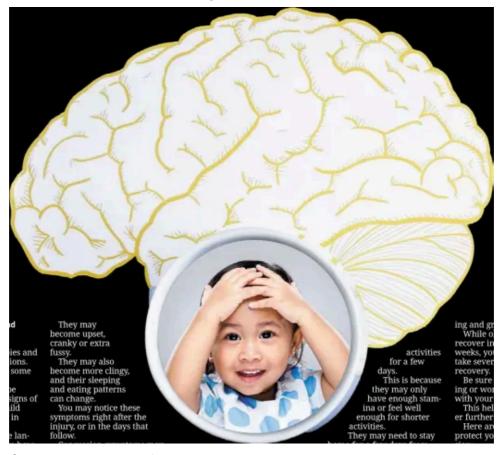
- Brain

Concussion in young ones

This potentially dangerous condition is a possibility if your infant or toddler accidentally hits their head hard.

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JUST like older kids, babies and toddlers can get concussions.



In fact, little ones face some extra risks.

But it can sometimes be harder to recognise the signs of concussion – a type of mild traumatic brain injury – in infants and toddlers.

They may not have the language skills yet to tell you how they feel.

The impact from a bump, blow or jolt to the head, or a hit to the body, causes the head to move quickly back and forth.

This sudden, back-and-forth impact causes the brain to twist inside the skull and stretch the brain cells.

Chemical changes happen that temporarily disrupt normal brain function.

An infant or toddler's head is large compared to their body.

This makes them top-heavy so they are more likely than older children to fall headfirst when they lose their balance.

This is common as babies and young children often fall when they're learning to walk, run and explore.

Plus their neck muscles are still developing and offer less control of head movement.

On top of that, a baby's skull is softer and thinner than an older child's.

While headfirst falls put infants at higher risk of concussion, any activity where they can hit their head or body hard enough can cause one.

Note these changes

Often, younger children show changes in their behaviour when they have a concussion.

They may become upset, cranky or extra fussy.

They may also become more clingy, and their sleeping and eating patterns can change.

You may notice these symptoms right after the injury, or in the days that follow.

Concussion symptoms may improve with rest at first, but can also worsen with increased activity afterward.

Take your child to the emergency department right away if they have been hit in the head or body, and have any of these symptoms:

- > Will not stop crying and cannot be consoled (for infants) > Will not nurse or eat (for infants)
- > Repeated vomiting or nausea > Slurred speech
- > Looks very drowsy or cannot

be awakened

> One pupil (the black part in the middle of the eye) is larger than the other > Convulsions or seizures > Unusual behaviour or not

acting like their usual self > Loss of consciousness (even a brief loss of consciousness should be taken seriously; the child should be carefully monitored).

Your child's doctor will get a detailed description of what happened, as well as your child's medical history.

They will also want to know how your child has been acting since the injury.

A parent or caregiver's report is often the most useful tool to diagnose a concussion in this age group as they are often not old enough to speak for themselves.

Your child won't necessarily need any imaging tests of the brain or head, such as CT (computed tomography) or MRI (magnetic resonance imaging) scan.

However, it depends on the situation.

Doctors use specific reasons to decide when to do these tests, especially with younger children, to avoid unnecessary radiation exposure whenever possible.

It's important to remember that a concussion means that there's a problem with how the brain is working at the microscopic, cellular level, and not that there's any obvious structural damage.

This means that even if your child's imaging test is normal, they might still experience symptoms related to the concussion.

Take it easy

The main treatment for concussion is to take a step back from your child's usual daily activities for a few days.

This is because they may only have enough stamina or feel well enough for shorter activities.

They may need to stay home for a few days from daycare or preschool, for example.

Your child may also need breaks from busy or loud environments until they are starting to act more like their usual self.

Daily play time may need to be reduced as your child recovers too.

This does not mean that they can't do anything.

In fact, research has found that it's best not to cut out activity completely.

Let them play, but recognise that they may not be able to play as long as they usually do and may also benefit from more breaks.

You'll also need to be on the lookout for new or worsening symptoms.

In addition, it is important to avoid activities that would put them at risk for another head injury. Although younger children need to be monitored, there is no need to periodically wake them up when they're asleep if they have a concussion unless their doctor advises you to do this.

Sleep can help the brain heal. Younger children may take longer to recover than older children after a concussion.

This is because a younger child's brain is actively matur ing and growing.

While older children often recover in about three to four weeks, younger children may take several weeks to get to full recovery.

Be sure to discuss any ongoing or worsening symptoms with your child's doctor.

This helps determine whether further tests may be needed.

Here are some ways to help protect your child from concussion:

> Put baby gates at the top and bottom of stairs.

Use other home safety products to "childproof" your home, like window guards and non-slip bathtub mats. > Always keep a hand on your child while they're on furniture, including diaper-changing tables.

- > Secure heavy furniture, such as dressers, to the wall to prevent tip-overs.
- > Ensure your child is always properly buckled up in a car safety seat while riding in a vehicle.
- > Choose playgrounds with age-appropriate equipment. You can always talk with your paediatrician about more ways to keep your child safe. American Academy of Pediatrics/tribune News Service

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