Reply to the letter by Dr. Langlois

Michael Tsokos · Saskia S. Guddat

Published online: 1 October 2011
© Springer Science+Business Media, LLC 2011

Dear Sir,

We thank Dr. Langlois for his remarks [1] on our recent paper concerning coagulopathy due to neonatal giant cell hepatitis as a rare differential diagnosis of shaken baby syndrome [2].

In the case presented, a 7-week-old girl had developed retinal hemorrhages and subdural hematoma over the left hemisphere of the brain in the course of severe coagulopathy due to neonatal giant cell hepatitis. The autopsy findings of intact bridging veins and a lack of optic nerve sheath hemorrhage led us to conclude that the cause of the above mentioned findings was non-traumatic and therefore shaken baby syndrome was excluded as the cause of subdural bleeding and retinal hemorrhages. Furthermore, other well-established causes of subdural hemorrhage, e.g. intracranial vascular malformations, brain tumors and metabolic diseases such as glutaric aciduria type 1 could be ruled out. According to clinical course, laboratory data, autopsy findings, neuropathological examination and histology, death was attributed to an exceptionally severe form of neonatal giant cell hepatitis, which had led to coagulopathy with consecutive spontaneous subdural bleeding and retinal hemorrhages.

Since retinal hemorrhages are an essential part of the various forms of inflicted neurotrauma in infants, although they are neither necessary nor sufficient for the diagnosis

[3], detailed anatomic as well as morphologic description of this finding is essential to distinguish between traumatic and non-traumatic causes.

The reasonable questions brought up by Dr. Langlois can be answered as follows: in our case [2], retinal hemorrhages were located mainly subretinal, below the ganglion cell layer, with occasional circumscribed intraretinal hemorrhages. Both, subretinal and intraretinal hemorrhages were distributed uniformly over the pars optica retina of both eyes. There were neither vitreous hemorrhages nor retinoschisis.

References

1. Langlois NE. Letter regarding fatal spontaneous subdural bleeding due to neonatal giant cell hepatitis: a rare differential diagnosis of shaken baby syndrome. *Forensic Sci Med Pathol*. 2011. doi: [10.1007/s12024-011-9282-1](https://doi.org/10.1007/s12024-011-9282-1).
2. Guddat SS, Ehrlich E, Martin H, Tsokos M. Fatal spontaneous subdural bleeding due to neonatal giant cell hepatitis: a rare differential diagnosis of shaken baby syndrome. *Forensic Sci Med Pathol*. 2011;7:294–7.
3. Matschke J, Püschel K, Glatzel M. Ocular pathology in shaken baby syndrome and other forms of infantile non-accidental head injury. *Int J Legal Med*. 2009;123:189–97.

M. Tsokos (✉) · S. S. Guddat
Institute of Legal Medicine and Forensic Sciences,
Charité—Universitätsmedizin Berlin, Turmstr. 21 (Haus L),
10559 Berlin, Germany
e-mail: mtsokos@web.de

M. Tsokos
State Institute of Forensic Medicine, Berlin, Germany