bone may be bilateral and multiple but there is usually other evidence of fracture or haematoma. This new bone is uneven and extends to the end of the metaphysis in some cases. In infection new bone will not affect multiple bones symmetrically. Physiological periostitis should be considered in suspected bone injury with periosteal reaction only in infants aged 1–6 months.3

Conclusion
These two children were initially incorrectly suspected of having been abused, the appearances of physiological periostitis being mistaken for a fracture until a radiograph on the opposite side showed identical appearances leading to the recognition of physiological periostitis (or periostial new bone).

These two case reports highlight firstly, the importance of imaging the contralateral limb in this age group when accidental fracture or osteomyelitis is suspected in order to avoid unnecessary skeletal survey, and secondly, radiological findings must be interpreted in the context of clinical findings so that the risk of serious errors including erroneous suspicion of child abuse are minimised.

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