

Clinical case: Discovery of Shaken Baby Syndrome in the course of Streptococcus Agalactiae Septicemia

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Introduction

Shaken Baby Syndrome (SBS) is an abusive head trauma entity and represents a severe form of child abuse. We describe the clinical case of a 2-month-old child who, in the course of hospitalization for Streptococcus Agalactiae sepsis, presented an unfavorable clinical course leading to the accidental discovery of SBS and detail the clinical and diagnostic elements allowing it to be detected and managed in a multidisciplinary manner.

Case presentation

Medical background

2 month old boy
Prematurity at 30 weeks 3 / 7th, late neonatal sepsis at day 6 of birth due to E. Aerogenes with associated meningitis.
Brain MRI normal

Clinical history

Admitted at the age of 2 1/2 months of actual age and 3 weeks of corrected age
Apparent Life Threatening Event and septic shock.
Hb at 6.6g / dL - White blood cells at 2270 / m3
Platelets at 137,000 / mm3 - CRP at 75 mg /l.
Blood culture : **Streptococcus Agalactiae**,
Lumbar puncture negative

Clinical evolution

Broad-spectrum antibiotic therapy and then on amoxicillin for 14 days.
Favorable evolution BUT : **axial and peripheral hypotonia + fluctuating eye tracking**

→ neurological explorations

Transfontanellar ultrasound : echogenic subdural collection 3 mm thick on the left and anechoic fluid collection 2 mm thick on the right.

Brain MRI : **plurifocal subdural hematomas**

Fundoscopic examination : Bilateral **retinal hemorrhages**

Whole body Rx : normal

Illustrations

Risk factors :

Boy, Couple's first child
Prematurity with severe complications
(After medico-psycho-social assessment) complex family situation



Diagnostic elements :

Plurifocal subdural hematomas

+

Bilateral retinal hemorrhages

unexplained by infection and sepsis

Explanations and information given to parents in **transparency**

Double report to the Prosecutor and to the Youth Assistance Service (SAJ) .

In order to assess the danger to which the child may have been exposed as well as the protective capacities of the parents, the SAJ will mandate the medico-psycho-social team to carry out **a multidisciplinary assessment**.

Evolution :

One of the parents admitted to shaking the child violently on several occasions.

Epileptic syndrome treated with Valproic Acid

Psychomotor delay associating delay in walking and speech, as well as fine motor disorders and will benefit from multidisciplinary follow-up

Conclusion

Shaken Baby Syndrome is a form of serious child abuse that needs to be recognized and diagnosed in order to initiate prompt medical care and protection for the child.
Family system work and parenting support are essential