

It should not hurt to be a child: A Case Report

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Abstract

As custodians of children's hopes and aspirations, we must accept the responsibility for creating an environment that will help children thrive. Child abuse is a major public health problem all over the world. It can be in the form of physical, sexual, emotional or just neglect in providing for the child's needs. These factors can leave the child with serious, long-lasting psychological damage. Violence against children, including corporal punishment, is a violation of the rights of the child. It conflicts with the child's human dignity and the right of the child to physical integrity. As most of the abuse injuries occur in the head and neck, dentists can easily diagnose them and as health care professionals, it is our duty to detect such abuses at an early stage to prevent further harm to the child and counseling of the abusive caretaker. The management of child abuse can be complicated, and often require a multidisciplinary approach, encompass professionals who will identify the cause of the abuse or neglect, treatment of the immediate problems and referral of the child to the relevant child protection authority for action. The involvement of dentists in child protection teams would be beneficial in two ways, dentists would become aware of their role and would assist in the training of physicians and other professionals.

Keywords: Corporal punishment, physical punishment, schools

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Introduction

Human beings are one of the beautiful creatures of God and above all understanding, a child is the most important thing one should learn. It is very helpful in becoming effective in guiding and nurturing the child as they grow and mature. One need to bear in mind that the child has a unique personality trait that remains constant throughout his life (1). So, one should not hurt a child. Corporal punishment is

forced pain intended to change a person's behavior or to punish them which may cause physical and mental injuries. Discipline is the training that corrects molds or perfects the mental facilities or moral character. Abuse means the improper or excessive use or treatment, mostly physical maltreatment (2).

Forms of child maltreatment

Child maltreatment may occur either within or outside the family. The proportion of interfamilial to extrafamilial cases varies with the type of abuse as well as the gender and age of the child. Each of the following conditions may exist as separate or concurrent diagnoses (3).

Physical abuse: It is most common inflicted by caregiver or family member. The most common manifestations include bruises, burns, fractures, head trauma, and abdominal injuries (4).

Sexual abuse: Sexual abuse is defined as the engaging of dependent, developmentally immature children in sexual activities that they do not fully comprehend and to which they cannot give consent or activities that violate the laws and taboos of a society. It includes all forms of incest, sexual assault or rape, and pedophilia (5).

Emotional abuse: Emotional or psychological abuse has been defined as the rejection, ignoring, criticizing, isolation, or terrorizing of children, all of which have the effect of eroding their self-esteem. The most common form is verbal abuse or denigration (6).

Physical neglect: It is the failure to provide the necessary food, clothing, and shelter and a safe environment in which children can grow and develop (5).

Emotional neglect: It is the absence of normal parent-child attachment and a subsequent inability to recognize and respond to an infant's or child's needs. A common manifestation of emotional neglect in infancy is a nutritional (nonorganic) failure to thrive.

Medical care neglect: It is failure to provide the needed treatment to infants or children with life-threatening illness or other serious or chronic medical conditions (6).

Munchausen syndrome by Proxy: It is a relatively unusual disorder in which a caregiver, usually the mother, either stimulates or creates the symptoms or signs of illness in a child (7).

Corporal punishment may lead to lowered self-esteem in children, teaches them to be victims throughout their lives, interferes in the learning

process, they feel lonely and abandoned, develops a negative attitude in them, stimulates anger and may even cause accidental physical injuries in the children (8).

Detection of child abuse in the Dental Office

Parents must pay attention to what is happening in schools and should maintain a good communication with children for early detection of corporal punishment (9). When a child presents for examination, particularly if there is an injury involved, the history may alert the dental team to the possibility of child abuse. Indeed, the history may be the single most important source of information (10).

General Physical findings: The child's nutritional status is poor and the growth is found subnormal. There are many of the extra oral injuries seen including bruises or abrasions, cigarette burns or friction burns and bite marks, bald patches, injuries to extremities or around the mouth (3).

Findings on Dental examination: Examination of dental injuries includes thorough visual observation, radiographic studies, manipulation of the jaws, pulp vitality tests, and percussion. Both oral and facial injuries of child abuse may occur alone or in conjunction with injuries to other parts of the body. The oral lesions associated with child abuse are usually bruises, lacerations, abrasions, or fractures. The scars, particularly on the lips, are evidence of previous trauma and should alert the investigator to the possibility of child abuse. Tears of the frenula, particularly the labial frenulum, are frequently seen in child abuse cases. These injuries may result from blunt force trauma. Blunt force trauma to the lower face may also cause the mucosal lining of the inner surface of the lip to be torn away from the gingiva (11). Severe trauma to the lower face may loosen teeth, completely displace them from their alveolar sockets, and/or cause dental fractures (12). It is not uncommon to find contusions, lacerations, burns, or scars on the lips of abused children. Bruises to the lip may result from forced feeding. Burns on the lip, as well as burns on the face or tongue, may be signs of physical punishment (11). The tongue of an abused child may exhibit abnormal anatomy or function due to scarring. Trauma to the mouth may also cause ulceration of the palate or uvula (13). Fractures of the maxilla, mandible, and other cranial bones may be found in cases of child abuse. If the radiologic study shows signs of old as well as new fractures, a

pattern of repeated trauma has been found and needs to be investigated with reference to possible child abuse. A child with rampant, untreated dental decay and poor oral hygiene are suffering from significant neglect. The consequences may be a pain, infection, and a threat to the child's general health and well-being (3). Blain reports that a preliminary study supports the high correlation between dental neglect and CAN (child abuse and neglect) (14).

Case Report

A five-year-old male patient came to the department of Oral Medicine and Radiology, Teerthanker Mahaveer Dental College and Research Center with a chief complaint of pain on upper right back tooth region since 4-5 months. On taking a detailed history, it was revealed that the child's teacher had a habit of pinching his gingiva in that region. He does this whenever he feels lonely and abandoned and no one loves or cares for him at home. When the mother was asked a series of questions, it was noted that she belongs to a very poor family and is unable to take proper care of her children. She has to go out and work and earn the daily income to run the family with six kids. On clinical examination, there was a denuded area seen on the gingival surface in relation to 54, 55 region. The parent was informed about the situation and was educated to take proper care of the health and needs of her child.



Fig. 1: Face of the victim child



Fig. 2: Gingiva showing denuded area

Discussion

Becker et al found that in their series of facial injuries in abused children, 66% of the injuries were contusions and ecchymosis, 28% were abrasions and lacerations, 3% burned, 2% were fractured and 1% bit (15). Kessler and Hyden pointed out that after the injury occurs, the area is usually tender and swollen, but the bruise may not be visible as contusion or ecchymosis for 24 to 72 hours. A reddish blue or purple color may be visible immediately or within the first 5 days. This initial color may change to green in 5 to 7 days, then to yellow in 7 to 10 days, then to brown in 10 to 14+ days, before clearing in 2-4 weeks (10). The present is a case of self-inflicted injury to the gingiva by a five-year-old child due to the lack of emotional support. Rajiv Subbaiah et al reported a case series of self-inflicted injuries of gingiva including fingernail trauma, acid burn, toothbrush irritation, chemical burn, toothbrush abrasion in different children (16). Arfin et al reported a case of self-inflicted palatal soft tissue injury in a 7-year-old child because of negligence and ill-treatment in school (17).

Conclusion

The child needs emotional and supportive care, the lack of which may ruin his life. So everyone, especially the parents of the child must take proper care of their children and give them support. They should educate them, not harm them.

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