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Forced suffocation of infants with baby wipes: A previously undescribed form of child abuse

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Abstract

Background: Foreign body aspiration in children is commonly seen in emergency departments and carries a significant mortality. Abusive foreign body suffocation is not well described.

Methods: We present a case-series of four infants who presented with aspiration of a baby wipe.

Results: Each child was found to be a victim of child physical abuse with substantial morbidity and mortality associated with the aspiration of the wipe and associated injuries.

Conclusions: We recommend that infants who present with a baby wipe aspiration should be considered as likely victims of child abuse and physicians should evaluate each infant for associated injuries of the oropharynx, skin, skeleton, and head.

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Introduction

Foreign body aspiration is a common cause of morbidity and mortality in young children. In 2000, the Centers for Disease Control reported that ingestion or aspiration of a foreign body was responsible

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for 160 unintentional deaths and more than 17,000 emergency department visits for children younger than 14 years of age in the United States (CDC, 2002). While the vast majority of these events occur by unintentional mechanisms in toddlers, there are case reports in the literature of abusive suffocation of children with objects or substances. Coins (Nolte, 1993) and black pepper (Cohle et al., 1988) have been reported as abusive foreign body or substance ingestions.

We were unable to find previous reports of aspiration of a baby wipe in young infants. We present case examples of four young infants intentionally suffocated by a baby wipe.

Case reports

Summaries of the four cases are found in Table 1. Overall, all four infants were of similar age and had significant associated findings including fractures, bruising, and pharyngeal lacerations and abrasions. Two of the four infants died as a result of the aspiration event, one immediately, and one secondary to long-term neurotrauma. Three of the four cases had a legal outcome, each of which resulted in a conviction or guilty plea. Details of the four cases are described.

Case 1

A 4-month-old male infant was being cared for by his father. He stated that he had used a baby wipe to clear the infant's mouth because he had been choking and gagging on an object. The infant then inhaled the wipe, and when the father had tried to remove it, he had pushed it in further. He then had called Emergency Medical Services (EMS), and the child was transported to the hospital. The doctor in the Emergency Department (ED) removed a balled up baby wipe from the posterior pharynx with a hemostat and a laryngoscope. The child was admitted overnight for observation. From a respiratory standpoint, the child improved without difficulty. Because of concerns about child abuse, the pediatrician obtained a skeletal survey and head computerized tomography (CT) scan. This evaluation found numerous classic metaphyseal lesions of the left and right distal femurs, proximal right and left tibias with periosteal reaction, and right and left distal tibias. No head injuries or retinal hemorrhages were found.

Child protective services and the police were notified of suspected abuse, and the child was placed in foster care. The father never admitted to causing the injuries but was found guilty of assault.

Case 2

A 4½-month-old male infant was found by his father not breathing. He reported to have given the infant some rescue breaths and had attempted a Heimlich maneuver before rushing him to the hospital. On arrival in the ED, intubation was attempted, but a full baby wipe was removed from above the epiglottis. A posterior pharyngeal laceration was noted at the time of intubation. Subsequently, the father and mother provided a series of explanations for the presence of the baby wipe and the laceration. He was extubated on the third hospital day. A head CT scan showed no intracranial bleeding, but had some evidence of hypoxic injury. A skeletal survey showed multiple bilateral healing rib fractures (right 3–8, left 6–8) that were about 1 month old. Child protective services was notified of suspected abuse.

The infant continued to improve clinically, but on the 12th hospital day, he had a large amount of bleeding from the posterior pharyngeal tear and aspirated blood. He was re-intubated, but due to worsening

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