



E3 Two Cases of Acute Drug Poisoning in Children: A Form of Life-Threatening Neglect

Caterina Petetta, MD, Sezione di Medicina Legale DSSPP, C So Galileo Galilei N 22, Torino 10121, ITALY; Serena Maria Curti, MD, Sezione Medicina Legale DSSPP - Univ. TO, C So Galileo Galilei N 22, Torino 10121, ITALY; Francesco Lupariello, MD, University of Turin - Legal Medicine Section, Corso Galileo Galilei 22, Torino, ITALY; Sara Simona Racalbutto, PsyD, Department of Pediatric Emergency, Turin, Piazza Polonia 94, Torino 10100, ITALY; Elena Coppo, MD, Department of Pediatric Emergency, A.O.U. "Città della Salute e della Scienza," Turin, ITALY; Janet B. Duval, MSN, 9383 E County Road, 500 S, Greensburg, IN 47240-8138; and Giancarlo Di Vella, MD, PhD, University of Torino, Dept Public Health Sciences, Sezione di Medicina Legale, Corso Galileo Galilei 22, Torino 10126, ITALY*

After attending this presentation, attendees will better understand the necessity of recognizing and promptly reporting a potential child maltreatment situation. Timely intervention may prevent further abuse of a minor and provide protection to safeguard the child's well-being.

This presentation will impact the forensic science community by highlighting that child abuse includes not only child sexual abuse and maltreatment, but also child neglect, which is the most common form of child abuse, although it is not always easy to identify or to prevent.¹

Cases involving physical violence and sexual abuse typically receive much public attention, but in cases in which minors are not subjected to these obvious signs of injury, they may be overlooked. Without careful assessment and examination, undetected problems and the associated consequences often interfere with the child's psycho-physical development. It is often easier to identify young victims of potential abuse and to facilitate their referrals to a dedicated center for diagnosis and follow up; however, children who live in socially disadvantaged families should be supervised with greater attention by social services, health professionals, or judicial authorities. It is vital to ensure the involvement of special social services who can intervene when parents are unable to properly care for a child, ensuring their development and protecting their well-being.

In literature, child neglect does not have a unanimously recognized definition. It is typically defined as a deficit in meeting a child's basic needs, including the persistent failure to provide health care and to protect the child from exposure to any type of danger which could cause serious, long-term damage or even death. Other examples of neglect include incidents that result in significant health damage or create developmental delays in the absence of organic causes.² An unusual type of neglect is the lack of supervision of children who may severely endanger their lives by merely touching or ingesting their parents' drugs or abuse substances.

This presentation will describe two cases of life-threatening child neglect due to acute drug intoxication which were observed in the dedicated child abuse unit called "Bambi," located within Ospedale Infantile Regina Margherita (OIRM), a pediatric hospital in Turin, Italy. Exhibiting severe clinical symptoms, these young patients required hospitalization in the pediatric hospital. The first case involved a 9-month-old boy who was brought to the pediatric emergency unit with hyporeactivity and hypotonia. No circulatory or respiratory problems were observed. Questioning the parents led to a suspicion of the ingestion of a piece of cannabis that had fallen to the ground during a meeting with friends. This was confirmed by the detection of high levels of cannabinoid derivatives in the child's blood and urine. The parents, both unemployed, were shocked because they thought their baby had eaten a dog biscuit while crawling, and had not taken any action.

The second case involved a 4-year-old boy who was transferred from an outside hospital to the Intensive Care Unit of OIRM in a coma with a marked bilateral miosis and intubation due to acute respiratory failure. At first, he showed mild reaction to painful stimuli and hematochimics with increased transaminases. Subsequently, his symptomatology ameliorated; the lethargic baby began to awaken and was discreetly oriented in time and space with spontaneous breathing. Therefore, he was extubated and brought to the pediatric emergency unit where his clinical condition continued to improve. As the child manifested respiratory insufficiency, pin-point pupils, and coma, clinicians immediately suspected an acute opioid intoxication. It was confirmed from a detailed clinical investigation that revealed the young patient had put three transdermal fentanyl patches, used by his grandfather suffering from cancer, on his body while his parents were not present.

Through these two illustrative cases, this presentation underlines the importance of paying attention not only to child maltreatment or sexual abuse, but also to child neglect situations, which may be very dangerous or fatal for children left without supervision.

Reference(s):

1. Bovarnick, Silvie. Child neglect: Child protection research briefing. London. *NSPCC*. 2007.
2. Di Blasio, Paola. *Psicologia del bambino maltrattato: Aspetti della psicologia*. Italy, 2000.

Child Abuse, Child Neglect, Drug Poisoning