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Testing for Bleeding Disorders in Child Abuse: Adherence to AAP Recommendations and Results of Testing.

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Testing for Bleeding Disorders in Child Abuse: Adherence to AAP Recommendations and Results of Testing

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Background/Objectives

- AAP guidelines exist for bleeding disorder testing in children evaluated for abuse
- Adherence to AAP guidelines and frequency of bleeding disorder identification unknown
- Hypothesis 1: Complete testing will occur in $\geq 50\%$ of cases meeting AAP criteria
- Hypothesis 2: Bleeding disorders identified in $< 1\%$ of cases with testing

Recommendation Adherence

- AAP Recommended tests for bruising: CBC, PT, PTT, Factor VIII level, Factor IX level, von Willebrand antigen & activity
- AAP Recommended tests for ICH: CBC, PT, PTT, Factor VIII level, Factor IX level, d-dimer, fibrinogen
- Rates of recommended testing completion analyzed by
 - Individual test
 - Full testing completion
- Hypothesis 1: Adherence analyzed by
 - Total study sample meeting AAP criteria to recommend testing
 - Individual anonymized CAPNET center

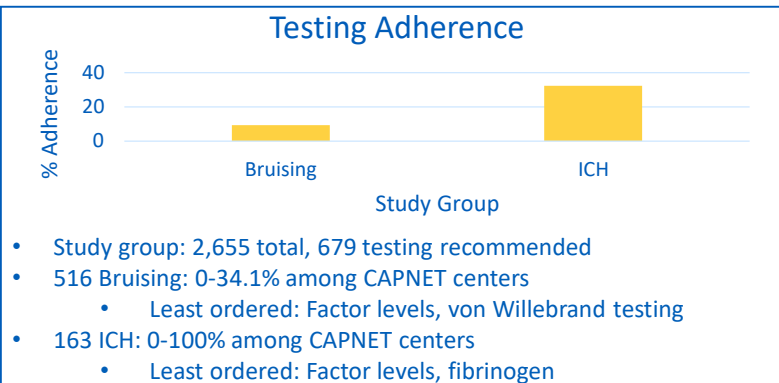
Results- Bleeding disorders

- Hypothesis 2: 25/2655 (0.94%) with diagnosed bleeding disorder
 - ITP, von Willebrand disease, DIC, Hemophilia, Other factor deficiencies, medication effects
- Among subjects with testing indicated: 52/679 (7.66%) with abnormal results of ≥ 1 test
 - Follow-up testing and results unknown

Methods

- Retrospective, multicenter, descriptive study of children in CAPNET: research network of children < 10 years evaluated by a child abuse pediatrician for concern of physical abuse
- Evaluated for bruising or ICH, 1st episode
- February 1, 2021- May 31, 2022
- AAP Testing indicated: No inflicted injury history, no plausible history, no patterned injury, no concomitant suspicious injuries

Results- Bruising and ICH Testing



Conclusions

- Adherence to AAP recommendations for testing low
- 1% of study population identified to have bleeding disorder
- 7.66% abnormal results in those with testing recommended
- Variability in testing practices among CAPNET centers



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