ACTA SCIENTIFIC DENTAL SCIENCES

Volume 8 Issue 7 July 2024

Case Report

Is Cleft Still a Taboo? A Case Report of Child Abuse in a Cleft Lip and Palate Patient

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DOI: 10.31080/ASDS.2024.08.1870

Received: May 15, 2024

Published: June 27, 2024

Abstract

Introduction: left lip and palate are a frequent and significantly disfiguring congenital anomaly affecting children. Apart from the resulting functional dysfunction, this visible deformity is a major social stigma in developing countries like India.

Case Report: A 3-month-old infant was referred to department of Pedodontics and Preventive Dentistry, Bapuji Dental College and Hospital. Clinical examination revealed unilateral cleft on the right side associated with hypertelorism. The child appeared emaciated along with atypical injuries about which the parents failed to provide suitable answer. After a detailed examination, it was suspected that the child was a victim of abuse. The child was sent to pediatrician for further investigation and diagnosis on malnourishment and abuse. A follow up phone call revealed the demise of the child a day after the dental visit and parents denied further follow up.

Conclusion: In the Indian context child abuse needs serious consideration, particularly among the underprivileged rural and urban communities, where child protection systems are not well developed. Supporting parents through counseling, reinforcement of positive attitudes, education about available treatment options and appropriate training to pediatric dentist in timely recognition of child abuse will not only break this vicious cycle but also can save a precious life.

Keywords: Cleft Lip; Cleft Palate; Child Abuse; Atypical Injuries; Social Stigma

Introduction

Cleft lip and/or cleft palate (CL/P) affects approximately 1 out of every 600 newborns globally. Recent meta-analysis of hospital-based surveys estimated the prevalence to be 1.3/1000 total births in India [1]. Even in the 21st century cleft lip and palate still exist synonymous to social stigma and discrimination causing parents to go through embarrassment, shock, shame, disbelief, financial burden, and even a feeling of guilt at the same time. The social stigmas and myths associated with cleft lip-palate and craniofacial anomalies often results in parental detachment with the child, societal discrimination, ridicule, stigmatization, abandonment of the child and increased chances of infanticide [2]. Despite the rising numbers and devastating consequences of child abuse, cases often go unrecognized by dental and medical professionals. The present case report describes a girl child with cleft lip and palate who was suspected to be abused by her parents which culminated in her death.

Case Report

A 3-month-old girl with unilateral right sided cleft was referred to Department of Pedodontics and Preventive Dentistry, Bapuji Dental College and Hospital by pediatrician for fabrication of feeding plate. Extra oral examination showed unilateral cleft involving nasal floor, lip, alveolus and palate on the right side, collapsed right nasal alar rim, absence of columella on cleft side and hypertelorism. (Figure 1) Intraoral examination showed cleft involving alveolus, hard and soft palate with a defect of 1.5 cm in the right side. (Figure 2) Though this was an evident case of cleft lip and palate, the child appeared to be malnourished, measured by the following- weight of 3.5 kg, decreased chest circumference for the age, stunting, muscle wasting of the limbs, distended abdomen and weaning of cheeks. (Figure 3) The child presented with some atypical injuries, both intra and extra orally. A thorough examination was done beginning with child's lips and proceeded in a systematic order to other parts of the oral cavity. General examination revealed a healing tie mark

seen on the left hand, above the wrist (Figure 4A), three healing probable burn marks on chin region (Figure 4B), multiple healing pinpoint marks on dorsal aspect of right hand (Figure 4C). Intra-oral examination revealed two vesicles at the right side of the tip of the tongue, large ulcer with surrounding inflammation at the middle of the palate and bleeding from the left prolabium (Figure 5).

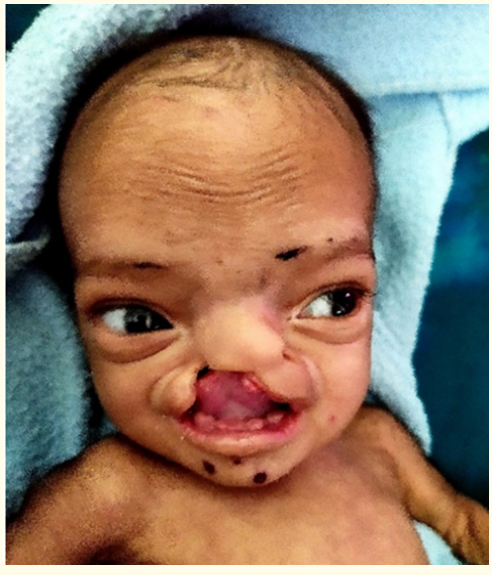

Figure 1

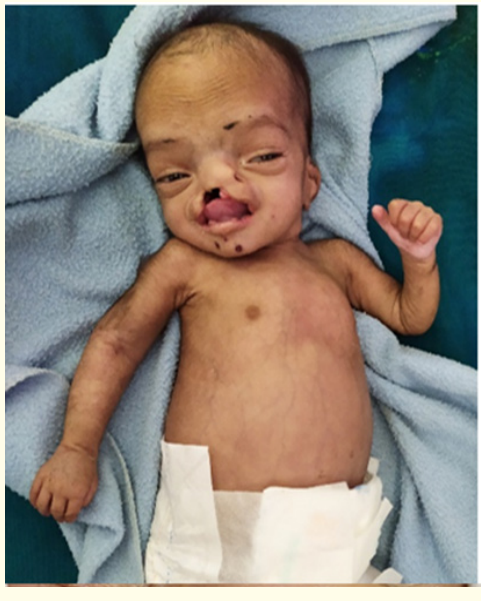

Figure 2

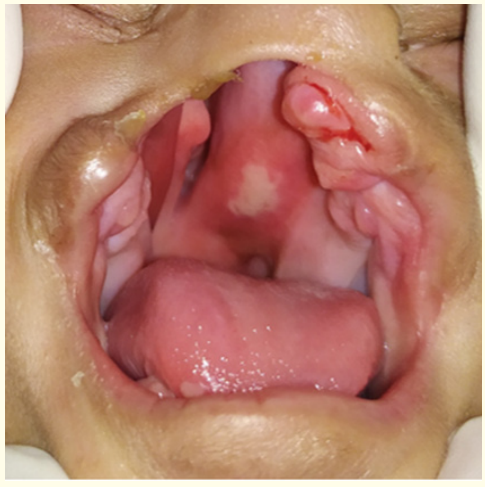

Figure 3

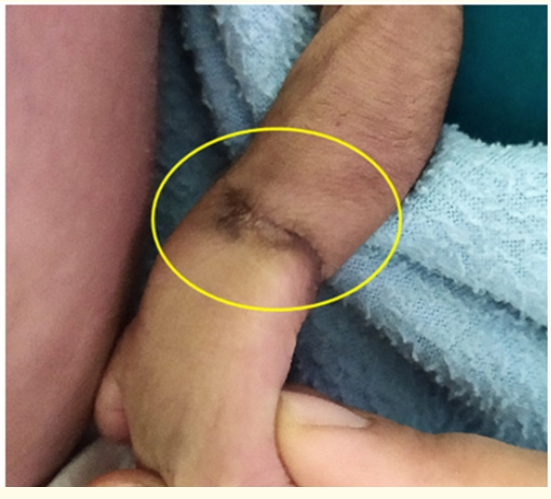

Figure 4a

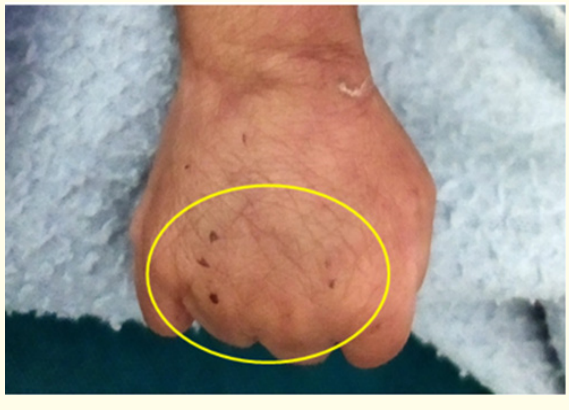

Figure 4b

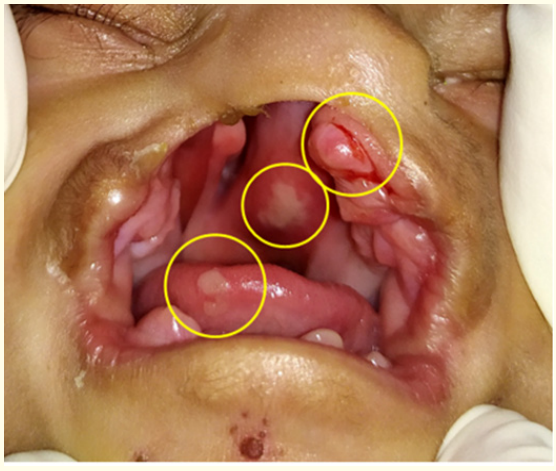

Figure 4c

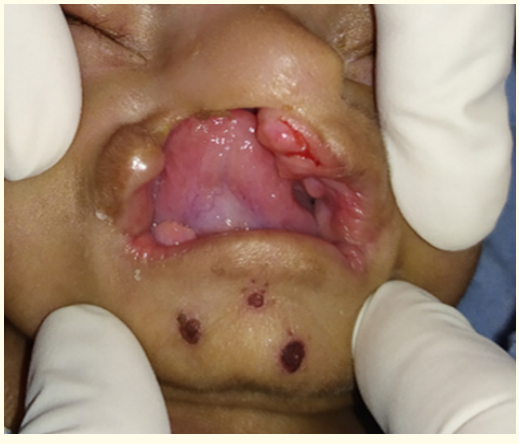

Figure 5

After suspecting child abuse the first step was to educate the parents about the treatment options and prognosis of such cases to increase their understanding about the deformity and instill a positive attitude towards betterment of the child's development and upbringing. Reinforcement of recommendations to the parents was planned during subsequent clinical visits. The child was sent back to her pediatrician to assess possible malnourishment and child abuse the same day. Follow up phone call revealed demise of the baby one day after the dental visit and parents refused further follow up.

Discussion

The Center for Disease Control and Prevention (CDC) defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child [3]. According to the National Child Abuse and Neglect Data System (NCANDS), child protective service agencies received an estimated 4.1 million referrals involving approximately 7.5 million children. Statistics on child abuse reflect only those cases known or suspected, and all studies struggle with the component of the unknown. The Child Maltreatment report noted that, of the victims reported, 74.9% suffered neglect, 18.3% suffered physical abuse, and 8.6% suffered sexual abuse [4].

Although very much prevalent, child abuse is still a stigma in India. Infanticide or abandonment is specifically a problem in case of child with CLCP born in a country without proper access to cleft care, social support services, or child legal protection. India was 2nd among 27 countries in documented cleft-related infanticide reports (14%) [5]. The common superstitious beliefs associated with CLCP in India are sins of the past life, holding sharp objects such as knife, scissors, and needles during solar eclipse, evil act by parents/grandparents, karma, reincarnation, curse on family, witchcraft etc. These superstitious beliefs along with lack of knowledge about the treatment choices stops the family members from seeking early treatment [2].

According to Indian Academy of Pediatrics nourishment guidelines, in this case the weight, height and head circumference of the infant was below 3rd percentile, which signifies infant was severely malnutritioned [6]. Child nutritional neglect can lead to malnourished children especially in the developing countries. Moreover, the child when handled was rarely crying, a sign of passivity which is one of the prime features of severe malnutrition [7]. Stunting and wasting showed by the baby are another two important indicators of chronic malnourishment [8].

Infant had ligature mark on wrist, scalding of tongue tip, lacerated prolabium, ulceration of the palate and multiple healing injuries on hand and chin, all of which were atypical and unrelated. Upon questioning about the possible reason behind scars parents failed to provide suitable answer which indicates possibility of abuse. According to studies children under the age of 3 years are most commonly affected by oral injuries which is true for this case [9,10].

The incidence of non-accidental injuries is unfortunately high in infants. The present case is example of such injuries which provides the tangible evidence. Of inflicted injury to an infant and differentiates it from accidental injuries. According to a study on bruising characteristics of abused children versus accidental injuries found clear evidence that the following should be considered a red flag and serve as an indication for possible physical abuse: bruising without a clear confirmatory history for any infant not

cruising, cheek, eyelid, subconjunctival hemorrhage (TEN FACES) region of a child younger than 4 years old (TEN-4 FACES clinical decision rule).[11] Suspicious burn pattern in this case are that burn marks which have typical uniform depth, clear lines or demarcation and symmetric.

In a country rife with gender inequalities and an underlying nature of patriarchy, in many parts of India, the birth of a girl child is not welcomed and 70.57% of girls reported having been neglected by family members [12]. This can be a major contributing factor in this case.

Poor socioeconomic status and illiteracy of the parents also increases the chances of abuse specifically in case of child with disabilities [13]. In the present case the parents were of lower socioeconomic status and deprived of secondary education.

Conclusion

Several developed countries of the world have well-developed child protection systems, primarily focused on mandatory reporting, identification and investigations of affected children, and often taking coercive action. In these contexts, the problems of child abuse and neglect in India need serious and wider consideration, particularly among the underprivileged rural and urban communities, where child protection systems are not developed-or do not reach. Creating awareness and providing proper training to the medical and dental practitioner will not only help to break the vicious cycle of abuse but also make sure that no infant has to lose his/her life so early.

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