

PENILE INJURY IN INFANT MALE: ACCIDENT OR ABUSE?

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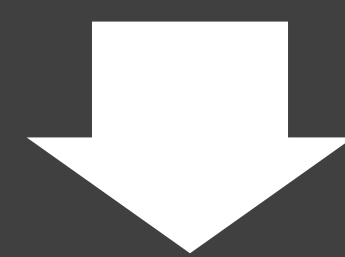
INTRODUCTION

Traumatic injury to the penis may occur from a wide variety of mechanisms in the context of accidental injury, or child physical or sexual abuse.

CASE PRESENTATION

3 month old male presented to emergency room.

- Redness on glans and shaft of penis; parents reportedly noticed after bath.
- Petechial bruising noted on glans penis.
- Coagulation studies and complete blood count obtained.
- Social work, Child Protective Services, and Law Enforcement contacted.



Follow-up visit with Child Abuse Pediatrician the next morning.

- Non-contrast head CT, full skeletal survey ordered to complete a work-up of possible child physical abuse.

Penile Injury at Follow-Up



CASE DESCRIPTION

PHYSICAL EXAM (pertinent)

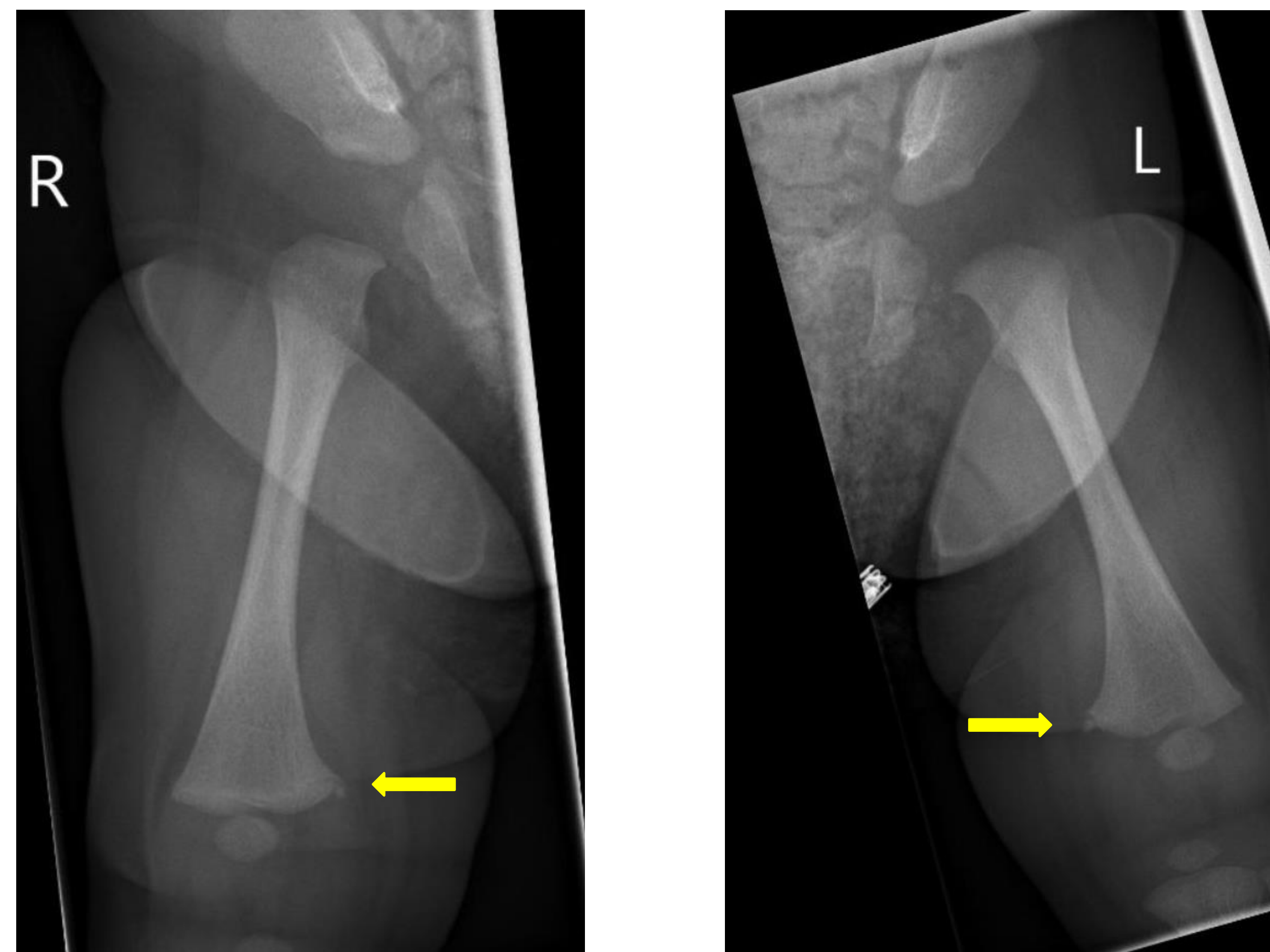
- **General:** Infant male in no distress. Sleeping quietly in Grandmother's arms but becomes fussy when examined.
- **GU:** SMR-1, Circumcised, Testes descended. Petechiae and bruising to glans penis with circumferential purple contusion to shaft of penis.
- **Skin:** No bruising. Dermal melanosis to gluteal cleft. Brown macule to right side of abdomen. Brown macule to mons pubis.
- **Extremities:** Moves all extremities, no obvious deformity. Full ROM in hips, knees, and ankles

DIFFERENTIAL DIAGNOSIS

-Inflicted trauma, accidental trauma, diaper dermatitis, thrombocytopenia

TESTS

- CT Head without contrast:** negative
- Skeletal Survey radiography:** bilateral distal medial metaphyseal corner fractures of the femurs
- Labs:** Complete blood count, Coagulation studies



FINAL DIAGNOSIS

- Bilateral distal metaphyseal corner fractures
- Child Physical Abuse

TREATMENT

Hospital Admission
Pediatric Orthopedics consultation and Pavlik Harness

DISCUSSION & REVIEW

- Classifying an injury depends on the setting of the report, as well as the intent behind the injury.
- Multiple accidental mechanisms of injury for the penis bruising were presented prior to the confession; no history was provided for the metaphyseal corner fractures.
- Child physical abuse was diagnosed due to the additional fractures and lack of history consistent with the injuries.
- The diagnosis was supported after the patient's father admitted to law enforcement to having forcefully pinched the glans penis in an attempt to stop urination during a bath.
- The Child Abuse Pediatrician testified as an expert witness during the trial, which ultimately found the defendant guilty of child physical abuse.

CONCLUSION

- The developmental ability, history provided by the caregiver, and other concurrent injuries highlight the need for full appropriate medical evaluation as well as investigation by coordinating agencies.
- These elements play an important role in distinguishing between accidental or inflicted trauma.

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