

REFERENCES

1. Lockman LA. Absence Seizures. *In: Swaiman. KF. Ed. Pediatric Neurology. Principles & Practice. 2nd edn. Missouri: Mosby; 1994, p. 531-535.*
2. Johnson MV. Seizures in childhood. In Behrman RE, Kliegman RM, Jenson HB. Eds. Nelson Textbook of Pediatrics, 17th edn. Philadelphia: Saunders 2004; p. 1993-2005.
3. So EL, King DW, Murvin AJ. Misdiagnosis of complex absence seizures. *Arch Neurol* 1984; 41: 640-641.
4. Rosenow F, Wyllie E, Kotagal P, Mascha E, Wolgamuth BR, Hamer H. Staring spells in children. Descriptive features distinguishing epileptic and non-epileptic events. *J Pediatr* 1998; 133: 660-663.

Child Abuse - Where do we Stand Today?

A 5-year-old boy from a well- to-do family was brought by his father and stepmother with fracture right tibia, severe malnutrition, multiple abrasions, bruises, scars, hemiparesis, psychomotor retardation and old fractures in both ulnas and right humerus. A convincing explanation regarding the mechanism of injuries was not forthcoming. Skeletal survey, bone scan and MRI showed 15 fractures involving ribs, metacarpals, mandible, ulnas, right humerus and right tibia of varying ages and old subdural hematomas. Brittle bones disease and neuropathy were excluded by appropriate investigations. The child showed remarkable improvement in nutrition and psychomotor status when shifted to his grandparents' house on our advice. A medicolegal report and involvement of social organizations yielded no action and he again deteriorated when he was reallocated back to his parents four months later. It required the intervention of the court and human rights organizations to grant custody of the child to the parents of the (deceased) biological mother after which he is doing well.

The legal position of abused children in our

country is ambiguous. The cases that reach hospital represent the very tip of the iceberg. A pediatrician's role in the management of such cases is also not clearly defined and remarkable commitment is required to ensure that the child receives the necessary protection and support(1). Social organizations are also at a loss to deal with such situations without legal backing.

The CANCL group of the Indian Academy of Pediatrics is a positive step towards addressing the problems of these unfortunate victims of household violence(2). It would be appropriate if clear guidelines are provided to the pediatrician and other agencies such as police and social organizations (through enactment of legislation) in the management of suspected /confirmed cases of child abuse.

R.G. Holla,
Arvind Gupta,
Department of Pediatrics,
Army Hospital (R & R),
Delhi Cantt 110 010, India.
E-mail: rgh1@sify.com

REFERENCES

1. Nair MKC. Child abuse. *Indian Pediatr* 2004; 41; 319-320.
2. Srivastava RN. IAP and Child Abuse and Neglect and Child Labour (CANCL), Editorial. *Indian Pediatr* 2003; 40: 1127 -1129.