

Editorial

When Should Nanny Elbow be Considered Child Neglector Abuse?

Hakan Özdemir M^{*}, Özgür Can I and Gökçe Karaman

Department of Forensic Medicine, Dokuz Eylul University Faculty of Medicine, Turkey

Editorial

Nursemaid elbow is not considered as child abuse/neglect on its own in the literature. However, it should not be neglected to consider in terms of abuse/neglect in children. Our case, a 2.5-year-old male, applied to different hospitals with the diagnosis of nursemaid elbow 3 times in the last 7-8 months. There are no criteria in the literature evaluating nursemaid elbow in terms of child abuse/neglect. In our study, it was aimed to establish abuse/neglect criteria in nursemaid elbow. Nursemaid elbow is one of the musculoskeletal injuries that is seen frequently in the 1-4 age group, with an annual incidence of 1%. It is rare in children older than 5 years. The recurrence rate varies between 5-39% in studies [1]. The disease is a clinical condition characterized by subluxation of the radial head as a result of abrupt withdrawal of the hand while the elbow is in a straight position and the hand is in an upward position (pronation) [2]. In its etiology, lack of ossification of the proximal radial epiphysis, hypermobility in the patient and in the family, and an increase in the frequency of ligamentous laxity are stated [3]. No publications have been found in the literature assessing nursemaid elbow alone as child abuse and neglect. In our study, it was aimed to discuss a case diagnosed with nursemaid elbow three times in the last 7-8 months in terms of child neglect or abuse and to establish diagnostic criteria in this direction. Our case is a 2.5-year-old male. Mother is 31 years old, secondary school graduate and working, father is 33 years old, high school graduate and working. There is no consanguinity between the parents. In our case, nursemaid elbow occurred 3 times in the last 7-8 months, while she was with her father in different places (at home, in the shopping centre). She was brought to the state hospital, private hospital and university hospital, respectively. A forensic case report was created in the university hospital. No concomitant musculoskeletal or connective tissue injuries were observed in all three injuries. In family history; the mother states that her right ankle at an early age, and the father states that his right ankle and the first finger of the left hand are frequently dislocated during adolescence.

In the requested orthopedic consultation; It has been stated that hypermobility, luxation recurrence in general joint examination may be due to genetic reasons (Ehlers Danlos etc.). In the consultation of the Department of Pediatrics Genetics; It was stated that it was appropriate to followup the joint movements in terms of natural and familial joint laxity and to educate the father about the disease. The family did not accept the child psychiatry consultation. Although it is stated in the literature to be careful in terms of abuse in children with nursemaid elbow, nursemaid elbow is not considered as an indicator of child abuse on its own [4,5]. It is stated that most of the cases occur accidental and recurrences can be seen even without longitudinal traction of the elbow [3,6]. The recurrences may leave physicians in a difficult position to associate nursemaid elbow with child abuse [4]. It is stated that the increase in the frequency of hypermobility and ligamentous laxity in cases of nursemaid elbow is familial [3]. They also state that the inconsistency between the diagnosis and the history may be due to the reluctance of parents, siblings or caregivers to state that they harmed the child in some way, especially in children under the age of two, and avoiding possible legal responsibilities [5]. In some publications, it is stated that if the child's arm is strongly tractioned along the long axis of the arm while the forearm is pronated, subluxation may occur and it may be a part of child abuse [2]. The fact that there are different opinions in the literature on this issue made us think that some criteria should be established in order not to miss the cases of abuse/neglect. We think that patients and parents should be evaluated in terms of hypermobility syndromes, especially in cases of recurrent nursemaid elbow, and it is important for the family to receive education about the disease. We believe that in cases where nursemaid elbow occurs repeatedly in children of appropriately informed families, care should be taken for physical neglect/abuse of the child. In our case, the fact that the family applied to another health institution each time was considered as a suspicious situation in terms of child neglect/abuse. As a result; in the literature, it is stated that care should be taken in children with nursemaid elbow for the possible risk of abuse. But nursemaid elbow is not considered as a single indicator of child abuse and is not evaluated. Considering the age group, where nursemaid elbow is common, we think that there should be some criteria to diagnose abuse and neglect in children who have difficulty in expressing themselves.

For this purpose, the following criteria should be considered in the children diagnosed with nursemaid elbow:

- Presence of familial or genetic disease affecting joint mobility,
- If the mother/father/caregiver has been given information and training on the subject,
- Diagnosed with nursemaid elbow at least 3 times a year,

Citation: Hakan Özdemir M, Özgür Can I, Karaman G. When Should Nanny Elbow be Considered Child Neglector Abuse? Am J Clin Case Rep. 2021;2(7):1047.

Copyright: © 2021 Hakan Özdemir M

Publisher Name: Medtext Publications LLC

Manuscript compiled: Oct 21st, 2021

***Corresponding author:** Hakan Özdemir M, Department of Forensic Medicine, Dokuz Eylul University Faculty of Medicine, Izmir 35340, Turkey, E-mail: hakan.ozdemir@deu.edu.tr

- Inconsistency between the diagnosis and the history,
- Presence of complications (concomitant bone fracture, connective tissue injury etc.)
- Applying different health care centers each time,

Together with these criteria, our recommendations are;

- Diagnosis of nursemaid elbow without traumatic findings in the patient + Providing information and education to the mother/father/caregiver about the subject + despite, being diagnosed with nursemaid elbow at least 3 times in a year,
- Diagnosis of nursemaid elbow + Education + having at least 3 times a year + meeting at least one of the other criteria (items 1, 4, 5,6).

We think that the cases should be evaluated within the scope of child neglect and abuse.

References

1. Schunk JE. Radial head subluxation: epidemiology and treatment of 87 episodes. *Ann Emerg Med.* 1990;19(9):1019-23.
2. Bilo, Rob AC, Simon GF Robben, Rick R. vanRijn. Forensic Aspects of Pediatric Fractures: Differentiating Accidental Trauma from Child Abuse. Springer Science Business Media. 2010;93-4.
3. Amir D, Frankl U, Poggrund H. Pulled elbow and hypermobility of joints. *Clin Orthop Relat Res.* 1990;(257):94-9.
4. Rodts, Mary F. Nursemaid's elbow: a preventable pediatric injury. *Orthop Nurs.* 2009;28(4):163-6.
5. Sevencan, A, Aygün, Ü, Inan, U, Ömeroglu, H. Pulled elbow in children: a case series including 66 patients. *J Pediatr Orthop B.* 2015;24(5):385-8.
6. Sacchetti A, Ramoska EE, Glasgow C. Nonclassic history in children with radial head subluxations. *J Emerg Med.* 1990;8(2):151-3.