

Salting: A Risky Practice of Newborn Period

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Abstract

Traditional beliefs and practices vary from region to region in society. As a result of these applications, sometimes people can be damaged. In this case report, we present a newborn infant with second-degree burns due to salting of the body. We wanted to draw attention to traditional practices harmful to the health of people, such as in the case of salting.

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Introduction

The traditional beliefs and practices which are harmful to the health of people continue to vary to a certain degree from region to region, from family to family and from individual to individual (1). These beliefs and practices can harm people regardless of the period they are in. The first twenty eight days after birth is regarded as the period of newborn (2). This period comprises approximately the 40% of the mortality of children under 5 years old (3). In this case report, we wanted to draw attention to the method of "salting", one of the traditional practices as it caused hospitalizations and mortality in the newborn period, and to the traditional practices due to the case of a newborn who was subjected to this method.

Case Report

The newborn case was brought to the pediatric emergency service of our hospital by the child's parents because of the rashes on the body. The parents reported that the rashes on the body started to appear few hours before admission to the hospital. The history of the newborn infant revealed that the case was the third living child from the third pregnancy of the mother, was born through normal birth weighing 3,400gr (25-50p) and was discharged together

with the mother within the first 24 hours after birth from the maternity clinic of our hospital. In the physical examination, the infant weighed 2,750 gr (-650 gr) was 50 cm tall with 36 cm (75-90p) head circumference. It was observed that the rashes as the reason of admission to our hospital were in the shape of bulla and spread all over the body (Figure 1). The sounds of heart and lung of the case was normal. The anterior fontanel was open and had normal roundness. The sclera was icteric. Infant's sucking was weak. Infant's mucosae were dry. The family history of the infant revealed that the mother suffered from varicella and there was no one suffering from varicella at the time. It became clearer as the history of the case was deepened that the newborn infant was salted by the older members of the family (grandparents) and the rashes appeared after the salting. The test results revealed that the newborn had hypernatremia and indirect hyperbilirubinemia; the other laboratory results were normal (Table 1). The case was hydrated. Infection parameters were negative and there was no growth in the blood culture. The rashes as the cause of hospital admission were regarded as second degree burn. Daily medical dressing was implemented on a daily basis. The condition of the case clearly improved and the infant was discharged on the seventh day of hospitalization.

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Figure 1. The picture of the case when admitted to the hospital; the rashes are in the shape of bulla and widespread

Discussion

Tradition is defined as social habits, wisdom, customs, behavior and cultural residues with power of sanction in a society or community as they date back to a long history (4, 5). Our country has the position of a cultural center where many different cultures have lived together. This cultural richness may generate behavioral traditions that may be harmful to the mother and newborn during the birth or the period after birth. Taking measures for incubus, salting, incension, forties renovation, honey spreading, giving sugary water, tinging with kohl are some of the traditional practices of newborn period (5). Salting is a practice of putting salt into the bath water of the newborn or of spreading salt over the newborn's body, especially those parts that sweat the most (armpit, inguinal and neck region) (1). Our newborn case was also subjected to this traditional practice of salting. As a result of this practice of salting, the case had second degree burns on the body and was dehydrated.

The period of newborn comprises approximately the 40% of the mortality of children under 5 years old (3). The following are the reasons of mortality in the newborn period; birth with premature birth or low birth weight (30%), neonatal infections (25%), perinatal asphyxiophilia-birth trauma (23%), congenital anomalies (7%), diarrheal diseases (3%), neonatal tetanus (3%) and other (9%) (6). Traditional practices are amongst the rare reasons of morbidity and mortality in the newborn period. The possible confusion of the rashes on the body of our case with neonatal infections, especially with varicella could

Table 1. Laboratory test results of our case on the first and fifth day

	1 st day	5 th day
WBC (/mm ³)	12,000	9,000
Hgb (g/dL)	15.5	15
Hct	47	46
MCV	102	99
Platelet (/mm ³)	295,000	325,000
Glucose (mg/dL)	78	85
Na (mmol/L)	152	141
K (mmol/L)	5.3	5
Cl (mmol/L)	108	99
Ca (mg/dL)	8.9	8.5
Urea (mg/dL)	80	24
Creatinine (mg/dL)	1.3	0.4
AST (U/L)	42	35
ALT (U/L)	38	30
Total bilirubin (mg/dL)	12	5
Direct bilirubin (mg/dL)	0.6	0.3
CRP (mg/dL)	<0.1	<0.1

WBC: white blood cell count; Hgb: hemoglobin; Hct: hematocrit; MCV: mean corpuscular volume; AST: aspartate amino transferase; ALT: alanine aminotransferase; CRP: C-reactive protein

have misdiagnosis and mistreatment. The detailed history of case given by the family helped the diagnosis.

Conclusion

Traditional practices can be life-threatening. Different regions in our country have different traditional practices, and this particular case may cause the physicians in the field to misdiagnose and mistreat the patients. This case study was presented in order to draw attention to the significance of traditional practices in definitive diagnosis.

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