Forensic Case of Malunited Fracture Combined with Skin Ulcers in a Battered Nigerian Child

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Abstract

In the 1940s, the battered baby syndrome saw the light of day. Subsequently, various concepts of it arose. For instance, there was the question of skeletal injury, the finer points of it including both anthropology and imaging. Therefore, the more mundane experience concerning the combination of malunited fracture and cutaneous inflammation is deemed to be worthy of documentation from a developing community in Nigeria.

Keywords: Childhood; Abuse; Fracture; Sepsis; Death; Developing community; Nigeria

Introduction

The “battered baby syndrome” was recognized in 1946 by Caffey [1]. Six characteristic cases were seen in infants suffering from both multiple fracture of long bones and subdural hematoma. One such patient was described as an “extreme case” [2]. Therefore, this paper documents a similar case that occurred in a child of the Igbo ethnic group [3], which is domiciled in the Eastern Region of Nigeria.

Case Report

EG, a 9-year-old boy was brought to the Enugu Specialist Hospital with the history of fever for 7 days. Two days later, when he started having spasms, he was admitted in the ward. There were multiple abrasions all over the body. He had fits as well as neck rigidity. There was no improvement despite intensive antibiotic treatment. When death occurred, the author carried out the autopsy.

The body was that of a very emaciated pale boy. There were sores all over him including the scalp, the right iliac crest and right greater trochanten which was exposed and infected. All muscles were atrophied except the right lower extremity which was edematous. The right forearm showed old malunited fracture near the elbow. The vertex of the head showed three localized rarefied roundish areas with two on the left side. Excess cerebrospinal fluid was noted. The meninges were rather opaque and adherent. The cerebral gyri were not flattened. The right lung was adherent through but the left was free. There were bronchopneumonic patches which were becoming confluent in parts. This was confirmed on microscopy, which showed muscle atrophy, confluent pneumonia, nonspecific chronic epicarditis, and chronic subserous appendicitis. As for the brain itself, the blood vessels were cuffed by lymphocytes while these cells abounded diffusely in the parenchyma itself. Accordingly, childhood septicemia followed battering.

Discussion

The above case illumines not only inhuman treatment but also human endurance, which may be called “The extreme case” [2]. In this context, there are fracture characteristics in forensic anthropology [4,5]. Moreover, postmortem imaging has been found to be useful in forensic childhood deaths [6]. In the final analysis, public health education should be intensified. Moreover, there should be stringent laws to deal with offenders. Indeed, as Kemp’s group put it [7]. “The number of high quality comparative research studies in this field is limited, and further prospective epidemiology is indicated.”

References


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