

Clinical findings

as requested by the
Dresden district prosecution authority

On 01/07/1985 at 8:30 am an unknown male infant was transferred to us from the pediatric ward of the district hospital of Dresden-Neustadt, accompanied by Major Grenz and a pediatric nurse.

On admission the infant was in a good general condition. The body temperature was 37.2 degrees celsius rectally. Body mass 8900g, body length 74 cm, cranial circumference 47 cm, thoracic circumference 46 cm, abdominal circumference 43 cm.

According to those findings and the presence of eight baby teeth, as well as the development stage of the carpal bones the age of this infant is estimated to be twelve months. Due to the relation between body length and body mass a moderate dystrophy can be confirmed (1000 g underweight).

The stato-motoric and mental stage of development has to be evaluated as delayed; it suits the development stage of a 10-11 month old infant (boy able to sit freely, can stand only when supported).

During the physical examination the internal organs showed no pathological findings and the neurological examination did not reveal any abnormalities.

The big fontanelle is still open; size: 1x1 cm; it lies below cranial level.

His skin had the following changes: minor rubor, swelling and livid color in the left lower palpebra. Above the left zygomatic arch there is an approx. 1x1,5 cm big blueish red discoloration.

Both crooks of the arm, both wrists and the regions above both ankles show older scars (at least six to seven months old) resulting from venesection. The length of these scars ranges from 1 cm to 1.5 cm. Every scar only shows manipulations resembling `o n e s u t u r e e a c h`.

X-Ray findings: Cranium: clearly visible dehiscence of the sagittal suture of about 3 mm, affecting the coronary suture as well, albeit with minor severity; no indications for fresh or older fractures.

Thorax without pathological findings.

Specialist examination of the eye: Confirmation of the swelling in the palpebra, no pathological findings in the ocular fundus.

Electroencephalogram: Infant EEG without pathological findings.

Cranial sonography: Ventricles with normal width appearing slightly asymmetric (the left one being a little wider). Third ventricle not dilated.

Blood sedimentation reaction: 6/20

Blood count and further laboratory findings pending.

Due to the pathologic sonographic findings a computed tomography has been scheduled.

After one day the above mentioned skin changes in the palpebra and above the zygoma subsided completely. Therefore they can be evaluated as the results of the exposure to cold weather.

Due to the scars caused by the six venesections it must be assumed that the infant had to be treated with intensive infusions during the first months of his life.

It is suspected that the infant has an increased intracranial pressure. We might be able to find the underlying condition by generating a CT scan.

Otherwise the child has settled in quite well. The food intake is normal. There is possibly a decreased hearing ability which will make a specialist ENT examination necessary.

We just received the findings of the cranial CT scan: n o r m a l.

(OMR Prof. Dr. sc. med. Dietzsch)
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