

“Challenging the Pathophysiologic Connection between Subdural Hematoma, Retinal Hemorrhage, and Shaken Baby Syndrome”

DOI: 10.5811/westjem.2012.3.12053

Gabaeff SC. Challenging the Pathophysiologic Connection between Subdural Hematoma, Retinal Hemorrhage, and Shaken Baby Syndrome. *West J Emerg Med.* 2011;12(2):144-158.

To the Editor:

As an ophthalmologist, I was very interested in the article by Gabaeff and the response by Greeley.^{1,2} Greeley is familiar with the contributions Vinchon has made in this area, even referencing one of his articles. Since this response was written well after Vinchon's paper concerning "spontaneous" intracranial and intraocular hemorrhage, this reference would appear highly relevant.³ For example, Vinchon points out the importance of increased cerebral spinal fluid spaces. Greeley correctly notes the case from Rooks had such spaces but then says the child did not have hydrocephalus, when in fact extra-axial fluid collections are just one of many names given to this condition, benign external hydrocephalus (BEH) being another. Greeley "having board certification in both general pediatrics and child abuse pediatrics, and having experience and training in clinical research and medical literature appraisal" is certainly aware of this. He also has previously discussed this very problem in a response to one of my articles.⁴ Greeley appears unaware of the importance of this when he says Gabaeff's comment concerning non-abuse reasons for this combination is "not supported by the medical literature." He also accuses Gabaeff of not citing anything when talking about the American Academy of Ophthalmology's role in this area. In fact Gabaeff says "as discussed above," a very definite self citation. If

Greeley does not believe Gabaeff's previous statements were adequately supported, this is an entirely different matter. In light of Piatt's previous paper and Vinchon's recent verification of this problem, Gabaeff's concerns that chronic SDH in infants may be being misdiagnosed as abuse seems appropriate.⁵

Horace B. Gardner, MD
Manitou Springs, Colorado

Conflicts of Interest: By the *WestJEM* article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The author disclose that he has given trial testimony and consulted concerning eye findings in suspected cases of child abuse and shaken baby syndrome approximately 6 times per year for the past 8 years.

REFERENCES

1. Gabaeff S. Challenging the pathophysiologic connection between subdural hemorrhage, retinal hemorrhage and shaken baby syndrome. *West J Emerg Med.* 2011; 12:144-158.
2. Greeley C. Reply to Gabaeff. *West J Emerg Med.* 2012; 13(1).
3. Vinchon M, Delestret I, DeFoorte-Dhellemmes M, et al. Subdural hematoma in infants: can it occur spontaneously? Data from a prospective series and a critical review of the literature. *Childs Nerv Syst.* 2010; (9):1195-205.
4. Greeley C. Re: A witnessed short fall mimicking presumed shaken baby syndrome (inflicted childhood neurotrauma). *Pediatr Neurosurg.* 2008; 44:90.
5. Piatt JH Jr. A pitfall in the diagnosis of child abuse: external hydrocephalus, subdural hematoma and retinal hemorrhages. *Neurosurg Focus.* 1999; 7(4):e4.