

Minority children less likely to receive CT scans following head trauma

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African-American and Hispanic children are less likely to receive a cranial computed tomography (CT) scan in an emergency department (ED) following minor head trauma than white children, according to an abstract presented Friday, Oct. 14 at the American Academy of Pediatrics (AAP) National Conference and Exhibition in Boston.

While <u>racial disparities</u> in adult health care are well documented, less is known about the variations in pediatric, and specifically, ED care. Appropriate CT scan use can ensure optimal diagnosis; however, as CT scans emit "appreciable radiation," potentially increasing <u>cancer risk</u>, their overuse can be harmful and expensive.

In the study, "Cranial CT Use for Minor Head Trauma in Children is Associated with Race/Ethnicity," researchers reviewed existing data on children seeking care at one of 25 Pediatric Emergency Care Applied Research Network trauma centers. The study looked at CT use following a head injury, based on the child's potential for traumatic brain injury.

Of the 42,412 children enrolled in the main study, all of whom were evaluated for head trauma, 39,717 (94 percent) had a documented race/ethnicity of Hispanic, African-American or white. Of these, 13, 793 children (35 percent) were imaged with a CT. While there was no significant difference by race/ethnicity in the likelihood that a child deemed at higher risk for a traumatic brain injury would receive a CT scan, white children at the lowest risk were significantly more likely to receive a CT scan.

"Our study demonstrates that among children with minor head trauma, but at low risk for clinically important brain injury, white children received cranial CT scans more frequently than black or <u>Hispanic children</u>," said Alexander Rogers, MD, FAAP. "In this low-risk population, higher rates of cranial CT may represent overuse in white children, leading to increased <u>radiation exposure</u> and health care costs.

"The cause of this disparity is likely multi-factorial, but this study highlights the importance of strong, evidence-based guidelines to assure equal and optimal care," said Dr. Rogers.

Provided by American Academy of Pediatrics

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