

Shaken Baby Syndrome

Source: New Mexico's Aging and Long-Term Services Department. Funding from the State of NM and US Health Resources and Service Administration. Used with permission.

Video Link: <http://www.brainline.org/content/multimedia.php?id=3005>

[Music]

Narrator: Detection of TBIs of any severity in young children is more difficult since they are often unable to articulate their symptoms. This is particularly true in cases of shaken baby syndrome or non accidental trauma.

Nicholas Theodore, MD: Shaken baby syndrome is a devastating trauma inflicted upon a child through the rapid to and fro motion of actually shaking a child and with or without a head strike. The presentation of that child can be anything from a listless child to a child who's in a coma. The diagnostic criteria for that include the evaluation of retinal hemorrhages. This is a devastating injury and can include presentations ranging from nausea, vomiting and lethargy to frank coma.

Neera Kapoor, OD, MS, FAAO: Hemorrhaging in the brain and the retina are very common because of the disproportionate size of the skull and the brain relative to the infants body. In addition because it's still developing and growing the [inaudible] are very prone to sheering. The retinal blood vessels you'll find massive retinal hemorrhaging, pre-retinal and inter retinal. In addition you're going to find traumatic retinal skesis which is also hallmark of shaken baby syndrome.

Nicholas Theodore, MD: The global assessment of a child who has suspected non-accidental trauma includes evaluation by pediatric or forensic pediatrician, ophthalmologist, radiologist to look for long bone injuries and remote injuries which the child may have sustained. These are patients who are in extremous and the diagnosis is critical so that the patient is not placed back into a situation where additional harm can occur.