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COMMENTARY

Initial response of the European Society of Paediatric Radiology and Society for Pediatric Radiology to the Swedish Agency for Health Technology Assessment and Assessment of Social Services' document on the triad of shaken baby syndrome

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To paraphrase the author of a recent editorial, "Abusive neurotrauma exists" [1]. We are therefore concerned by the recent report on the validity of abusive head trauma/shaken baby syndrome commissioned by the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) [2]. This systematic review identified over 3,000 publications, which the experts distilled down to 30 for review, of which only two [3, 4] were deemed of up to moderate quality and thus summarized in more detail (Table 4.1, pages 22 and 23 of the report). The report concludes firstly that there is limited scientific evidence that the triad of findings and thus its individual components (subdural hemorrhage, retinal hemorrhage and cerebral edema) indicate the shaken baby syndrome and secondly that there is insufficient scientific evidence to assess the diagnostic accuracy of the triad to identify shaken baby syndrome.

Although we requested it, in letters from Dr Susanna Axelsson (Director General of SBU, DDS, PhD) and

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Professor Jan Liliemark (Head of Department, SBU) dated 20 October 2016, we were denied access to review the report prior to publication, on the basis that a careful systematic evaluation of all the available scientific evidence (by a team that included several experts in relevant scientific areas) had been conducted and that therefore our input was not required. In the same letters, Dr Axelsson and Professor Liliemark informed us that the report would be published in Sweden in October and be published in English in "the fall" (autumn) 2016. We have since been informed that the English translation will not be available until spring 2017. As such, we make it clear that we have not yet had access to a formal translation of the report. The published review article [5] summarizes the SBU's findings but does not provide sufficient detail. For example, the quality ratings of the rejected papers are not given and the article is predominantly an overview of the two papers the authors accepted as being of sufficient quality for inclusion in their systematic review. Therefore, until we have had sight of the full report, we can neither endorse the findings nor clarify where we disagree with it.

Given the likely significant international impact of this report in child protection cases, we had hoped that the Swedish Agency for Health Technology Assessment and Assessment of Social Services would publish a translation of the full report before the end of 2016 as promised in their letters to us. Since this has not been the case, we cannot issue a formal position statement. We patiently await the translated report and, in the meantime, end this commentary much as we began: we cannot ignore the concept of abusive neurotrauma in children. It not only exists, but may be increasing in incidence, with associated increases in patient and societal costs [6]. What clinical and imaging features support inflicted head trauma? When there is no skull fracture, does that exclude impact and when there is no impact, if shaking is not the etiology of subdural hemorrhage, then what is? These are the important questions that need to be answered — and although (indeed because) this is an emotive subject, they must be answered robustly and objectively.

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Compliance with ethical standards

Conflicts of interest None

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