

New guidance for assessing bleeding disorders when child abuse is suspected

October 3 2022



In a clinical report issued by the American Academy of Pediatrics and

published online Sept. 19 in *Pediatrics*, recommendations are presented to help guide pediatricians and other clinicians in the assessment of bleeding disorders when child abuse is suspected.

James Anderst, M.D., from the University of Missouri-Kansas City School of Medicine, and colleagues based the recommendations on evidence for pediatricians to distinguish abusive from accidental bruising from an accompanying technical report. For evaluating the possibility of abuse or [medical conditions](#) that predispose children to bleeding/bruising, recommendations include complete medical, trauma, and family histories; screening for unusual or restrictive diets; and a thorough physical examination.

Family and [medical history](#) alone do not effectively predict bleeding [disorders](#). Careful consideration of the possibility of a medical condition causing bleeding/bruising is essential in each case, with specific elements of the history, developmental status of the child, and characteristics of the injury useful for determining the need for laboratory evaluation. Initial testing, when necessary, should be focused on the prevalence of the condition and the potential for each condition to cause the specific findings. Tests should be selected based on their ability to detect specific bleeding disorders and can be tailored based on patient history, findings, and characteristics.

In children with bruising/bleeding concerning for abuse, consultation with [child abuse](#) pediatricians and/or pediatric hematologists should be strongly considered, including [intracranial hemorrhage](#) and especially subdural hemorrhage.

"Children who present with bleeding and bruising concerning for abuse require careful evaluation for the potential of bleeding disorders as a cause," the authors write.

More information: [Clinical Report](#)
[Technical Report](#)

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Citation: New guidance for assessing bleeding disorders when child abuse is suspected (2022, October 3) retrieved 18 May 2023 from <https://medicalxpress.com/news/2022-10-guidance-disorders-child-abuse.html>

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