

His lack of communication and sudden lack of nutritional intake at home contributed to his hypernatraemia. Parents with learning disabilities can put a child at risk of neglect from acts of omission (NSPCC, 2014); however, their rights must be considered, alongside sufficient support and time when considering child protection proceedings (National Institute for Health and Care Excellence, 2017).

If, on initial presentation to the GP, liaison with the local authority and social care services had been implemented, the patient could have been flagged as a potential 'child in need' before his condition worsened (National Institute for Health and Care Excellence, 2017). Although social care services were involved before and during the admission, it was not established whether his mother was assessed and supported sufficiently to avoid this admission. **BJHM**

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Myers SM, Johnson CP; American Academy of Pediatrics Council on Children With Disabilities. Management of children with autism spectrum disorders. *Pediatrics*. 2007 Nov;120(5):1162–1182. <https://doi.org/10.1542/peds.2007-2361>

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NSPCC. 2014. Assessing parenting capacity. (accessed 12 March 2019) <http://www.theministryofparenting.com/wp-content/uploads/2015/08/factsheet-assessing-parenting-capacity8.pdf>

LEARNING POINTS

- Children with autism spectrum disorder may struggle in unfamiliar clinical environments, so early education and support should be provided.
- Health-care staff should be trained in using a picture exchange communication system when working with children with limited verbal communication.
- Patients with autism spectrum disorder particularly require cohesiveness and communication among health and social care teams.
- To provide sufficient support and education from clinicians and social care services, the parenting capacity of parents with learning disabilities should be assessed.
- Clinicians need a differentiated approach according to the needs of families with or without learning disabilities.

Images in Medicine

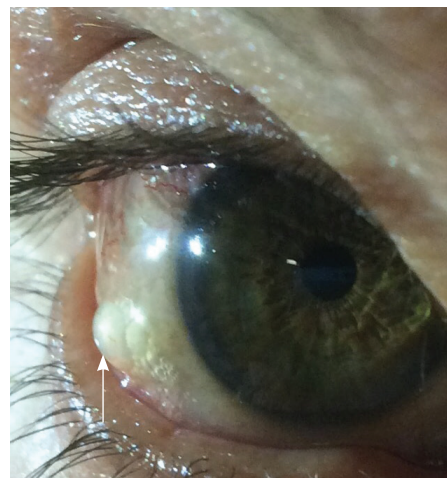
Subconjunctival emphysema: an unusual complication of a kinked intercostal chest drain

A 53-year-old man underwent sternal re-wiring for mechanical sternal dehiscence 1 year after coronary artery bypass surgery. A large bore intercostal chest drain was inserted for a postoperative right pneumothorax. Extensive surgical emphysema involving the anterior chest wall, neck, face and conjunctiva (*Figure 1*) subsequently developed with kinking of the chest drain (*Figure 2*). The subconjunctival emphysema resolved over several days with conservative management, without compromise of visual acuity or eye movements.

Subconjunctival emphysema is commonly seen with medial orbital wall fractures

resulting in sino-orbital communication (Yuksel et al, 2007). In the present case with a kinked intercostal drain, tensioned air in the pleural space must have preferentially escaped through the pleural puncture site and extended subcutaneously into the subconjunctival plane. While the condition is generally self-limiting, care must be taken

Figure 1. Subconjunctival emphysema (arrow) affecting the right eye.

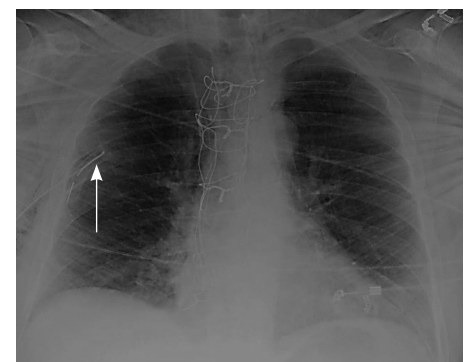


to avoid exposure keratopathy arising from the inability to close the eyelids in severe cases (Ababneh, 2013). **BJHM**

Ababneh O. Orbital, subconjunctival, and subcutaneous emphysema after an orbital floor fracture. *Clin Ophthalmol*. 2013 Jun;7:1077–1079. <https://doi.org/10.2147/OPTH.S44649>

Yuksel M, Yuksel KZ, Ozdemir G, Ugur T. Bilateral orbital emphysema and pneumocephalus as a result of accidental compressed air exposure. *Emerg Radiol*. 2007 Jan 8;13(4):195–198. <https://doi.org/10.1007/s10140-006-0546-0>

Figure 2. Chest radiograph demonstrating surgical emphysema and a kinked intercostal chest drain (arrow).



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