www.jmscr.igmpublication.org Impact Factor (SJIF): 6.379

Index Copernicus Value: 71.58

ISSN (e)-2347-176x ISSN (p) 2455-0450

crossref DOI: https://dx.doi.org/10.18535/jmscr/v6i4.58



Vigorous Massage in a Young Infant: Cause of Dangerous Outcome

Authors

Sunil ku. Agarwalla¹, Rina Meher², Poonam Agrawal³

Associate Professor, ^{2,3}Senior Resident Dept. of Paediatrics, M.K.C.G. Medical College, Berhampur, Odisha, India

Abstract

Massaging in infancy is a type of complementary treatment practising globally. It has so many scientifically proven benefits. Research in preterm and Low birth weight babies has found that massage therapy helps in gaining weight, increases bone mass density, reduces cortisol, may shorten hospital stay. Also studies shows that it increases bonding between baby and parents if done by them. However, massage therapy may be injurious to the delicate infants if not done properly.

We report a $1^{1/2}$ month baby who admitted and evaluated for excessive cry and diagnosed as bilateral fumer fracture following massage therapy.

Keywords: Massage therapy, infancy, weight gain, bonding, fracture

Introduction

Massaging in infancy is a traditional practice since a long time. Infant massage was first introduced in China in 2nd century BC. Oil Massaging has been a tradition in India and other Asian countries since time immemorial⁽¹⁾. It has so many proven benefits. It can be beneficial by thermoregulation, local absorption of oil, tactile kinesthethetic stimulation. However it may sometimes cause adverse effects like bacterial colonization, skin rashes even dangerous complication like fracture.

Case Report

A 1^{1/2} month infant was brought with complaints of excessive cry for 2 days. There was no history of fever, cough, cold, loose motion, vaccination, convulsion, ear discharge etc. He was a term,1st order baby, born by normal vaginal delivery. Born out of non consanguineous marriage. Exclusively

breast feeding since 1/2hr of life. On examinationvital was stable, There was no pallor, icterus, cyanosis. Chest was clear bilaterally. No Bledding spots, echymotic patches, bruises or bite mark was present. But there was definite tender swelling of thigh billaterally with palpable crepitus with paucity of movement which was unnoticed by mother. There was no history of recent vaccination or any bone disorder in the family. On asking mother accepted that swelling was not there previously. On leading question mother told there was history of massasge followed by excessive cry. Immediately X Ray was done and diagnosis was confirmed. Other routine investigation was done including serum calcium (10.8mg/dl) which was within normal limit. Orthopedic consultation done. Bilateral thigh Brace was given by them and discharged with syp. Paracetamol and vitamin D3.

JMSCR Vol||06||Issue||04||Page 353-355||April





Discussion

Topical oil massage is done by many countries including India. Coconut oil massage has advantage over mineral oils. The practice of oil massage has gained favour in neoanatal care units in the developed countries as well⁽²⁾. Topical oil application has been shown to improve skin barrier function, thermoregulation and also suggested positive effect on growth^(3,4). Oil prevents insensible water loss from the skin and helps in temperature maintaince⁽¹⁰⁻¹²⁾. Absorption of fat through the thin and more vascular skin of preterm has also been suggested⁽¹³⁾. Moreover, a number of studies have also demonstrated superior growth and development in preterm infants receiving tactile kinesthetic stimulation (5) 9). Oil application may occasionally cause adverse effects in the form of skin rashes and greater propensity of bacterial colonization⁽²⁾. Mathai, et

al⁽⁵⁾ have shown better neurobehavioural outcome after tactile kinesthetic stimulation with oil. However oil massaging develops better bonding if done by parents. If not it is better to be done by a trained person. Otherwise it may cause harm to the baby like our case. Sowmya SG, et al reported a 15 days old male neonate having right proximal radius and ulna fracture following vigorous massage⁽¹⁴⁾.

Fracture in newborn can have many reasons like Birth Injury, Osteogenesis Imperfecta, Child Abuse. In our case absence of family history and no other bone involvement made Osteogenesis Imperfecta and Child Abuse less likely. There was no history of fall and also fall do not result in this type of fracture.

Conclusion

Oil massage has so many benefits both for baby and parents. Coconut oil has benefit over mineral oil. However, it should be done gently. Otherwise vigorous and forceful massage can lead to long bone fracture. Such Bilateral fracture femur following massage is a rare entity, thus it is reported.

References

- 1. Kulkarni A, Kaushik JS, Gupta P, Sharma H, Agrawal RK. Massage and Touch Therapy in Neonates: The Current Evidence. *Indian Pediatr* 2010;47:771-776
- 2. Darmstadt GL, Saha SK. Traditional practice of oil massage of neonates in Bangladesh. J Health popul nutr 2002;20:184-188.
- 3. *Darmstadt* GL, Mao-Qiang M, Chi E, Saha SK, Ziboh VA, Black RE, *et al*. Impact of topical oils on the skin barrier: possible implications for neonatal health in developing countries. Acta Pediatr 2002;91:546-554.
- 4. Darmstadt GL, Dinulos JG. Neonatal skin care.pediatr Clin North Am; 47:757-782.
- 5. Mathai S, Fernandez A, Mondkar J, Kanbur W. Effects of tactile-kinesthetic

JMSCR Vol||06||Issue||04||Page 353-355||April

- stimulation in preterms: A Controlled Trial. Indian Pediatr 2001;38:1091-1098
- 6. Rice RD. The effects of Rice Infant Sensorimotor stimulation treatment on the development of the high risk infant. Birth Defects Series 1979;15:7-26
- 7. Agrawal KN, Gupta A , Pshkarna R, Bhargava SK, Faridi MMA, Prabhuy MK. Effects of massage and use of oil on growth,blood flow and sleep pattern in infants. Indian J Med Res 2000;112:212-217
- 8. Scafidi FA, Field T, Schanberg SM. Factor that predict which preterm infants benefit most from massage therapy. J Dev Behav Pediatr 1993;14:146-180.
- Gorski PA, Huntington L, Lewkowitz D. Handling preterm inafants in hospital-Stimulating controversy about timing of stimulation. Clin Perinatol 1990;17:13-111.
- 10. Soll RF, Edwards WH. Emollient ointmaent for preventing infection in preterm infants. Cochrane Database Syst Rev.2000:CD001150
- 11. Lane AT, D rost SS. Effects of repeated application of emollient cream to premature neonates skin. Pediatrics 1993;92:415-419.
- 12. Rutter N, Hull D. Reduction of skin water loss in the newborn. I. Effect of applying topical agents. Arch Dis Child .1981;56:669-672
- 13. Nachman RL, Esterly NB. Increased skin permeability in preterm infants. J Pediatr 1979;79:628-632.
- 14. Sowmya SG, Avabr KS, Rai BS. Vigorus Oil Massage in a neonate: Cause for fracture. *Online J Health Allied Scs*. 2013;12(3):19.