

The Variegated Lesions Found at Autopsy in Sudden Death in a Developing Community

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Abstract

Already published from this community was a case of rupture of aortic aneurysm. Other lesions such as tuberculosis, cerebral infarction, sickle cell anemia, ruptured spleen and pneumonia are presented.

Keywords: Sudden death; Autopsy; Tuberculosis; Sickle cell anemia; Ruptured spleen; Cerebral infarction; Pneumonia; Ibos; Developing community

Introduction

Among the large Ethnic Group called the Ibos [1], who are domiciled in South-Eastern Nigeria, there was a previous account of the sudden death of a woman while enjoying her breakfast. It was due to rupture of an abdominal aneurysm [2]. Therefore, other lesions are deemed to be worthy of documentation likewise.

Case Histories

Tuberculosis

It was etiologic in a 23-year-old man. He was brought to the hospital vomiting blood and died on admission. The lungs showed a range of tuberculous lesions from fibrocaceous, through cavitations to bronchopneumonic types. Tuberculosis also featured in a 20-year-old man who was brought dead from home. One lung exhibited fibrocaceous lesions, while the other was cavitatory.

Cerebral infarction

This was editorialized on by Adams [3], who was my teacher at the Western Infirmary, Glasgow. As he concluded, "The interpretation of a cerebral infarct has therefore to be related to disturbances in blood flow rather than to local arterial occlusion which is so often not found post mortem." In the present case, the 59-year-old man died suddenly. The brain revealed infarction, the involved areas displaying loss of neurons, whereas the neuroglial cells remained.

Sickle-cell anemia

Sickle-cell anemia supervened in a 40-year-old man whose death was sudden. The most impressive finding was all tissues were packed with sickled cells. Surprisingly, there were also focal aggregates of lymphocytes between the cardiac muscle bundles and around the bronchioles. Their significance must become an area for research.

Spleen rupture

Spleen rupture occurred in a 25-year-old man who fell down while running and, minutes later, became unconscious and died shortly afterwards. The peritoneal cavity contained much blood while the spleen, which measured 20 × 12 × 8 cm, weighed 300 g and exhibited a transverse rupture.

Exhumation featured

There was a history of physical assault by a man a month before. Next, cough followed. This lasted for a week before the patient died. He was buried but was exhumed 10 days later. Postmortem autolysis obscured the picture. The lung did not show the normal alveolar picture but rather consolidation. Accordingly, pneumonia best fitted both the story and the findings. In such cases, the usual postmortem changes are to be borne in mind.

Discussion

A Birmingham (UK) Group [4] postulated that the establishment of a histopathology data pool helps in epidemiological analysis. It was such a pool serving the community that I headed, thereby enabling me to receive specimens from far and wide. Was there any oddity? It was largely the absence of children in this series! Certainly, in Indonesia [5], it was possible to document neonatal tetanus mortality in one of the Provinces. Likewise, deaths in infancy and early childhood in a well-vaccinated, rural, West African population, i.e., in Gambia [6], were studied. Incidentally, those who helped with the post mortem survey were duly acknowledged. It is to be mentioned that only basic post mortem techniques were used throughout. In other words, in this developing community, advances in forensic autopsy practices are yet to include advances like genetic analysis in the field of sudden cardiac death [7].

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