

# Shaken baby syndrome literature review

Sociology



**ASSIGN  
BUSTER**

Insert Insert Insert 11 February Shaken Baby Syndrome Literature Review In a correspondence submitted to Dr. Ivan Blumenthal (2002) presents a discussion on the pathophysiology, clinical signs, management, investigation as well as diagnosis and its related outcomes and prevention measures of shaken baby syndrome. He attributes shaken baby syndrome to serious form of child abuse on infants resulting from violent and extreme shaking prompted by subdural haemorrhages. Violent and extreme shaking such as when a child becomes shaken following an inconsolable and persistent crying constitutes forms of child neglect and abuse. In this regard, rotational translational forces contribute to traumatic axonal head injuries known as diffuse axonal shearing or injury. Mild clinical signs may include, but not limited to, irritability, lethargy and poor feeding whereas severe signs may include shock, convulsion and unconsciousness. Also, frequent shaking leads to skeletal and eye injuries such as posterior rib fractures and bilateral or unilateral retinal haemorrhages respectively.

Management, investigation and diagnosis of shaken baby syndrome entail skeletal survey and thorough investigation in ascertaining imposed injury. Emergency management would be provided in the case of an unknown cause in a seriously unconscious infant. Such management includes the provision of life support and the engagement of social services and the police so as to enable forensic examination. Differential diagnosis could also be applied in chronic subdural haematomas. Mortality and morbidity outcomes of imposed injury remain worse than accidental injuries. Similarly, poor outcomes relate to low Glasgow coma balance, length of unconsciousness and young age. It remains that the only sure prevention measure would be never ever to shake babies most notably in their infant

<https://assignbuster.com/shaken-baby-syndrome-literature-review/>

ages. Hence, magnetic resonance imaging through diffusion weighting stays as the definite, most sensitive and fastest method of ascertaining a shaking injury (Blumenthal, 2002).

Similarly, the Committee on Child Abuse and Neglect (2001) provided a technical report regarding rotational cranial injuries in shaken baby syndrome. The Committee attributes shaken baby syndrome to violent shaking that leads to extreme acceleration of rotational cranial injuries in infants. Further insight into the contribution of parents and caretakers to shaken baby syndrome as well as the involvement of the community in management becomes evident in the report. Abusive behaviors from caretakers and parents may result from, but not limited to, unrealistic expectations of children to meet their needs, stress, substance abuse and domestic violence. Most notable, an identification process of the potential perpetrator should never put gender into consideration. Clinical signs may encompass respiratory difficulties which develop into bradycardia or apnea, abdominal injuries and bruises. Clinical evaluation, thus, uses repeated physical investigations and well labeled forensic photographs to expose further strain related signs.

Computed tomography would be employed in urgent interventions for an imaging examination using soft tissue and bone windows on a child with brain injury while excluding intravenous divergence. Magnetic resonance imaging acts as an aide in the evaluation process. Severe brain injuries may lead to, among others, cerebral atrophy, cortical blindness, encephalomalacia cysts or the collection of chronic subdural fluids.

Community and clinical management include a vigilant footage of the child's condition time line, reporting to appropriate authorities and involvement of a

<https://assignbuster.com/shaken-baby-syndrome-literature-review/>

clinical team. A psychosocial evaluation of caregivers as well as the delivery of protection evaluation should also be incorporated in managing abusive injuries. Hence, preventive measures may include home visitation programs, awareness initiatives on shaken baby syndrome and thorough checks on caretakers' references (Committee on Child Abuse and Neglect, 2001).

## References

Blumenthal, I. (2002). Shaken Baby Syndrome. *Postgraduate Medical Journal* 78, 732-735. doi:

10. 1136/pmj. 78. 926. 732

Committee on Child Abuse and Neglect. (2001). Shaken Baby Syndrome: Rotational Cranial

Injuries-Technical Report. *Pediatrics* 108, 206-210. doi: 10. 1542/peds. 108.

1. 206