

Role of the pediatric dentist in the diagnosis of child maltreatment

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Abstract

Background: Child abuse is defined as harm caused by a person using unintentional physical or psychological force. This article provides information on the types of abuse and neglect that dentists see most frequently in their dental practice, indicators that should be "red flags" that child abuse or neglect may be occurring, and how to report this type of abuse. **Objectives of the work:** To determine the level of knowledge, attitudes and practices of the pediatric dentist regarding oral lesions as an element of diagnosis of child abuse. **Methods:** Search and analysis of bibliographic documents, using the inclusion and exclusion criteria and with the help of keywords in order to provide a theoretical basis for the role of the pediatric dentist in the diagnosis of child abuse. **Results:** When inquiring information about child abuse and the procedure of the pediatric dentist for its diagnosis, after analyzing the articles, a solution was found that is based on encouraging, through informative talks, continuous training for dental personnel to recognize the signs of child abuse and ensure the protection of the child so that he is not contravened, another point is to avoid iatrogenesis and ensure that our intervention is complete. **Conclusions:** Due to the fact that abuse is a worldwide problem, it presents an endless number of oral injuries, the pediatric dentist will have to prepare himself every day so that he does not have problems in recognizing and treating child abuse.

Key Words: oral lesions; child abuse; violence; negligence; pediatric dentist.

Introduction

Kempe et al. In 1962 it establishes child abuse as the use of unintentional physical force, causing the injury of the child, another criterion on child abuse refers to an illegal act of a child when he suffers a non-accidental bruise or blow. After a comparative study they make known the concept and how to differentiate psychological abuse and emotional abuse as for the first, explains the incorrect behavior of the child with different attitudes among them is to tell lies, actions that are repeated, can also become violent and offend those around him and even suffer mental damage that stops him from recognizing his environment and prevents him from developing his well-being in a better way Both social, family and educational, with respect to the second, is when a child presents a bad behavior before any action that can sometimes cause a deep feeling of pain (1).

With regard to public health considers child abuse and violence as one of the most important problems in recent years, mentioning that they can occur in different ways and represent a danger to a child or children in a population, according to the Pan American Health Organization (PAHO) and the World Health Organization (WHO) (2).

Dental Negligence is known as the lack that parents or those in charge of their personal care cause by not providing the importance, follow-up and by not going to a professional in the field to perform a dental treatment, to oral pathologies that cause poor diet, pain, can slow growth and development (3). As a consequence of this, there is a high risk of damaging the child's health, mental, physical and moral growth (5).

With less incidence, but with the same importance it is considered as Munchausen Syndrome when parents invent real or similar symptoms of a disease without these being true. They can feign symptoms of illness by making them seem real, stopping feeding, causing blows, attacking them by administering medication that causes vomiting or diarrhea (6).

Currently, being a public and legal health problem, it is rare for a child to be treated for child abuse as a reason for consultation, therefore, health personnel should be encouraged to perform an adequate anamnesis and physical examination in order to identify cases of MI, and be able to notify the competent authorities to provide follow-up, A correct treatment either medical, psychological, and / or family therapy effectively. It is considered a skill and a challenge of doctors to show the signs of a

child who has suffered child abuse since most of the clinical signs are hidden by the aggressors, which is why the role of the dentist is in a key position to identify them since more than 50% of the signs of child abuse occur in the mouth, In the face even in the neck, it should be emphasized that it is essential to have good communication and a good relationship between the doctor and the patient and the continuous updating of knowledge of professionals in pathologies of social importance such as child abuse (7).

The signs and symptoms of a child who is physically abused caused by injuries to the mouth and face who quickly identifies them is the dentist. Among the most common clinical signs are contusions, hemorrhages, lacerations, abrasions and burns on the tongue, lips, buccal mucosa, palate and gums. However, in some children who are still in the process of learning to walk and we witness a deep or superficial wound in the frenulum area of the upper lip is a sign of child abuse. Also, the presence of bite marks may indicate abuse caused by the closure of both upper and lower dental organs, where bleeding is evident. On the other hand, some type of fractures in the teeth may occur, which is why the dental surgeon has the responsibility of the four "R" which means to recognize, record, report and refer (8). After the review of articles, it was possible to demonstrate a case about a 5-year-old boy who presented a condyloma on the back of the tongue and the mucosa of the palate this leads to the conclusion that the child was a victim of sexual abuse. In case a child tells the professional that he has been a victim of sexual abuse, the dentist has to clean the mouth, the tongue with a sterile cotton ball then it must be dried for analysis in the laboratory (9).

To establish the differential diagnosis of physical abuse, bone diseases, congenital syphilis, osteomyelitis, fractures, hemorrhagic disorders, skin lesions, among others, must be taken into account, within sexual abuse the diagnostic criteria of mental illnesses such as: bipolar disorder, behavior, anxiety, etc. must be taken into account. To differentiate emotional abuse from others, the emotional and mental health of the child's caregivers or guardians must be taken into account (10).

Among the activities that the dentist must fulfill when a case of child abuse occurs are: establishing the diagnosis of child abuse, notifying, working together with a multidisciplinary team, providing adequate treatment and following up to avoid any complication (11).

The studies that have been carried out in several countries on the MI indicate that it is a multicausal problem therefore to know where this child abuse comes from, different investigations have also been carried out in order to know the person who assaults the child and the victim, within the characteristics that the aggressor presents is a low self-esteem, They are anxious, alcoholics, etc. On the other hand, the assaulted child may present deterioration in

health: children who are restless, difficult to control etc. (12).

Another important point is to file the information in a meticulous way, it is recommended to use drawings, photos, x-rays and a good medical history, serving as a vital evidence before the competent authorities and in the hearing before a judge. In these cases, the professional must always keep medical secrecy and discretion to later confirm the diagnosis and perform the corresponding treatment and evaluation. Among the faculties of the dentist is to notify parents or caregivers and warn of the consequences of child abuse, always remembering the rights of children and the obligations of parents (13).

As a health professional (Dentist) at the first contact with the patient, it should be fixed in the physical aspect among them the way of dressing, acting to socialize, their facies, their emotional state and signs of malnutrition, will make a detailed examination, observing the cranial and facial area and placing more emphasis on the oral area (14).

As a next point is to carry out the interconsultations with the specialists that are required, many of the cases need a general practitioner, a clinical psychologist, people specialized in social work, reporting the suspicion of child abuse, who in turn have the obligation to notify the competent authorities who are responsible for initiating the investigation, and evaluate the injuries found by the forensic dentist (15).

The objective was to determine the level of knowledge, attitudes and practices of the pediatric dentist on oral lesions as a diagnostic element of child abuse.

Methods

The present research will be carried out through a qualitative approach, through the compilation and analysis of several scientific articles in which the role of the pediatric dentist in the diagnosis of child abuse has been described and studied by several authors. It is an applied research, which will be aimed at pediatric dental professionals who have different methods to recognize child abuse, depends on the attitudes or skills of many dentists and for its diagnosis it is important to require good updated knowledge on the subject. It is a descriptive study since it will help us to deepen the knowledge about the methods, attitudes and practices of the pediatric dentist on damage in any part of the soft tissues of the oral cavity, this as a diagnostic element of child abuse through an intense investigation and exploration of the types of abuse that exists in such a way that we can obtain sustainable arguments in which it helps us to reach the aforementioned objective.

Scientific articles will be analyzed that direct their study on the role of the pediatric dentist in the diagnosis of child abuse and the relationship that may exist with the behaviors and what the pediatric dentist performs when facing oral lesions being an

important element for the diagnosis of MI, in order to obtain this information a bibliographic search will be carried out using keywords such as: oral injuries, child abuse, violence, negligence, pediatric dentist in scientific bases such as: Pubmed (Medline), Google Scholar, Lilacs, Scielo, Elsevier and JIDA in English and Spanish since 2017.

Inclusion criteria

Journal articles indexed with reproducible methodology and reliable results, found in the databases and language mentioned above, as well as documents or postgraduate theses that focus their analysis on the attitudes of the pediatric dentist in a case of child abuse, longitudinal studies related to the types of child abuse that the infant can suffer and the consequences that it entails and that study the level of knowledge of pediatric dentists as of 2017.

Exclusion criteria

Excluding works such as: undergraduate theses, clinical trials, repeated, incomplete articles, cross-sectional studies, articles that do not speak or are related to the proposed topic and articles presented before the mentioned year with information obtained from non-indexed sources, articles with biased results due to mismanagement of variables.

Results

The present bibliographic research of descriptive type, which aims to define the level of knowledge of the pediatric dentist to diagnose child abuse, can argue the main findings found in the reading and analysis of the different scientific articles investigated, which can reach that the main clinical signs of child abuse in the dental area is the presence of a disease in the oral area and presence of plaque and inflammation of the gum, indicating the close relationship between abuse and/or neglect and poor oral hygiene and health.

On the other hand Gutiérrez et al. (16) in their research identified that the suspicion and notification of cases vary between different studies, the absence of knowledge to know that we are facing a case of child abuse is the first drawback that arises, as a second point when making an erroneous diagnosis makes it difficult to reach the definitive diagnosis, The third is the lack of notification of the cases identified by the fear of statements in court, the fourth is the absence of follow-up interconsultations with the multidisciplinary team and the last is the lack of motivation on issues of social interest by medical teams.

Additionally, Doria et al. (17) in their study introduced that the role of the dentist lies in performing a thorough anamnesis, thorough medical history, and documenting the signs found through photographs, drawings, Rx, etc., to make a correct differential diagnosis. Perform the physical examination that includes the date on which the injuries occurred, refer to specialists if necessary,

notify the competent authority for the subsequent expert assessment of the forensic doctor, in case of initiating a judicial process and inform the family of the consequences that this causes.

According to research there are several types of child abuse and neglect, this article focuses particularly on the following types:

Dental neglect

Regarding dental neglect Pérez et al. (19) Considers "dental caries", those diseases of the periodontium that if we overlook and are not treated quickly can cause some kind of discomfort or pain, accumulation of pus, even loss of function, on the other hand, communication, learning of the child, The difficulty in feeding will be impaired.

Based on an investigation founded by Gonzalvo (20) within the indicators of child abuse is physical abuse (bruises, bruises, etc.), within the external signs of sexual abuse is to wear torn clothes, with blood, another important sign is difficulty walking, however, emotional abuse is defined as verbal hostility in the form of insult, The child is extremely aggressive or may exhibit extremely adaptive behaviors, etc. On the other hand, we have emotional abandonment is when the basic psychological or emotional needs of the child are not met and finally dental neglect that corresponds to the lack of treatment by parents in the face of an untreated caries injury or oral infections.

Additionally, Iglesias et al. (14) mention that there are several consequences that this problem called child abuse brings, among the most common are: Aggressiveness or feeling of hatred, learning problems, the child may suffer some type of depression, stress, even have problems with drugs, etc. Traditionally, mothers are responsible for the care of children, and therefore have the role of teaching a good habit of oral hygiene. Studies show that children who have high average dental caries are children who have been abandoned or who have drug addiction problems.

However, it is recognized that the pediatric dentist has a very important role and his ability to identify the signs of a child who is suffering from child abuse, are excellent for the mitigation of the aforementioned problem, so it is encouraged that through informative talks the aforementioned personnel are continuously trained recognizing that the prevention and promotion strategy are the most important to stop the incidence of child abuse (6).

Role of the pediatric dentist

1. Know about the criteria that diagnose child maltreatment, as well as the risk factors that can be recognized by the pediatric dentist (8).
2. Assertively handle cases of child abuse and in turn encourage relatives to deal appropriately with the child (8).
3. Notify the competent authority of cases raised or suspected thereof (8).
4. Work with a multidisciplinary team to provide quality care and warmth (8).

5. Promote prevention strategies at home and in the environment surrounding the child (8).
6. Ensure doctor-patient secrecy (8).
7. The pediatric dentist has the responsibility to prevent situations of child abuse (8).

Discussion

The present research was carried out to determine whether dentists are able to detect cases of child maltreatment based on a series of research in scientific articles, information collected from postgraduate projects on how to act in confirmed cases of child maltreatment (20). It is difficult to address MI, since, although the prevalence and incidence of MI are high, the exact number of cases is unknown and there are no established protocols that diagnose and report this type of situation. Despite the great relevance of the problem, it has been seen that child abuse implies a lot of uncertainty in the different studies published in the field of dental care (21).

Child abuse is a worldwide problem that is given little importance and that the pediatric dentist must be more aware of his moral, legal and ethical responsibilities to identify and report MI, on the other hand understand the different types of abuse existing and the consequences they have, including the death of the child. However, we can relate the injuries present in the face and mouth of a child with some act in which a physical force has been used and thus cause pain; some of the MI indicators could be said to be easy to identify by a trained professional (19).

According to perception, physical aggression can be recognized by dental trauma and injuries to the soft tissues of the oral cavity (22). The corresponding studies speak of the oral cavity where lesions can be found in the oral mucosa and where the soft palate connects with the hard palate, it can also be accompanied by tearing of the lingual frenulum (23). In the literature according to Planells del Pozo and Gallegos López, they distinguish some risk factors for child abuse among them: social, family. (24)

However, a type of neglect is dental neglect on the part of parents in seeking and following the correct treatment to achieve a good level of oral health and thus fulfill the corresponding functions, free of pain and infection. These lesions can be found in the orofacial region, so the ability of dental professionals to suspect and diagnose MI is a transcendental issue (25).

Most of the studies reviewed agree on the need to work together or with collaboration between doctors and dentists and highlight the importance of the role of the professional in the care and safety of the child. For the correct diagnosis of the aforementioned signs, a complete preparation of dentists in forensic dentistry is required, in this way to achieve a non-erroneous diagnosis (27).

After the corresponding study of the journals of scientific articles, dental treatment means that the pediatric dentist must be cautious at the time of care so as not to cause damage with the reaction that the

infant may present, being careful not to generate trauma, remember that the performance of the pediatric dentist is an encouragement for the child and in case of witnessing abuse, report to the appropriate authorities (28). When putting into practice what has been learned regarding the techniques of how to carry the attitude of a child during the consultation with the dentist, it is necessary to keep in mind the way of behavior of the child in the situation that is found (17).

Firstly, establish trust with the child, secondly conduct a first interview with the parents as long as taking into account some aspects between them: the interview will be carried out in private, be confidential, accept the explanations of the family and avoid confrontations, use an understandable language when giving information, in a soft and normal tone, After that, a good clinical examination is carried out since the person in charge is the doctor focused on the planning of the child's treatment together with the team in charge of the social occupation (29). Neutrosophy provides a philosophical framework for examining complex and uncertain issues, such as the role of the pediatric dentist in the diagnosis of child maltreatment(30, 31).

Conclusions

It is established that child abuse is the harm to a minor by intentional actions that cause physical, mental injuries among others that can cause death. The dentist through the investigation of the child detects signs so being able to make the appropriate medical history with more emphasis on the area of the mouth and face, this usually happens due to the scarce knowledge about child abuse and abandonment, so it is recommended to study and investigate consciously on this subject.

The initial examination of affected children begins from the moment the child enters the office through the door and the dentist at first glance should make an analysis and have a general impression of the child visualizing their hygiene habits, their development indexes including weight and height, their way of relating, their mood and self-esteem, etc. In addition, detailed physical examination of the face, neck, and throat and a complete and systemic oral examination documented digitally or physically.

Within the oral lesions that indicate sexual abuse can be the infection *Neisseria gonorrhoeae*, chancre, HPV, *Chlamydia trachomatis*, Herpes, marks of bites of the aggressor in oval shape or produced by the tooth themselves, traumatic injuries due to this type of abuse can occur as: bruises, petechiae, erythema especially in the area of transition from the hard to soft palate, Frenulum tear or mouth lacerations, in some cases there are traces of semen or pubic hair in the mouth, ulcers, vesicular pustules, pseudomembranous lesions, cauliflower-shaped pedunculated elevations either on lips, tongue palate face or pharynx.

Finally, any sign of a sexually transmitted disease in a minor should be suspected of child abuse and request through informed consent the authorization of caregivers to perform a smear or swab of the oral cavity as well as a general and detailed inspection of it taking samples from the interdental spaces to look for semen, Prostatic acid, it is important to know that toothbrushing before the examination does not eliminate the evidence of sexual abuse of the minor, such evidence should be handled with great caution together with the competent authorities.

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