

Re: Patient A
DOB: 11/17/2010

To Whom It May Concern,

This is the first Pasadena office visit for Patient A who is an 8 month chronologic, 5 month corrected age female with retinopathy of prematurity, who is a suspected victim of child abuse. She came to the office with her father and uncle who has temporary custody.

Birth history: Patient A was born after a 28 week twin gestation pregnancy with a birth weight of 2 pounds, 4-1/2 ounces. Apgar scores were 9 and 9 at one and 5 minutes, respectively. She remained in the NICU admission at Mission Viejo Hospital for 10 weeks because of respiratory problems. She was intubated for only one day and remained on CPAP afterward. Her twin brother died at 3 weeks of age. The parents report she had no serious CNS infection, intraventricular hemorrhage or neonatal seizures. She was treated for neonatal apnea with caffeine. At the time of her discharge, she did not require supplemental oxygen.

She was diagnosed with retinopathy of prematurity and has been seen regularly by an ophthalmologist. At the end of April this year, on routine ophthalmology exam, new retinal hemorrhages were noted in the left eye. Because of concern for possible abuse, Alexis was admitted to Childrens Hospital of Orange County on April 28, 2011. Both a head CT scan and brain MRI were performed. These studies showed the presence of extra-axial blood and Alexis was removed from the home because the suspicion of child abuse.

Two noteworthy events happened prior to the April admission. First, one month before, the father reported that he had fallen in the house with Alexis in his arms. There was no obvious head injury or loss of consciousness. Two and a half weeks later, ten days before the April admission, Alexis had a choking spell while feeding at home. It appeared that she had stopped breathing. The father gave her several chest compressions as well as back slaps to dislodge any food and stimulate her breathing. She recovered well from this episode without further incident.

Since her discharge from CHOC in May, her uncle has been caring for her. She has been doing well. Her development appears normal.

Review of Systems: A complete review of her systems was negative.

Family history: Mother is 35 years old and works as a bank supervisor. The father is 32 years old and is a self-employed web-site designer. There are no other siblings.

On examination today, she is a healthy, well-nourished and active infant. Wt: 7.3 kg Ht: 64.8 cm. HC: 42.5 cm Anterior fontanelle: less than fingertip across. She was held during this visit by her father who was attentive and caring.

Cranial nerves: Pupils were midposition and reactive. Fixes and follows on faces. Extraocular movement- full, without nystagmus Funduscopy-not performed. Facial movements symmetric. Hearing-normal. Tongue-normal size and appearance. Motor: Normal bulk and tone. Moves all limbs against gravity. Reflexes: 2/4 and symmetric. No ankle clonus is present. Sensory

withdraws to mild noxious stimuli.

Neuro-imaging studies: CT and MRI scans were performed at the end of April. The CT scan shows the presence of a small, questionable subdural bleed in the left occipital area. There is no bleeding in the brain substance. The ventricles are slightly enlarged. There is increased extra-axial fluid spaces over both the frontal convexities and anterior temporal lobes. These fluid spaces are considered a normal variant, whereby skull growth exceeds brain growth, and are not due to head trauma or other pathologic state. The findings in the brain MRI are similar. There a tiny, questionable subdural bleed in the left occiput. There is no injury to the brain itself. The ventricles are enlarged and the corpus callosum is thin, suggesting white matter injury due to prematurity. No additional bleeds were identified.

Summary: Patient A is a 5 month old corrected age female who is suspected of suffering from child abuse. Her neurologic exam is normal. The evidence to support a diagnosis of child abuse is lacking because there are other, more plausible explanations for the cause of her new retinal hemorrhages and subdural bleed.