



Correspondence

Child sexual abuse and rectoanal endosonography: Ethical issues☆



To the Editor-in-Chief,

I read with great interest the original article by Rostion et al. [1]. Nonetheless, several ethical and methodological concerns arise.

Forensic research on children is a delicate subject that requires the utmost care in the planning phase to ensure that the benefits for the infants, as individuals or as a group, outweigh the risks, especially in a context where children could easily become instruments to achieve third party's goals, such as the needs of the judicial system or the immediate family searching for economic benefits from a relative or to give more support in a custody trial. I think the study by Rostion et al. does not meet the requirements expressed in the most relevant guidelines concerning ethics for research on children [2–4].

The flaws in the methodology such as: lack of a control group, absence of objective inclusion or exclusion criteria and the nonexistence of significant results beyond the mere description of the individual findings fail to benefit the study group or the population it represents. These elements of research planning are essential when assessing risk and benefice.

In the light of these deficiencies, I fail to see what was the value of a rectoanal endosonography for the two children with a history of anal penetration recorded on video. The authors stated they had access to these recordings, which seems to me a very categorical evidence that overrides the necessity of an invasive procedure, especially when the anatomical approach is the same as what the suspected aggressor used. In both of these cases the anal examination was normal, so there wasn't a clinical need for the procedure either. Like this, many other cases presented debatable inclusion criteria.

Even more worrying is the fact that untested hypotheses are taken as facts. For the claim that “numerous neurosurgery and neurophysiology publications indicate that propofol does not affect external anal sphincter response in either the pediatric or adult patients”, none of the four references given in the paper for this statement provides any clue for the behavior of the anal sphincter under propofol. In fact, Turner, R. P. doesn't even make allusion to propofol or the anal sphincter, and Pang et al. don't touch the subject of anesthesia at all.

I find this to be alarming scientific conduct, especially when the authors search the degree of anal dilatation for “abnormality”.

A quick search shows there were reports of the relaxing effect of propofol on the anal sphincter prior to the reception of the article [5], so the claim made by the authors is, at best, contested.

Further still, the study has no reference to an Ethical Committee approval or a research consent form. This last one is different from the clinical procedure consent, as it explains to the study subject or their parents that they are proposed with a nonstandard use of a technique. It should also explain what the expected benefits are for the children compared to the traditional evaluation of suspected victims of abuse. I hope the families had access to this information when making the decision for their children.

There's no reference to the child's assent, either. Though not legally required, it is recommended nowadays for every trial on underage population considering their cognitive developmental stage. This could be as simple as asking the child if he wants to do the procedure before anesthesia is administered or noticing any sign of refusal in them. Sedation, by itself, does not substitute the need for an assenting patient.

Research on children should be done in a responsible fashion.

Sebastián González

Department of Legal Medicine, University of Chile, Chile

E-mail address: sgonzalezmartinez@uchile.cl

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References

- [1] Rostion CG, Galaz MI, Contador M, et al. Helpfulness of rectoanal endosonography in diagnosis of sexual abuse in a child. *J Pediatr Surg* 2016;51(7):1151–61.
- [2] Medical Research Council. Ethics guide: medical research involving children; 2004.
- [3] Powell MA, Taylor N, Fitzgerald R, et al. Ethical research involving children. UNICEF Office of Research; 2013.
- [4] World Medical Association. Declaration of Helsinki; 1963, revised on 2013.
- [5] Tran K, Kuo B, Zibaitis A, et al. Effect of propofol on anal sphincter pressure during anorectal manometry. *J Pediatr Gastroenterol Nutr* 2014;58(4):495–7.

☆ Conflicts of Interest: The author declares that he has no conflict of interest.