Oral Injury / Torn Frenum in Young Children (< 3 years)

Author: L Perera, P Das
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Key reminders

Young children do not commonly present with oral injuries. Accidental and inflicted causes should be considered. Children < 1 year are particularly at risk.

Concerning Presentations include:

- Teeth fracture
- Lip bruising
- Torn frenum
- Injuries to palate / pharynx (**such as pharyngeal laceration, burns, petechiae / bruising from forced objects into mouth)**

Sexual abuse can involve the mouth.

Torn frenum

- Can occur from direct blow to mouth or forced insertion of object (e.g. spoon / bottle).
- Older children can fall from bikes / scooters or toddlers against a low table, or when falling and bang their face on floor / object.

There should be a clear, remembered explanation which should be in keeping with the child's own demonstrable developmental abilities. The child will bleed at the time.

What should you know ?

1. Several studies have demonstrated that oral injury can be a sentinel (warning) sign to more serious injuries / death from abuse. One study found that 11% of <1yr olds with serious, definite inflicted injury (such as head / abdominal trauma) had presented earlier in their life with a "sentinel" intraoral injury.
2. **Oral injuries in infants can be associated with positive findings on skeletal survey / CT head – i.e. occult abuse (1 study found occult injuries on skeletal survey in a quarter of cases)**
3. **RACH experience:** From 2012- 2017- there were 2 serious cases of inflicted injury, both presenting with oral injury as the presenting complaint and with abusive findings elsewhere.

Assessment

- History of events leading to the injury being noticed.
- Feeding difficulties?
- Who was present?
- Thorough examination. Child's clothing to be removed if < 2 years of age.
- What are child's observed motor abilities?

CED Evaluation for Possible Inflicted Injury

1. Thorough examination and evaluation for possible inflicted injury must be undertaken for young children with unexplained / inadequately explained oral injury

2. Take photos with medical photography (consent).

3. Immobile children should be admitted to ward and explain to parents that injuries to immobile children are rare and need careful thought to possible causes. Skeletal survey + CT head + eyes is recommended and referral to SS.

4. Early mobile or children under 2 years need careful evaluation with regards to mechanism and full examination. Unexplained / inadequately explained oral injuries in this age group should undergo occult abuse screening as the risk of abuse is high in this population. Skeletal survey + CT head + eyes is recommended and referral to SS.

5. Senior ENT opinion can be useful with regards to possible causation and should be shared with the strategy meeting.

6. A child with a torn frenum or other oral injury,
   - who is mobile, and
   - has a clear, developmentally appropriate history and mechanism, and
   - has been examined all over, and
   - the case has been discussed with the CED Registrar or Consultant

   → **Can be discharged home**.

References

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2. AAP Joint Statement on Oral Injuries. PEDIATRICS Vol. 104 No. 2 August 1999
3. Sentinel Injuries in Infants evaluated for abuse. *Pediatrics* 2013;131;701