

When Bruises Don't Add Up: Abuse and it's Mimics - Pediatric Grand Rounds-4-24-2026-Meeting Recording

April 24, 2026, 12:29PM

54m 51s

● **Calderon, Delia** started transcription



Calderon, Delia 0:19

Hey, good to go.



Seaworth, Hema L 0:23

It is 730, so we are going to go ahead and get started. Just a reminder that the code for CME credit is in the chat box, and so make sure to log your attendance and get credit for being here this morning. I'm excited to introduce today's speaker. Dr. Reyes Ruiz is a child abuse pediatrics fellow at the Center for Miracles.

He earned his medical degree from San Juan Bautista School of Medicine in Caguas, Puerto Rico, and completed his pediatric residency at the University Pediatric Hospital in San Juan. He then relocated to San Antonio to pursue specialized training in child abuse pediatrics. His clinical interests include

the prevention of child maltreatment and the care of abused children, particularly those presenting with burns, bruises, and abusive head trauma. Throughout his fellowship, he has been actively involved in community education and in developing and supporting child abuse prevention initiatives in San Antonio. He's committed to advancing child safety and improving outcomes for vulnerable children.

After completing his fellowship, Dr. Reyes Ruiz will return to Puerto Rico to establish child abuse pediatric services at the University Pediatric Hospital in San Juan. He will also collaborate with the child protection team at UF Health Jacksonville, supporting multidisciplinary efforts to improve the evaluation and care of children at risk for abuse.

Go ahead and get started.



Reyes-Ruiz, Daniel E. 1:54

Hello, good morning to everyone. Thank you for being here early this Friday. My name is Daniel Reyes. So the title of my presentation today is When Bruises Don't Add Up, Abuse and It's Mimicked.

Start with the presentation.

The first, the objectives of the presentation, we're gonna start recognizing. and managed sentinel injuries. We're also going to apply 10-4 faces P tool to evaluate bruising patterns that raise concern for abuse.

We're going to also learn how to differentiate abusive from accidental patterns of bruises, recognize mimics of abusive injuries, or that can mimic abusive injuries, and also determine when diagnostic testing is indicated.

So why does this topic matter? Child abuse remains to major cause of morbidity and mortality in young children. Infants have the highest rate of abuse and fatality in the US. And most of these deaths are in children less than one year old.

Bruises are often the first sign of abuse in infants and toddlers, and failure to recognize these injuries may allow ongoing abuse to continue or more severe abuse or fatal abuse to happen.

Clinicians must distinguish, should distinguish between abusive injuries from accidental injuries as well as other medical or dermatologic mimics that can show too. And then early identifications allows for a timely protection of the child and also intervention in the most vulnerable children.

Those bruises, what are they and how they happen?

We need to start knowing first what are bruises. So bruises are, it's bleeding, meaning intact skin when something causes blood vessels to break. So the first mechanism for a bruise is blunt force or impact. In this picture is here that we that we see. This child here on the left side, this will be an example of an impact to the face. We can see here there are several linear, horizontal linear petechial bruises on the left side of his face. This probably looks like a slap mark.

So this mechanism will be a blunt force or impact. Then we also have crush forces.

This will be an example of crush forces. And then also we have traction forces, which can be anywhere from hair pulling or anything.

that goes on the top of the head and then due to tracking, due to gravity, there's the bruise can go down the forehead and also can pull in around the eyes or underneath the eye.

So bruises are very common and particularly in mobile children, as we all know, and often they're noted accidentally during health visits when children present for other complaints.

A bruise is just not a bruise.

Before we even get into talking about if bruises are concerning or are not

concerning, we need to speak sort of the same language. When you see a bruise, first we don't, we sort of start to jump to conclusions and to start thinking about what happened. But the first thing about it,

as providers is to start describing it. Where is it? What's the shape? What's the pattern? If there's any clustered.

So they spread the ruses, the location, specifically the anatomic side, a ton of bony or a protected area, the shape, the pattern, also

And then another important part of describing A ruse is its characteristics, so the size, the color, if it's petechial or diffused, if it's focal or if it's extensive, is there any other underlying or overlying injury that

that sort of explains also, or you can talk about it during while describing the bruise.

So specifically this bruise, as we would describe it or would document it on the medical record, it will be a several petechial linear pattern bruises to the left side of the cheek.

ending to the ear. That will be a sort of a explanation that we would, or a description that we would write down on the medical record.

So another question, we also, and a lot is, we can't date bruises. So the color of the bruise is, cannot tell us the age or when did the bruise occur.

Bruises or the appearance of the bruise depends on the skin color of the individual, the force or the duration of the impact, if there was any, the presence or the absence of, if there was any prior injury.

how deep were the tissues injured, the type of object that caused the injury, and also how the body responds to the injury. Everybody, everybody's body is different and everybody responds different to, I'm sorry, to

Two injuries.

Mary is going to talk also about Sentinel in this.

What are sentinel injuries? So sentinel injuries are an unexpected medically minor injury in a non-modal infant. So what I want to talk about sentinel injuries is because here in the clinic and during on-call week and a lot of calls of a lot of injuries that are sentinel injuries.

So, sentinel injuries are visible to caregivers and are often considered minor because they typically heal quickly without any medical care. These injuries can precede, the important part is that they can precede or co-occur with other more severe abusive injuries. And the evaluation of these injuries should include assessments for bleeding disorders and also other non-abusive causes.

Sentinel injury.

Recognizing simple injuries provides an opportunity for early intervention, and then careful history and physical exam are essential in these cases.

This is an important paper done in 2003. This is the paper that started talking about sentinel injuries. So most of the sentinel injuries, if we see here, 80% of the sentinel injuries were bruises. Others

Eleven percent were in for all our injuries, and then we have a 30% that was...

AH.

recorded at 7%. But the important part here is that from this cohort, 27% of children who were abused had sentinel injuries or had presented before in their life with sentinel injuries.

Most of these children were three months, less than three months of age. And the other important finding in this paper is that from all of those children that were abused and the 27% that had sentinel injuries before in their life, 41.9 or almost 42% of them medical providers were aware that children had sentinel injuries and most of them were not

Reported, and no evaluation for abuse was done, no work done.

As I said, these injuries or sentinel injuries are not minor. They are early warnings that can tell us to evaluate and to check for injuries or evaluate early in life.

Nope.

As clinicians, as providers, we face several barriers in recognizing and acknowledging sentinel injuries. So we might think that abuse of an infant is something that's unthinkable, that injuries are minor and they are trivial.

It could be also lack of awareness of what does the bruising significance. And there's also bias. Families are perceived to be at low risk of harming their babies, their infants.

And there's also the ABA bias when we think that could be anything but abuse. Let's talk a little bit more about this. So what's ABA bias? It's a very uncommon bias. It's hard to bias. It's when it's hard to understand how someone could hurt a young child. It's much easier to understand that accidents happen, and especially when a bruise is very small or the injury is very minor.

Providers may also not want to report because they have a good relationship with the family or because they have a good feeling about the caregiver. Those are all reasons for this bias. And also sometimes because it's less work.

So, we're gonna talk our our face our first case. So, here we have a four-week old

presented to the PCP due to upper respiratory symptoms.

Physical exam showed a subconjunctival hemorrhage.

And the EMR and the EMR, it was documented by the provider that the infant had a the subconjunctival hemorrhage caused by the baby himself crying.

AH.

Maybe the patient presented to the ED four weeks later due to blood also in their mouth, four weeks after, and the physical exam showed a frenal and tear as well as a bruise under the tongue. So here we can see

a very subtle subconjunctival hemorrhage on the medial part of the right eye. So this at four weeks old was a sentinel injury. And a baby this age could not have caused or a kid could not have caused this injury to himself. So this at four weeks old, this needed a whole, a complete workup to rule out child abuse or to the workup. And then the baby presented

Four weeks, 4 weeks later, with...

a frenal tear, and also a bruise here, like we can see on the left side of the tongue.

So in this time, we were consulted for the second time, when he was 8 weeks old.

And we are doing a skeletal survey and a head CT and all the workup. The head CT was negative. The skeletal survey showed classic metaphyseal fractures on lower extremities, Richard.

Also, fractures highly specific for abuse, so this is was this is a a.

Good example of a missed sentinel injuries at 4 weeks old, and then at 8 weeks old we have additional injuries.

So we need to talk also what is not a sentinel injury. So some superficial abrasions or temporary redness to the skin in infants is not a sentinel injury. This may occur during normal care and handling of an infant. Examples of this can be infant scratches to the cheek with their nails, compression from an article of clothing, or blood pressure cuff that resolves within hours.

The term sentinel applies only to visible skin findings and does not include occult injuries, for example, rib fractures or any abdominal trauma that may have happened. So you cannot, those skin findings are not visible physical exams, so those are not sentinel.

And then it's important to emphasize that it's not a sentinel injury, a cutaneous injury in an infant or a child who is already cruising or walking.

I want to start off.

Talk about physical abuse.

So when we start talking about physical abuse, to know which differentiate between abusive from accidental bruises, so we need to start thinking about How children interact with the world? Um, if you've seen if you've seen children... playing and during normal childhood play, how do they injure themselves? What part of their bodies come in contact with the world? And also very important, how do injuries change with mobility?

and how they usually fall, all of that. So that's all questions that we need to take into consideration when evaluating bruises.

We're going to start talking about areas that are common for accidental bruises, so the forehead, nose, shin, elbows, the hips, which are areas that are in bony prominences, also the knees and the shins.

Here we have also sort of a couple of

Examples of accidental bruises, so bruises on the lower extremities. Here we can see even a cluster of bruises, but due to the area where it's located, it's an area that's commonly injured in immobile children. Bruises on the arms, and also forearms and then also bruises on the elbows.

There's other examples of bruises, specifically, this is a recent, very recent case of mine. This child was playing around, but this child had maybe, remember, has like four or five siblings that are playing around and...

the child felt forward while playing outside in the court. The part that was also concerning and why they called us was because there was this bruise that also has an abrasion and then there was this linear also abrasion on the on the on the nose in the bridge of the nose. So

This area is also very common. It's like a commonly injured by children while they're playing. And also here on the chin, this is also another area that it's very common for accidental bruises.

Now we're going to talk about 10 for face to speed. This is one of the most helpful tools when we evaluate bruising. This is a clinical decision rule or aid that is designed to identify bruising patterns that are more concerning for abuse, particularly in younger children.

So the 10 specifically means to torso, ears, and neck.

These are locations that when accidental where accidental bruises is very is uncommon, especially in young children. The 4 refers to any bruising in any child less than four months old.

At that age, less than four, around that age, children are not mobile, so the bruising

is not expected and should raise concern.

And then the expanded faces P includes additional areas or high risk areas that shouldn't that are not commonly injured during accident, like accidental bruising. So that will be the frenulum, angle of the jaw, cheeks, the eyelids,

And, uh, so conjunctivate.

So the important part here to remember or the key idea is not that every bruise in this area is abuse. So that's the first that we think, the first thing that we need to think, but that these findings should prompt a more careful examination and the consideration of abuse.

and get more history, get more evaluation to evaluate, to see how that goes.

Um...

So areas of, sorry, we're going to talk about areas that are concerning for abusive injuries, so the chest. So these are all, many of these areas are like the abdomen, the buttocks, the cheeks, are fleshy areas that don't overlie bony prominences.

like the abdomen, genitals, buttocks, the ears. The ears are areas that are also protected on the side of the head. They shouldn't be injured during accidental, during accidents, as accidental injuries. Any intraoral injury, the angle of the jaw, as I mentioned earlier,

and the islands.

So here there are examples of injuries that are concerning for abuse. So there's our bruises, or this can be, this should be described as a cluster of bruises, different cluster of bruises on the chest and the abdomen. These are areas that are that no bone is underneath it, so there's no bony prominences. And there are areas that are also commonly protected. Children put their hands or extend their hands to be able to protect.

Their abdomen and chest.

And also here on this other pictures here, this is an infant. And we can see there's multiple bruises. And most of these bruises, the important part here is that they are patterned. You can see that there's, I think, these are curvilinear bruises, multiple Curvilinear versus around the back.

These are other areas that are concerning for abuse. The ear, and see here in the ear, it can be impacted to that area. It's not very on like are not common to happen on accidental injuries.

It could also, it could also the mechanism for ear bruise can be an impact to the area or also crushing forces, any pinching to that area could also cause the bruises.

These are other other pictures showing.

concerning bruises. So in all of this,

pictures, we need to also get a history and get the context of the pictures. So, for example, this infant on the facial bruise, this is potentially happening during a motor vehicle accident.

or a high velocity impact. But if there's no explanation for that, no history for that, for example, in this child, then, and the rest of the workup, walglopathy workup, bleeding disorder workup is negative, then this injury will be concerning for abuse because there's no history explaining this.

Bruised on a protected area like the face.

Then here we also have this bruise on the abdomen. This is a small baby. This was also a recent case, baby two or three months old with this pattern linear bruise on the abdomen with no explanation and all the work of normal.

So all of this, also these two bruises would be concerning for physical abuse.

These are other examples of other bruises, so on the cheek. And then here, what I wanted to show here is another example of a bruise related to 10 for faces, so on the angle of the jaw, which also would be concerning.

Also another picture of injuries concerning for abuse related to 10 for faces. This is another, I like to show these pictures too because this is a very subtle subconjunctival hemorrhage that could be easily missed on a normal physical exam. And also this same child had this

hemorrhage here and then as she was going to, she was, this is her right eye and then on the left upper eyelid, she had this bruise on her upper eyelid.

And now additional pictures concerning for abuse, but these ones are pattern bruises. So we can see here all of this different

pattern loop shape pattern bruises. So in this picture, you can see that there's multiple pattern injuries, but just by having just one, that will be also just concerning for physical abuse. And then here we also see another

pattern injury in the abdomen of another baby similar to the...

to the picture that we saw earlier.

So now we're going to talk about meanings when it looks like abuse, but it is not abuse.

So most cutaneous mimics can be identified with history and physical exam. There was a study done around

3000 children evaluated for physical abuse. And from all of them, 2.4% of them had cutaneous mimics and 81% with that had a doubt that 2.4% were diagnosed just by the history and the physical exam.

It's important when there's any consideration or any concern that this can be a mimic, the injuries, to consider additional diagnostic testing and then also referrals to specialists, including dermatology, ID, and that might be helpful.

for patients and to get to the bottom to see if it's a mimic or not.

So, we're going to talk today about skin conditions. We're going to also talk about common bleeding disorders, and also we're going to talk about other conditions like iatrogenic bruises, Henoch-Schönlein purpura, urticaria, pigmentosa, neuroblastoma, garment, bed lines, and also stretch marks. I show pictures and how all of that, all of this, and the skin conditions and the common bleeding disorders can mimic abuse.

Okay.

So the first one, CDMs or congenital dermal melanocytosis. So it's very, it depends on the, it's more common in African-American than more common in Asians and in Hispanic and Caucasian patients.

As we all know, they usually fade during childhood, but it may persist into adulthood. It's usually on the lumbosacral area, what we've seen on the upper back, shoulders, even on the feet.

They are caused by their more melanocyte deposition and the difference is they're benign, they're flat blue gray color patches. And so let me make sure you hear another pictures of them. So we get a lot of calls regarding CDMs and a lot of questions is there.

TDMs or bruises. TDMs are one of the most difficult to know at the moment. So what we usually recommend and what we do is that we...

see the children in a week, seven weeks, 7, nine days. And if the bruises are gone, if the injury is gone, then they were bruises in the initial, when we initially saw them. If they're still there, then there are CPMs because

CVMs, as we all know, don't go away so fast.

We also see hemangiomas or benign vascular lesions that can appear red, purple, or bruise-like. They follow a predictable course, so they grow in infancy, and then they have a gradual involution. And the clues are that they have well-defined borders. and the persistence and the evolution over time. So this one is the one that's more, it's more diffused, but specifically this examples right here, this one here might be also easily missed.

by a bruise, also because of the location. This will be, this is the ear, this will be the cheek. And here this is the lower extremity and this could also be missed for a bruise. We also have, we also have phytophotodermatitis. So this is a case of a 20-month-old with skin lesions noted the day after a BBQ at family picnic. Mom was preparing margaritas and the child was playing nearby with family members. And also there was prolonged sun exposure.

So you can see here in this area the outline of mother's fingers.

That's because she was holding her hand. Sorry, it was a boy.

Sulphytophotodermatitis, also phototoxic reaction from plant and exposure plus sunlight. The lesions are often irregular, often linear, streaked, and So, they have erythema and blistering, and later it can show hyperpigmentation. And the clues specifically for this.

findings is the exposure history to the sun and the distribution and also the... reaction also with any type, any citrus, as I said before, any oranges, grapefruit, or any other of parsley, parsnip, figs, carrots, all of these ones could cause the reaction. So now we're going to talk about common bleeding disorders. So ITP is a very common bleeding disorder that can be mistaken or it can be misleading for abuse. There can be multiple bruises in different areas, often without clear trauma history. They may appear widespread.

Fred.

Maybe they can be accompanied by and also mucosal bleeding, and the pattern and the number of bruises may not correlate also with the history.

And see Bruce's.

Similar to this one, NITP.

There's also ruses similar, more severe, like this one, so it could also be misleading for abuse.

You also see it with hemophilia, which there's bleeding after minimal or no trauma. It may involve the joints and look more severe, more severe because it includes joints, muscle, or any mucosal site. And the pattern

Of the injury may not match the reported mechanism or the reported history by the parents.

We also see it a lot with mimics with von Wilbrand disease, which causes easy bruising, if you're going to with mucosal bleeding, at these taxes, gingival bleeding, and the

Bruises may be diffuse multiple around the body and also very recurrent and can

occur in locations that are not typically prone to accidental bruising, which that would raise concern for abuse.

So in these pictures, we can see all of this diffuse bruising on the back. This is an older child. If there is no actual history to explain this bruising, someone can see this bruise and be concerned because of the extent of the bruise on the back.

Other, now we're going to talk about other conditions that can be mimics of bruises. We're going to talk about iatrogenic bruises. So these are very common bruises in young children. These are bruises caused by any medical intervention, children that are difficult, that have the difficult access or frequent hospitalization, chronic illness, or ICU stays. They may appear hours after procedures and can look more extensive.

than expected. And the important part that we always try to take to the medical team, so to document the procedure, the timing, and if there's any injuries documented on the medical record, if there's anything happening with the IV placement or blood draws,

and see that should always be documented. These are examples of some bruises done are for blood pressure cuffs or here by blood draws. This area are also blood draws on

On this area.

We have Helleschline purpura, which are bruised like purpura or ecchymosis often sound symmetrically on lower extremities. The lesions can appear like ecchymosis and purpura, and they also may be accompanied by abdominal pain or joint or joint pain.

And the important part is the distribution, the symmetry that can help us distinguish from abusive bruises. Also, if there's any additional symptoms, any systemic symptoms, that also can help us differentiate.

These are other pictures of Hannah Shaw and Purpura, but could also mimic bruises on the lower extremities. These are infants.

And then there's also Urticardia pigmentosa, which is our tan brown macules, papules that can appear bruise-like. They are caused by mast cell accumulation on the skin. And also here it's important, that's why it's important to have the history and the physical exam because this lesion is verticate with rubbing.

And they can be persistent. There's a lot of lesions around the body. And they, so that will be an important differentiation from an abusive ruse.

Another mimic would be neuroblastoma. So this can be, this can show bruise-like or

bluish bruise-like lesions around the periorbital area without any history of trauma. So that will be the part that will be concerning, that there will be no history to explain these findings.

may appear like ecchymosis under the eyes or around the eyes.

But the important part here is that they can be systemic symptoms, so they can just can be an abdominal mass.

weight loss, irritability, other symptoms that could tell us. And these are unexplained persistent lesions. So that's why we should consider other causes besides trauma or abuse.

This is another interesting one, garment band lines. So these are linear skin marks caused by pressure or friction from tight clothing. So it can be elastic, waistbands. We've seen it with socks. We've seen it with diapers.

They appear as very well defined. I'm going to show you pictures now on the next slide. Appear well defined, often symmetric lines, often also circumferential that may resemble pattern injuries.

Typically located where clothing applies consistent pressure, like the waist or the thigh or the ankle or lower extremities.

And the key features include sharp borders, symmetry, and then obviously now the correlation with the skin, or that's the important part of the history.

Garment. So now here, these are pictures of the garment band lines. So here is like the lower extremity, also here, lower extremity. This one, it's another one. And this, all of this one were caused by

clothing, clothing that was applying pressure. So you can see that they can also easily be mistaken for bruises.

Start.

And then we have stretch marks, so this could also be...

is linked for abuse. So they are linear hyperpigmented or hypopigmented lines that also may resemble bruises or scars. They're often linked to rapid growth, obesity or pregnancy changes in weight or steroid use.

They're common in the abdomen, the thighs, buttocks, and like this specific findings on the back.

And they have chronic appearance, and that's when also the history may help distinguish between an acute injury, abuse, or dysmimic.

So what do you hear? That's why I'm stressing the part of the history. So we need to, when we see all of these injuries, it's important to ask if there's a clear explanation.

The important part is here, is it clear? Was the event witnessed by any caregiver or anyone?

And important also is the child verbal to ask the child always what happened.

Does the history fit the child developmental abilities?

Does the explanation match the injury pattern and the location where the injury is?

Is there any family history of bleeding, easy bruising, or that's why a workup can be done. And then also, if there are any systemic symptoms that suggest that there's any other medical cause, any underlying medical cause.

Um...

that could have been causing this injury. So these are all questions that we should consider.

So we have here case number two. So this is a three month old that was brought in to the ED for this marks that we can see here on the lower extremities.

on the back of the lower extremities and on the right armpit chest.

caregivers notice the bruises or the discoloration while changing clothes, and they deny any trauma falls or any injuries. They didn't have any.

the history to explain. They also reported that the child had increased fuzziness over the past day, was feeling well, no vomiting, no levary, no fever, but was more fuzzy.

And then important questions that were asked during the history taking was the development, and then the child is non-mobile, he's not yet rolling, and it's cared for at home by mother and maternal grandparents. So the child doesn't go to daycare.

There have been no recent procedures, no accidental events, and no family history of bleeding disorders. So our question in this case would be, what are the next steps?

So in this specific case, we have a three-month-old infant with non-mobile. And then on, so we have the history with no history, the development. And then when we go to the physical exam, if we start with the photo on the top,

We have pattern injuries on the lower extremities, multiple pattern injuries. And also the important part in this case is the location of the bruises. Also here in this area, you see multiple linear abrasions.

But also the concerning part here would be the location of the injury. So what are the next steps in this child? This child should, due to the age, should get a skeletal survey, should get a head CT to evaluate.

And then also, we should get a complete bleeding workout.

So this is the evaluate the AAP, the recommended approach that AAP provides to evaluate bruising when there is concern for possible abuse. And this specifically

guides of when to consider a bleeding disorder.

disorder workout. So if we see on the top, the first part is to determine whether these findings are clearly explained by abusive trauma or is there a well-documented accidental mechanism.

Uh, if there are...

features that are highly concerning, such as pattern bruising, as we talked earlier, or bruising in locations like the ears, necks, or the genital area.

Then a disorder is not necessary if these findings are not explained by underlying fagulopathy.

However, on the other side, if there is no explanation, particularly in a non-mobile child or when bruising is in concerning locations, then also then a



Fierro, Mario A 47:28

Yeah.



RE Reyes-Ruiz, Daniel E. 47:39

hematologic or a console to a pediatric hematologist should be done. should be considered.

So when to do additional workup? So skeletal surveys, skeletal surveys are recommended in all children less than two years old when there's concern for physical abuse, specifically or the highest yield would be when children less than 12 months old.

Also, in any non-mobile infant with bruises, any infant with unexplained or suspicious fractures or injury or inconsistent or absent or changing history.

And also any high risk situation, this would mean any sibling or household contact of any abused child. So that's called sibling risk assessment. So when there's any concern for any child, we evaluate

any child that is living in the same household that is less than two years old. So that's part of the evaluation.

And then head CTs should be done in infants less than six months old who is concerned for physical abuse.

There's a low threshold even when they're asymptomatic.

Um...

Any.

Any infant less than six months old with neurologic symptoms, any vomiting,

seizures, altered mental status, and then any infants with any high-risk findings, any concerning bruising patterns, any pattern injuries, or any bruises in locations that are not commonly injured in accidents.

in accidental injuries.

So the takeaway points for early recognition matters, sentinel injuries are subtle, and subtle findings may be the first opportunity to identify and prevent further or more severe harm in the future.

Injury interpretation or how to interpret or to interpret the injury requires careful correlation with the exam findings. That's very important to the physical exam and also ask the child's development and the reported mechanism by the caregivers. Most cutaneous mimics can be identified through a thorough history and physical exam.

And important to stay objective and vigilant and balance bias with maintaining a high index of suspicion to ensure the safety of our patients.

And also very, very important that when in doubt, you can always seek support. Here at the Center for Miracles, we are always available for consultation and you guys can reach out with any questions or concerns here.

On the lower part, it's our on-call phone number. Anyone write it down. This on-call phone number is, there's always someone is going to answer this phone. There's someone 24-7, 365 days a year, and we're always willing to to help.

Let me switch here.

Any questions?



Seaworth, Hema L 51:31

Thank you so much, Dr. Reyes Ruiz, for that excellent presentation. We do have a question in the chat box from Dr. Francis. Is coining a form of abuse or just an acceptable cultural event?



Reyes-Ruiz, Daniel E. 51:45

So I was, that's something that I was going to, I thought about a lot to add on this presentation. I didn't add the cultural.

So, that's a really difficult question to respond. During these cases, we need to take in consideration the cultural practices, and...

AH.

So that will be something that you should discuss with the family, take into consideration with the family. And also, when, you know, when parents move here, they follow their cultures, but they should also follow here the rules and laws here in the US. It's something that you should discuss with the families. And Also, if it becomes a pattern, then it could also get, if you inform the family and tell them about the negative consequences and anything that could happen, and then it also becomes a pattern, then that could also Race more concern.



Seaworth, Hema L 52:49

Perfect. If anybody else has any other questions, feel free to put them in the chat box or go ahead and raise your hand or and yourself.



Reyes-Ruiz, Daniel E. 52:55

Yeah.



Seaworth, Hema L 53:01

I did have a question real quick. Just kind of thinking about sort of the high prevalence of child abuse in the population that I help care for, which is, you know, the palliative care, chronic complex care population. Are there any specific considerations that we should keep in mind or we should be on the lookout for?



Reyes-Ruiz, Daniel E. 53:20

Special consideration.

Referring to what specifically?



Seaworth, Hema L 53:25

I guess in terms of bruising or are there things that we should be thinking about kind of in that population specifically?



Reyes-Ruiz, Daniel E. 53:32

So it also depends on this, on the...

on the development of the child. That's also very, very important in that. And in those cases, it also gets very complicated because they may have so many other medical conditions that could confound the bruising and the injuries that sometimes that

part. But it should keep

There's nothing specific. What I will also keep in mind will be that parents follow providers' medical recommendations, because in those cases, where we usually are consulted for is more for medical neglect in those cases.



Seaworth, Hema L 54:17

Thank you so much. Are there any other questions or any other comments for Doctor Reyes Ruiz?

Care.

If we don't have any more questions, I think we can go ahead and end for today. Just a reminder that the code is in the chat box. So make sure you get your credit for being here and thanks everyone for being here this morning.



Reyes-Ruiz, Daniel E. 54:43

Thank you, everyone. Have a good day.

● **Calderon, Delia** stopped transcription