

Authors' Response

Sir,

In response to the letter of Dr. Squier, the mention of a surgical drainage of a left subdural hemorrhage should not have led to assume the bleeding was unilateral, since it was also reported, in the following sentence, that a "residual right acute subdural hemorrhage" was also observed at autopsy. As for the comment that nothing was told about diffuse axonal damage, the case report specified that "microscopic exam demonstrated diffuse axonal damage (grade I/III of the Adams' grading system)."

However, the fundamental issue with this Letter to the Editor is the assumption that the distribution of the subdural hemorrhage excludes a shaken baby syndrome. In a recent review paper by Dr. Squier, it was similarly stated that subdural hemorrhage in shaken baby syndrome is a bilateral thin film, sometimes so small that it can easily be missed on scans and at autopsy (1). Smith and Bell positioned themselves against this in a clearly written comment and reminded Dr. Squier of the importance "to emphasize that the final distribution of subdural blood tells us little about how

the brain was injured" (2). The subdural hemorrhage in shaken baby syndrome is most commonly a bilateral thin film of blood over the cerebral convexities, but it may also be unilateral and sometimes the amount of blood is as much as 100 mL of blood or more (3).

References

1. Squier W. Shaken baby syndrome: the quest for evidence. *Dev Med Child Neurol* 2008;50(1):10–4.
2. Smith C, Bell J. Shaken baby syndrome: evidence and experts. *Dev Med Child Neurol* 2008;50(1):6–7.
3. Case ME. Abusive head injuries in infants and young children. *Legal Med (Tokyo)* 2007;9(2):83–7.

Anny Sauvageau,¹ M.D., M.Sc.

¹Forensic Pathologist

Laboratoire de Sciences Judiciaires et de Médecine Légale

1701, Parthenais Street, 12th Floor

Montreal, QC H2K 3S7, Canada

E-mail: a.sauvageau@msp.gouv.qc.ca