

Challenging topics in child abuse imaging: improving our understanding

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Child abuse is a frighteningly common scourge of modern society. Medical work up of a child who may be the victim of abuse is conducted with great diligence because the ramifications of making or not making the diagnosis are *both* great. We always seek to get it right. The abuse of a child is a horrible thought—it is not a diagnosis that any physician wishes to make. As responsible physicians, we routinely consider differential diagnoses. It is our duty to consider other diagnoses and explanations that offer plausible explanation for injury to a child. In many children, probably more often than not, child abuse is ruled out and other diagnoses are made.

This journal is committed to publishing well-conducted research to improve our understanding of child abuse, its differential considerations and the pathophysiology of both. We are also committed to education. The more we know, the better we are prepared to clinically handle cases in day-to-day work and the better we are equipped to

address those who question the diagnosis of child abuse, appropriate or not.

To this end, this mini-symposium reiterates a commitment of *Pediatric Radiology* to provide educational material on child abuse and related topics. Richard Shore, MD, and Russell Chesney, MD, have authored a superb two-part manuscript on rickets. Although one might find the topic intimidating and the length of the articles formidable, I urge you to take the time to read the articles. Drs. Shore and Chesney do an extraordinary job of explaining a difficult topic in an understandable fashion. Separate articles by Dr. Gary Hedlund and Dr. Jennifer Bracken et al. provide elucidation on pathophysiology and imaging of cerebral sinus venous thrombosis. Finally, Joëlle Moreno, JD, provides a very practical overview of implications of the Daubert ruling regarding medical evidence in the courtroom. Each of these articles serves to improve our understanding of a challenging topic. I hope you find them informative.

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