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 afebrile 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 pneumonia 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 multiauthorship, 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

when faced with a difficult problem. Consequently, this book will be used frequently in the anticipation of being directed elsewhere.

For paediatric pathologists, the scope of this book, the tabled summaries, and extensive references, will make it a valuable and well used addition to their library. Pathologists whose workload is more 'perinatal' may find other recent publications of more practical help. Paediatricians would find the succinct pathological descriptions, together with the citations, a valuable resource to supplement their clinical texts but, unless funds are abundant, this is probably more a reference book for their hospital library than for personal ownership.

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Static Encephalopathies of Infancy and Childhood. Edited by Geoffrey Miller and Jeanette C Ramer. (Pp 372; \$144 hardback.) Raven Press, 1992. ISBN 0-88167-872-4.

I picked up this book with interest, I was not quite certain what to expect but assumed it would cover 'cerebral palsy' in its wider step, and define insults to the brain, including, for example, prenatal infections, alcohol syndrome etc. Having read it, I have to say I am a little disappointed with the overall balance of the book, although it is good, even very good, in parts.

The authors' (both paediatric neurologists in the USA) aim was to cover a range of static conditions affecting the brain and bring together up to date information on 'growing points in this field', and to some extent they have succeeded.

There is an excellent chapter on the neuro-radiology of static encephalopathy including prenatal malformations, perinatal asphyxia, and postnatal damage. Barkovich is a prolific writer who writes lucidly for the non-radiologist and the illustrations are excellent. It certainly shows the superiority and value of good magnetic resonance imaging in this situation.

Chapters on perinatal and postnatal encephalopathy are clear reviews, as well as up to date, including rather more neurophysiology and neurochemistry than I think would be found in equivalent English reviews. There is a good, very helpful chapter on cerebral dysgenesis by Dobyns, reviewing current

embryological developmental thoughts, but sadly he does not include a section on megalencephaly. There are competent chapters on Prader-Willi and Angelman's syndromes, with a view of imprinting, and on Down's and fragile X syndromes, but they don't really go with the rest of the book. There are three very brief chapters on retardation associated with muscle disease (myotonic dystrophy, congenital myopathy, and Duchenne dystrophy), which are helpful, but again one would not expect to find them in a book with such a title.

There are chapters which give a reasonable overview of retardation, management, and behavioural problems of retarded children, as well as counselling.

There is a very good review by Kevin McDonnell, a philosopher, on ethical principles in the management of retarded children, which would stand very well on its own.

Overall I found the book had very useful contributions. It is very well printed, extremely well referenced, and up to date, however, it does not 'hang together'. One would not expect to find an article on Duchenne dystrophy and retardation, or a chapter on the ethics of mental handicap, in a book of this title. Despite its limitations it remains a useful reference book, and I would highly recommend the chapter on neuroradiology, together with one or two others highlighted above.

A 'tighter' book would have been better, it is nevertheless a useful reference book, but not for prolonged reading at home.

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VIDEO REVIEW

Training Video: The Biology, Development and Care of Twins, Triplets and More. £25 (including postage and packing). Available from the Multiple Births Foundation, Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London W6 0XG.

I feel particularly well qualified to review this video, being not only a child psychiatrist but

also an identical twin and one with a twin who is a paediatrician to boot, sometimes literally.

The expert commentary on the film is provided by the medical director of the Multiple Births Foundation, Dr Elizabeth Bryan, a paediatrician who specialises in work with families who have had multiple pregnancies. The video is principally aimed at professionals working with such families. Although relatively short, it bristles with information and corrects many commonly held misconceptions. Above all it contains much sound practical advice. This is particularly important in view of the enormous increase in the incidence of twins but more specifically in higher order births over the past 10 years, predominantly due to the new treatments now being offered for infertility.

The film lasts 34 minutes and is divided into several short sections which can be viewed individually if appropriate. The title of these sections are self explanatory: biology of twinning, zygosity, causes of twinning, diagnosis and pregnancy, newborn twins, feeding, the first years, higher order births, a twin with a disability, bereavement, and where to find help. The earlier sections are more technical and the later part of more general interest. The video is of generally good quality with particularly clear diagrams. However, the sound quality on my copy was disappearing.

Who would use this video? I would suggest that it should be viewed by antenatal clinic staff and would be of interest to workers in the community and general practice. Each paediatric unit of special care baby unit would benefit from possessing a copy to show to staff and parents. The video could be lent to parents to use at home, although it may not be of universal interest to them as the language is technical in places and some sections, such as that on fetofetal transfusions are potentially frightening. With some selection of what is shown and professional advice, twin clubs should be rushing to acquire and show this video. I already have a small list of parents of twins who have asked me to lend them my review copy, and I can strongly recommend it to involved professionals. Finally I would like to add my own personal plea that when watching this film, professionals and parents do not concentrate exclusively on the negative aspects of multiple births, but glean some of the enjoyment and continuous fascination of being or having a twin.

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