

LETTERS TO THE EDITOR

Infant rib fracture—birth trauma or non-accidental injury

SIR,—The finding of rib fractures on an infant's chest radiograph is said to be highly specific for non-accidental injury (NAI). Fractures may also occur during birth and, if this is not recognised, NAI may be incorrectly diagnosed.

An infant was born at term by vaginal delivery complicated by shoulder dystocia. Active resuscitation was not required and the initial examination was thought to be normal. Birth weight was 5020 g. At 9 hours of age, obvious crepitus was felt over the back. Radiographs showed fractures of five ribs posteriorly. Bone density was normal and there were no signs of other fractures. The infant was feeding well from the breast and, apart from the crepitus which the mother had ascribed to wind, was asymptomatic. The mother had not been on her own with the baby since delivery. It was thought extremely unlikely that the fractures could have been caused in the short period since birth.

Squeezing and lateral compression of the rib cage leads to fractures such as those described here. Such rib fractures are said to be specific for physical abuse.¹ However, four other cases of rib fracture due to birth trauma have been described.^{2,3} These were associated with difficult deliveries and heavier than average infants (mean birth weight of all five cases 4600 g). We recommend that the neonatal assessment of such infants includes palpation of the ribs as well as other bones.

Fractures heal at variable rates, and timing injuries from the radiographic appearances can be difficult. Had the child not had a radiograph taken on the first day of life there would have been doubt as to the cause of the injury, and an incorrect diagnosis of child abuse considered. When healing rib fractures are found unexpectedly in infancy, inquiries into the birth history should be made. They are not all due to NAI.

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- 1 Hobbs CJ. Fractures. In: Meadow R, ed. *ABC of child abuse*. London: BMJ, 1989:8-11.
- 2 Thomas PS. Rib Fractures in infancy. *Ann Radiol* 1977;20:115-22.
- 3 Rizzolo PJ, Coleman PR. Neonatal rib fracture: birth trauma or child abuse? *J Fam Pract* 1989; 29:561-3.

Mycoplasma and thrombocytopenia

SIR,—I read with interest the recently published guidelines for the management of idiopathic thrombocytopenic purpura.¹

We recently admitted a 4 year old boy with purpura. He initially presented to the accident and emergency department with a history of cough and pyrexia. A chest x ray film showed some left basal consolidation and he was started on amoxycillin and sent home. He represented 24 hours later with extensive

purpura. On examination he was apyrexial and there was no lymphadenopathy. Chest examination was normal and there was no hepatosplenomegaly. Investigation revealed a platelet count of $4 \times 10^9/l$. His blood film and clotting screen were both normal and a presumptive diagnosis of idiopathic thrombocytopenic purpura was made. This became symptomatic with haematuria, recurrent epistaxis, and bleeding from his mucous membranes. He was given a course of intravenous immunoglobulin and by day five of treatment his platelet count had risen to $42 \times 10^9/l$. His platelet count is now normal and he has had no further episodes of bleeding.

An aetiology of his thrombocytopenic purpura was sought and in view of his previous chest symptoms mycoplasma serology was sent. *Mycoplasma pneumoniae* IgM was positive with acute and convalescent titres of 80 and 320 respectively. He was treated with a course of erythromycin. Thrombocytopenia associated with mycoplasma pneumonia infection has been described² but is not common.³ It may be worth looking at mycoplasma serology in a child with an apparent idiopathic thrombocytopenic purpura and chest symptoms suggestive of mycoplasma infection.

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- 1 Eden OB, Lilleyman JS. Guidelines for management of idiopathic thrombocytopenic purpura. *Arch Dis Child* 1992;67:1056-8.
- 2 Veenhoven WA, Smithuis RHM, Kerst AJFA. Thrombocytopenia associated with mycoplasma pneumoniae infection. *Neth J Med* 1990;37: 75-6.
- 3 Murray HW, Masur H, Senterfit LB, Roberts RB. The protean manifestations of mycoplasma pneumoniae infection in adults. *Am J Med* 1975;58:229-42.

BOOK REVIEWS

Interviewing the Sexually Abused Child. By David P H Jones. (Pp 67; £5.50 paperback.) The Royal College of Psychiatrists/Gaskell, 1992. ISBN 0-902241-46-X.

The fact that this worthy monograph has appeared in a fourth edition attests to the deserved position it continues to hold in child abuse literature. While the phenomenon of child sexual abuse has undergone relatively less change, society's acknowledgment, recognition, and response to it, is still evolving. This is reflected by changes in the law, including the 1989 Children Act and especially the Criminal Justice Act 1991 in which the possibility of presenting the child's evidence as a videotaped recording has been allowed. This has necessitated the production of stringent new guidelines regarding the process of interviewing child victim/witnesses and hence this latest edition.

The central subject of the book is a detailed consideration of the formal interview. This is probably of more peripheral interest to paediatricians who will only rarely find themselves conducting such an interview. However, the context in which this main area is embedded,

both in the book and reflecting the process of investigation of child sexual abuse, is succinctly and authoritatively presented, as is expected from Dr Jones, a leader in the field. In a few brief chapters, totalling under 30 pages, the author succeeds in discussing the predicament of the child abuse victim, the contribution of psychological research, particularly in the field of children's memory and suggestibility, preparation for the interview, and screening for the possibility of sexual abuse. The latter is certainly of interest to paediatricians.

Richly referenced, and briefly addressing professionals' as well as the child's predicament, the book provides a good overview of one stage of the process of intervention in child sexual abuse.

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Pediatric Pathology. Edited by J Thomas Stocker and Louis P Dehner. (Pp 1568; £180 hardback.) J B Lippincott Company, 1992. ISBN 0-397-50899-9.

One of life's little joys is to receive for review a copy of a book already browsed in the bookshop and earmarked for purchase (and nothing more frustrating than to have already bought it). The need for this book, state the joint editors in the preface, is the lack of a comprehensive text on paediatric pathology, a gap—in their view—not entirely filled by the British work edited by Professor Berry.

The editors have assembled 37 North American contributors to produce this two volume, 32 chapter reference work. The first 11 chapters deal with general paediatric pathology covering areas such as autopsy, malformation syndromes, and metabolic disease through to forensic medicine and the pathology of adverse drug reactions. Despite chapters on early fetal wastage and the placenta, a systematic approach to perinatal pathology is absent; presumably this is considered, not unreasonably, outside the book remit.

Twenty one chapters follow on organ system pathology, which, in addition to the obvious systems (respiratory, cardiovascular, etc), include chapters on bone marrow, temporal bone, and soft tissues. The final 140 pages contain 106 appendices, ranging from sample autopsy protocols to charts to normal growth, organ weight tables (day 1 to year 19), and the appearance of ossification centres.

The typeface is small and the concentrated feel of the book is further emphasised by introducing disease entities with a minimum of background clinical detail. The pathology, often presented in a rather didactic fashion, is frequently accompanied by useful summaries, in table form of associations or essential points. Referencing is copious, with many chapters having over 400 (some as recent as 1991), and despite its multi-authorship, the largely uniform style is impressive.

The range of disease entities and processes covered by this approach is fairly comprehensive but sometimes inevitably limited in depth. For instance, the chapter on cardiac malformations outlines the concept of sequential analysis in two sentences but, despite a table summarising terminology, it will be of little benefit unless one is already familiar with the approach. The surgical pathologist, faced with a paediatric biopsy, might obtain a list of possible diagnoses but may need to turn elsewhere for the sort of discussion on specific differential diagnosis which is often required