposobljeno za to da prepozna znakove i simptome zlostavljanja i zanemariivanja djece. Nadalje, važno je da je kompetentno za procjenu, adresiranje i primjereno izvješćivanje (6). Čak 66,2 % ozljeda od zlostavljanja nalazi se u području glave, lica i usta (7). Modrice, ogrebotine i razderotine najčešće su orofacijalne manifestacije tjelesnoga zlostavljanja. Uz to, treba sumnjati na prijelome zuba, iščašenja i avulzije zuba, odnosno na prijelome gornje i donje čeljusti. Štoviše, višestruke ozljede u različitim fazama zacjeljivanja važni su znakovi zlostavljanja djeteta. Zdravstveno osoblje, posebice mjerodavni liječnik dentalne medicine, u poziciji je da među prvima prepozna zlostavljanje djece (4).

Predstavljamo slučaj neprepoznatoga prijeloma donje čeljusti kod tjelesno i emocionalno zlostavljanog djeteta.

Prikaz slučaja

Četverogodišnji dječak u pratnji biološke majke upućen je u Kliniku za kirurgiju lica, čeljusti i usta zbog perimandibularne otekline. Pri pregledu je bio afebrilan i nije imao poteškoća s disanjem i gutanjem. Iz donje čeljusti desno izvađeni su mu mliječni kutnjaci s dubokim karijesima jer su shvaćeni kao uzrok otekline. Tada nije bila učinjena rendgenska snimka čeljusti ili zuba. Prije toga je kod svojega liječnika dentalne medicine bio liječen antibiotičkom terapijom (amoksicilin s klavulanskom kiselinom).

Četiri mjeseca poslije vađenja mliječnih desnih kutnjaka iz donje čeljusti, dječak je u pratnji udomiteljice posjetio svojega liječnika dentalne medicine zbog fistule na alveolarnom grebenu. On ga je poslao snimiti ortopantomogram te je fistulu tretirao ekskohleacijom uz ponovno ordiniranje amoksicilina s klavulanskom kiselinom.

Dva tjedna poslije taj ga je liječnik ponovno uputio u našu kliniku. Tijekom kliničkoga pregleda nije bio pretjerano razgovorljiv, niti se žalio na bolove. Udomiteljica je istaknula da rane nakon ekstrakcija zuba još nisu zacijeljele te da, otako je kod nje, ima oteklinu. Tada je to još bila blaga oteklina u području prvoga desnoga donjega trajnog kutnjaka koji još nije niknuo. Intraoralno je još uvijek bila prisutna fistula iznad neiznikloga prvoga kutnjaka, ali nije uočen iscjedak.

Oteklina i fistula pripisani su nicanju prvoga trajnoga kutnjaka, pa su dječak i udomiteljica otišli kući. Sljedeći pregled bio je dogovoren za dva mjeseca. Udomiteljica nije donijela, niti je spomenula panoramsku snimku učinjenu u stomatološkoj ordinaciji.

Poslije dva mjeseca došli su na kontrolu te je udomiteljica posumnjala i prijavila ograničeno otvaranje usta. Intraoralno je iz parodontnoga džepa eruptiranoga prvoga donje-

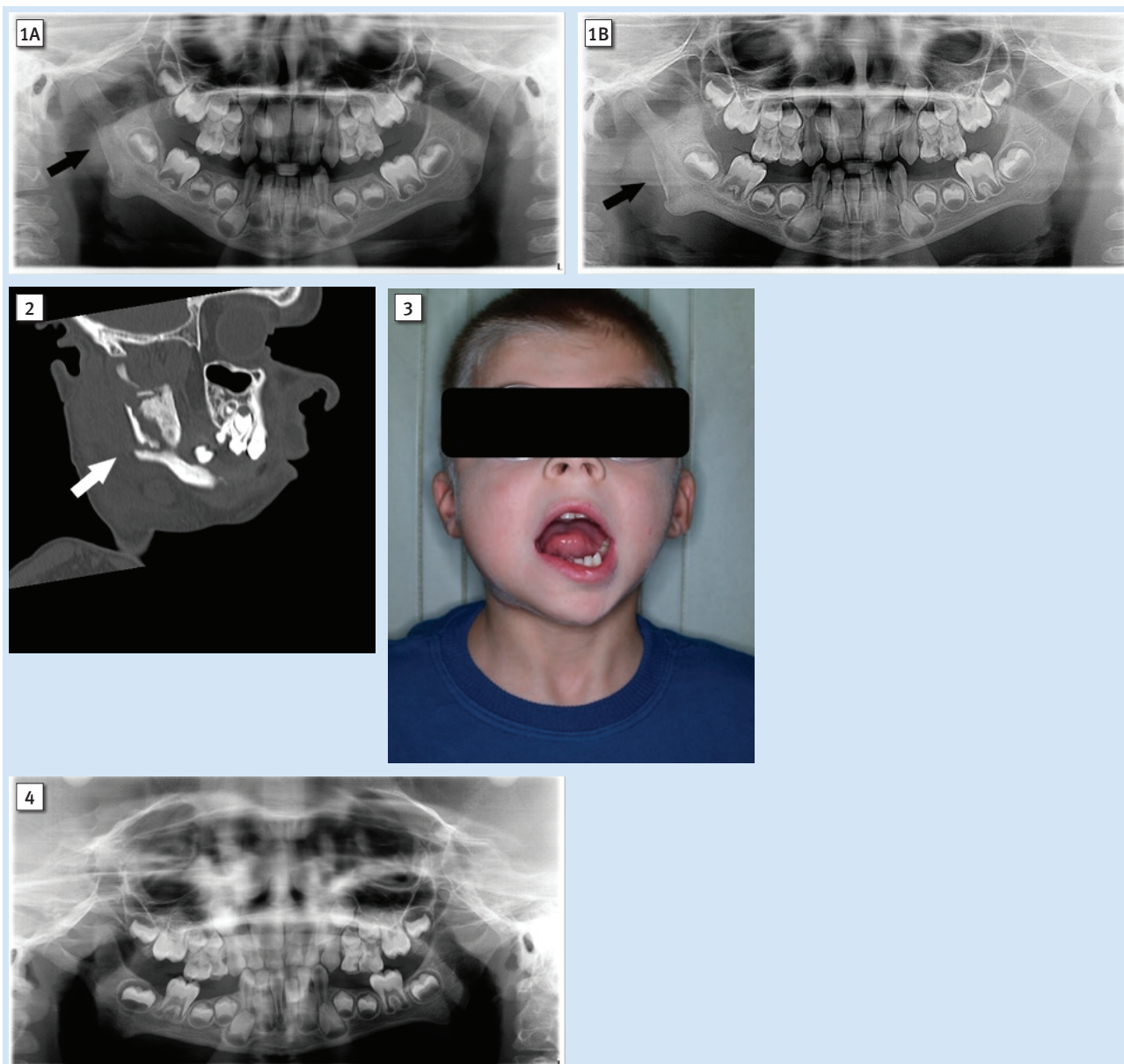


Figure 1 A Dental panoramic radiograph showing the discontinuity of the right mandibular ramus (black arrow).

Slika 1. A Na ortopantomogramu je vidljiv prijelom desnog mandibularnog ramusa (crna strelica)

Figure 1 B First dental panoramic radiograph taken at the dental office. Undetected discontinuity in the area of the right mandibular ramus (black arrow).

Slika 1. B Inicijalni ortopantomogram učinjen kod mjerodavnoga doktora dentalne medicine; neprepoznati diskontinuitet u području desnoga mandibularnoga ramusa (crna strelica)

Figure 2 Right lower jaw fracture on a MSCT (white arrow).

Slika 2. Prijelom desnoga mandibularnog ramusa na CT-u (bijela strelica)

Figure 3 The boy, three weeks postoperative, right m. depressor anguli oris is lagging behind.

Slika 3. Dječak tri tjedna poslije operacije; vidljiva je slabija aktivnost desnoga mišića *depressor anguli oris*

Figure 4 Satisfactory findings of bone healing five months after sequestrectomy on follow-up dental panoramic radiograph.

Slika 4. Zadovoljavajući nalazi cijeljenja kosti pet mjeseci poslijesequestrektomije na kontrolnom ortopantomogramu

ing. Intraorally, suppurative content was coming out of the periodontal pocket of the erupted lower first right permanent molar. A panoramic X-ray was taken and a diagnosis of lower jaw fracture was established (Figure 1 A).

Later on, the foster mother brought a dental panoramic X-ray taken two and a half months ago. The discontinuity of the lower jaw could also be observed on this X-ray (Figure 1B). Multi-slice computed tomography (MSCT) revealed a multi-fragmentary fracture of lower jaw, a small sequestrum

ga desnoga trajnog kutnjaka izlazio gnojni sadržaj. Snimljen je ortopantomogram na kojemu se verificirao prijelom donje čeljusti (slika 1. A).

Poslije je udomiteljica donijela ortopantomogram od prije dva i pol mjeseca. Na njemu je također bio vidljiv diskontinuitet donje čeljusti (slika 1. B). Kompjutoriziranom tomografijom (CT) uočen je multifragmentarni prijelom ramusa donje čeljusti desno, mali sekvestar u području angulusa mandibule i linija prijeloma koja se proteže do zametka

in the angle of the mandible and a fracture line extending to the second molar tooth germ (Figure 2). The masseter muscle, parotid gland and lymph nodes under the right angle of the lower jaw were enlarged. The boy was scheduled for surgery. Based on antibiogram result, he was treated with the same antibiotics again. After a more thorough examination, it was established that the boy had developmental disabilities, difficulties in verbal communication, did not react to pain, hot or cold stimuli, and was scheduled for an examination by an endocrinologist and a psychologist. Moreover, as a six-year-old, and a little bit more than 1 meter tall, he was suspected of having a growth disorder.

Finally, he was diagnosed with lower jaw fracture, psychosomatic disorder, osteomyelitis, trismus and acute bacterial rhinosinusitis, which postponed surgery. After two weeks, the bone sequestrum in the angle of the mandible was removed. The mandible was firm on palpation and osteoid formation was detected inside the fracture line.

Three weeks after surgery, the swelling and trismus were no longer present, the scar healed, but *m. depressor anguli oris* was lagging behind, possibly due to iatrogenic trauma of the marginal mandibular branch of the right facial nerve (Figure 3).

The *depressor anguli oris* muscle recovered five months after surgery, the lower jaw was firm on palpation, the mouth opening was more than 40 mm, and the follow-up dental panoramic radiograph showed a satisfactory result after sequestrectomy with proper bone healing (Figure 4). Since the last visit, the boy has grown seven centimeters. After having been treated by a pediatrician and a psychologist, a conclusion was reached that the boy perceived pain as something normal. His foster mother stated that the boy only recently learned how to complain when he is in pain.

Discussion

Determining child abuse can be difficult. Despite difficulties, healthcare professionals can be among the first ones to detect abuse and react towards child protection institutions. Due to the troubling statistics on child abuse, there is a great chance that an abused child will enter the dental office. Child neglect, also in terms of oral health, often accompanies child abuse. Thereby, taking a thorough dental and medical history along with detailed clinical examination should be compulsory.

In this particular case we failed to recognize the harm done to the child by his birth parents in a timely manner. Moreover, child's lack of communication, insufficient growth and stoic behavior should have raised suspicion.

Detecting sentinel injuries, or minor injuries that occur before the main abusive injury, can lead to earlier intervention, as they are the key for preventing further abuse. Among infants with confirmed abuse, 27.8% of them had a previous sentinel injury, which were mostly bruises (80%) or intraoral injuries (11%) (8).

When suspicion of abuse arises, it is important to distinguish between accidental and abusive injuries. It should be considered whether timing and mechanism of injury is coinciding with child's development and characteristics of in-

drugoga molara (slika 2.). Maseterični mišić, parotidna žlijezda i limfni čvorovi ispod angulusa mandibule bili su povećani. Dječaku je dogovorena operacija, a na temelju nalaza antibiograma ponovno je liječen istim antibioticima. Detaljnijim pregledom ustanovljeno je da ima smetnje u razvoju, poteškoće u verbalnoj komunikaciji, bez reakcije je na bol te vruće i hladne podražaje, pa je dogovoren pregled kod endokrinologa i psihologa. Štoviše, kako je taj šestogodišnjak bio tek nešto viši od jednoga metra, posumnjalo se na poremećaj rasta.

Na kraju je, uz prijelom donje čeljusti, dijagnosticiran i psihosomatski poremećaj, osteomijelitis, trismus i akutni bakterijski rinosinitis, zbog čega je operacija odgođena. Poslije dva tjedna uklonjen je koštani sekvstar u području angulusa mandibule. Mandibula je bila čvrsta na palpaciju, a osteoidna formacija otkrivena je unutar linije prijeloma.

Tri tjedna poslije operacije više nije bilo otekline i trizmusa, ožiljak je zacijelio, ali je uočena iatrogena slabost mišića *depressor anguli oris* (mišić spuštač usnoga kuta) zbog traume marginalne grane facijalnoga živca (slika 3.).

Mišić *depressor anguli oris* oporavio se pet mjeseci nakon operacije, donja čeljust bila je čvrsta na palpaciju, a mogućnost otvaranja usta normalna (više od 40 mm). Kontrolni ortopantomogram pokazao je zadovoljavajući rezultat nakon sekvstrektomije uz pravilno cijeljenje kosti (slika 4.). Od posljednjega posjeta dječak je narastao sedam centimetara. Poslije pregleda kod pedijatra i psihologa utvrđeno je da bol doživljava kao nešto normalno. Udomiteljica je izjavila da se tek nedavno naučio žaliti na bol.

Rasprava

Utvrđivanje zlostavljanja djeteta može biti teško. Unatoč poteškoćama, zdravstveni radnici mogu biti među prvima koji će prepoznati zlostavljanje i obratiti se ustanovama za zaštitu djece. Zbog zabrinjavajućih statistika o zlostavljanju djece velika je vjerojatnost da će zlostavljano dijete doći u stomatološku ordinaciju. Zanimanje djeteta, u smislu oralnoga zdravlja, često prati zlostavljanje djeteta. Uzimanje što temeljitije stomatološke i medicinske anamneze te detaljan klinički pregled trebali bi biti obvezni.

U konkretnom slučaju propustili smo na vrijeme prepoznati štetu koju su djetetu učinili njegovi biološki roditelji. Štoviše, nedostatak komunikacije, nedovoljan rast i stoičko ponašanje djeteta trebali su potaknuti sumnju.

Otkrivanje prijašnjih ozljeda ili onih lakših koje se dogode prije glavne ozljede prouzročene zlostavljanjem, može rezultirati ranijom intervencijom ključnom za sprječavanje daljnega zlostavljanja. Među dojenčadi s potvrđenim zlostavljanjem 27,8 % imalo je prethodnu ozljedu, a to su uglavnom bile modrice (80 %) ili intraoralne ozljede (11 %) (8).

Kada postoji sumnja na zlostavljanje, važno ga je razlikovati od slučajnih ozljeda. Treba razmotriti podudara li se vrijeme i mehanizam nastanka ozljede s razvojem djeteta i obilježjima ozljede. Nadalje, ako se dijete dovede sa zakaš-

jury. Furthermore, if the child is brought in with delay, it should raise suspicions. Parents should consult an experienced DMD, pediatric dentistry specialist or pediatrician because it can be helpful (6, 9).

Tsokos suggests four diagnostic criteria for child abuse: localization, patterned bruises, repeated and clustered injuries (three or more individual injuries in the same body region). The localization criteria can help us distinguish accidental from abuse related injuries. The chin, tip of the nose, and forehead injuries are highly uncommon for abuse, unlike injuries of the lips, oral mucosa, outer ears and eyes. Particularly significant are so-called "defensive injuries on the outer sides of the forearms and hands. Additionally, the "triangle of safety" which involves ears, side of the face and neck, and top of shoulders is unusual for accidental injuries (10).

In the study of Soleimani et al., on 6165 pediatric hospitalizations as a result of orofacial fractures caused by violence, lower jaw was the most frequently injured bone (57,3% to 60,5%) (11). Presence of a lower jaw fracture should always raise suspicions of a non-accidental trauma (12). Head anatomy and face morphology of children under five years makes the possibility of accidental lower jaw fracture quite low. At this age micrognathia is common, frontal bone is prominent, midface is small and flat, and cranium-to-face ratio is 4:1 (12, 13). The difference in head anatomy and mechanism of injury can result in different injury patterns, depending on the age of the child. Injuries in younger children are mostly caused by falls or child abuse. At this age, the cranium absorbs most of the low-energy impact. On the other hand, school age children predominantly experience high-energy mechanisms of injury, such as vehicle crashes, often resulting in facial bones fracture (13-15).

Healthcare professionals must be aware of other diseases that could mimic child abuse. Several scientific papers emphasized the importance of distinguishing between child abuse and conditions such as congenital dermal melanocytosis (previously known as the Mongolian spot), congenital cutaneous tumors, heritable hematological disorders, the Ehlers-Danlos syndrome, osteogenesis imperfecta, vitamin D deficiency, Menkes disease and many others (16-21). Among variety of medical conditions that can mimic physical abuse, the most frequent can be divided in three categories: cutaneous diseases that mimic abuse, diseases that mimic abusive fractures and diseases that mimic abusive head trauma (16).

The differential diagnosis of child abuse includes osteogenesis imperfecta (OI). Singh Kocher and Dichtel reviewed 33 medical cases that were misdiagnosed as child abuse, and later identified as OI. All patients had fractures, mostly multiple, which were accompanied by pain and swelling. When suspecting OI, it is important to obtain medical history and do specific laboratory tests. The consequences can be devastating, as was the case with 26 children taken from their families and placed in foster care or with relatives, reported in a study by Singh Kocher and Dichtel (22). A misdiagnosis of child abuse can result in legal action against healthcare providers and stigmatize the family involved.

njenjem, to bi trebalo izazvati sumnju. Pritom mogu pomoći konzultacije s iskusnim liječnikom dentalne medicine, specijalistom dječje stomatologije ili pedijatrom (6, 9).

Tsokos predlaže četiri dijagnostička kriterija za zlostavljanje djece: lokalizaciju, modrice s uzorkom, ponovljene i grupirane ozljede (tri ili više pojedinačnih ozljeda u istom dijelu tijela). Kriteriji lokalizacije mogu pomoći razlikovati slučajne ozljede od onih povezanih sa zlostavljanjem. Ozljede brade, vrha nosa i čela vrlo su rijetke u slučaju zlostavljanja, za razliku od ozljeda usana, oralne sluznice, uški i očiju. Osobito su značajne takozvane „obrambene ozljede“ na vanjskim stranama podlaktica i šaka. Osim toga, „sigurnosni trokut“ koji uključuje uši, lateralnu polovinu lica i vrata te gornji dio rame-na, neobičan je za slučajne ozljede (10).

Soleimani i suradnici istraživali su 6165 pedijatrijskih hospitalizacija zbog orofacijalnih prijeloma prouzročeni nasiljem i istaknuli da je najčešće bila ozlijeđena donja čeljust (od 57,3 % do 60,5 %) (11). Prijelom donje čeljusti uvijek bi trebao potaknuti sumnju na nasilnu traumu (12). Zbog anatomije glave i morfologije lica kod djece mlađe od pet godina vrlo je mala mogućnost slučajnoga prijeloma donje čeljusti. U toj dobi česta je mikrognatija, čeona kost je istaknuta, srednji dio lica malen je i ravan, a omjer lubanje i lica iznosi 4 : 1 (12, 13). Ovisno o dobi djeteta, razlika u anatomiji glave i mehanizmu ozljede može rezultirati različitim vrstama ozljeda. Ozljede kod mlađe djece uglavnom su prouzročene padom ili zlostavljanjem. U toj dobi lubanja apsorbira većinu niskoenergijskoga udarca. S druge strane, djeca školske dobi dominantno doživljavaju visokoenergijske mehanizme ozljeda, poput sudara vozila koji često rezultiraju prijelomima kostiju lica (13 – 15).

Zdravstveno osoblje mora biti svjesno drugih bolesti koje bi mogle oponašati ozljede prouzročene zlostavljanjem. U nekoliko znanstvenih radova autori su istaknuli važnost razlikovanja zlostavljanja djece od stanja kao što su kongenitalna dermalna melanocitoza (prije poznata kao mongolska pjega), kongenitalni kožni tumori, nasljedni hematološki poremećaji, Ehlers-Danlosov sindrom, *osteogenesis imperfecta*, nedostatak vitamina D, Menkesova bolest i mnoge druge (16 – 21). Među različitim medicinskim stanjima koja mogu oponašati tjelesno zlostavljanje, najčešća se mogu podijeliti u tri kategorije: kožne bolesti koje oponašaju ozljede izazvane zlostavljanjem, bolesti koje oponašaju prijelome nastale zlostavljanjem i bolesti koje oponašaju ozljedu glave prouzročenu zlostavljanjem (16).

Diferencijalna dijagnoza zlostavljanja djece obuhvaća i bolest *osteogenesis imperfecta* (OI). Istraživači Singh Kocher i Laura Dichtel pregledali su 33 medicinska slučaja koji su pogrešno dijagnosticirani kao zlostavljanje djece, a poslije su identificirani kao *osteogenesis imperfecta*. Svi pacijenti imali su prijelome, većinom višestruke, koji su bili praćeni bolovima i oteklinama. Pri sumnji na *osteogenesis imperfecta* važno je uzeti detaljnu anamnezu i obaviti specifične laboratorijske pretrage. Posljedice mogu biti razorne, kao što je bio slučaj s 26-ero djece oduzete obiteljima i smještene u udomiteljske obitelji ili na skrb rodbini, navodi se u studiji Singha Kochera i Laure Dichtel (22). Pogrešna dijagnoza u slučaju zlostavljanja djeteta može rezultirati pravnim postupkom protiv pružatelja zdravstvenih usluga i stigmatizirati obitelj.

Conclusion

In conclusion, we presented a case of an unrecognized lower fracture in a physically and emotionally abused child. We have not found a similar case report described in the available literature. Even so, we believe that cases like this one are not uncommon. Many diseases can mimic child abuse and this case should be a reminder of the importance of taking a thorough medical history along with a detailed clinical examination.

Child abuse is a major global problem that still poses a challenge in diagnostics and evaluation. Its' consequences can be physically, psychologically, behaviorally and socially devastating. It is therefore a duty of every healthcare professional to be able to identify and report child abuse to the authorities and responsible services.

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Conflict of interests

The authors have no competing interests.

Patient consent

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Zaključak

Zaključno, opisali smo slučaj neprepoznatoga prijeloma donje čeljusti kod tjelesno i emocionalno zlostavljanog djeteta. U dostupnoj literaturi nismo pronašli sličan prikaz slučaja. Ipak, vjerujemo da takvi slučajevi nisu rijetki. Mnoge bolesti mogu oponašati zlostavljanje djeteta i ovaj bi slučaj trebao biti podsjetnik na važnost uzimanja detaljne anamneze zajedno s temeljitim kliničkim pregledom.

Zlostavljanje djece velik je globalni problem i još je uvijek izazov u dijagnostici i evaluaciji. Njegove posljedice mogu biti razorne tjelesno, psihički, bihevioralno i društveno. Zato je dužnost svakoga zdravstvenog radnika znati prepoznati i prijaviti zlostavljanje djece mjerodavnim tijelima i službama.

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Sažetak

Dijagnosticiranje zlostavljanja djece za zdravstveno je osoblje još uvijek izazov. Predstavljamo slučaj u kojemu je tjelesno i emocionalno zlostavljeni četverogodišnji dječak gotovo osam mjeseci imao nedijagnosticirani prijelom donje čeljusti. Inicijalno ga antibioticima liječio njegov doktor dentalne medicine zbog perimandibularne otekline. Zbog toga što nije bilo odgovora na antibiotsku terapiju, dječak je u pratnji biološke majke upućen u Kliniku za kirurgiju lica, čeljusti i usta. Tamo su mu iz donje čeljusti izvađeni mliječni kutnjaci s dubokim karijesima jer su shvaćeni kao uzroci otekline. Nakon nekoliko kontrolnih posjeta s udomiteljicom, djetetu je konačno dijagnosticiran prijelom donje čeljusti i psihosomatski poremećaj. Naknadno je potvrđeno da su ga tjelesno zlostavljali biološki roditelji, a posljedice su bile zastoj u rastu, izostanak percipiranja boli i usporen razvoj govora. Gotovo godinu dana nakon boravka kod udomiteljice dijete se naučilo požaliti kada ga je nešto boljelo. Ovaj prikaz slučaja ističe važnost uzimanja detaljne anamneze zajedno s temeljitim kliničkim pregledom.

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Adresa za dopisivanje

doc. dr. sc. Ivan Salić, dr. med. dent.
Klinika za kirurgiju lica čeljusti i usta
Klinička bolnica Dubrava
Stomatološki fakultet Sveučilišta u Zagrebu
Avenija Gojka Šuška 6
10 000 Zagreb, Hrvatska
tel.: 098 877 582
salaric@sfzg.hr

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