

Cultural Competence Case Presentation Mongolian Spots (Race, Gender)

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Case Scenario/History

A 15 year old Latino female comes in with a 6 month old baby boy to the emergency department. Mother states that she noticed some bruising on the back and buttocks of the patient after the child spent the weekend with the boyfriend. The boyfriend is in the waiting room.

a. Review of Symptoms

Per mom: None.

b. Past Medical History

Normal vaginal delivery. Full-term. No significant medical history.

c. Family History

Siblings with frequent hospitalizations/injuries.

d. Physical Exam

Temp: T 37°C, HR 130, RR 24, BP 90/60

General: playful

ENT: EOMI, PERRL, clear TM bilaterally

Eye: Normal, no retinal hemorrhages

Cardiovascular: sinus tachycardia, normal S1/S2, no murmur, rubs, gallops

Lungs: clear to auscultation bilaterally

Abdomen: soft/nontender/nondistending, good bowel sounds

Extremities: moving all extremities equally, no clubbing/cyanosis/edema

Skin: Hyperpigmented nontender, bluish gray to deep brown to black, macular lesions of varying sizes on buttocks and sacrum

Neuro: Grossly intact, acting appropriately for age

Questions for discussion

1. How should you obtain the history?

Obtain history from both sources – patient's mother and the boyfriend. Interviews should be separate. Look for consistency in the stories.

Attitudes/Assumptions: The physician

This young mother is inexperienced and may not be providing an appropriate history. The boyfriend or mother may be abusing the child.

Attitudes/Assumptions: The caregiver (mother)

The doctor should believe the history I am providing since I'm the mother.

This will teach my boyfriend a lesson.

2. *What physical findings are suggestive of child abuse?*

- 'Shaken baby syndrome'; listlessness; poor feeding; irritability
- Retinal hemorrhages; strongly associated with intentional injury
- Head injury-subdural hematomas, skull fracture (abuse more likely bilateral, comminuted, depressed), battle's sign
- Abdomen; rupture of liver/spleen, ruptured viscous, duodenal hematoma. Abdominal trauma is the second most common cause of mortality in child abuse. It is usually secondary from sepsis of perforated viscus or massive hemorrhage
- Skin bruises in protected areas (back, genitals, chest, abdomen, thighs) should raise concern, look for bruises in different stages of healing, bruising could have underlying fracture

3. *What do the findings on the physical exam of this patient suggest?*

The physical exam shows that the macules are well defined and that they are in the typical distributions where Mongolian spots are located. However, one must consider physical abuse in the differential.

Upon further questioning of the mother, she noticed the bruising a few months ago and it has gotten more bluish/black. The patient does not seem to be affected by the areas and there is no discomfort. Mother states she has never hit her child nor has witnessed any type of physical abuse. Patient is starting to crawl, but mother does not remember her son falling down. The boyfriend states that he 'loves the little man' and would never hurt him. He remembers the bruising always being there although they have gotten a little bigger over the last few months.

Provider Knowledge

Knowledge of health beliefs/customs: Mongolian blue spots are flat birthmarks with wavy borders and irregular shapes, common among people of Asian, African, Native American, and Latino heritage. They may also be seen in about 10% of Caucasians. Bluish gray to deep brown to black skin markings, they often appear on the base of the spine, on the buttocks and back and even sometimes on the ankles or wrists. Mongolian spots commonly appear at birth or shortly after birth and may look like bruises.

4. *What sections of the case incorporate the 6 ACGME areas of core competence?*

- a. **Patient care** – non-judgmental compassionate approach to both patient and mother
- b. **Knowledge** – demonstrates cross-cultural clinical skills by recognizing that Mongolian spots are a benign non-traumatic lesion in Latino populations
- c. **Interpersonal & Communication Skills** – generates effective information exchange with patient and family interaction through appropriate body language and speech

- d. **Systems-based practice** – context of health care
- e. **Professionalism** – provide sensitive and ethical care to diverse populations

Case Outcome

The physician spoke with both the mother and boyfriend separately and did not obtain a history of abuse. The mother and boyfriend were educated on Mongolian spots and the potential for them to become larger.

Disposition: discharged home to follow up with the primary care physician.

References

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