

Autopsy Final Report

FAITRO, LAURA LEE - 132027

* Final Report *

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Verified By: Sahmedini, MD, Dariush on 27 August 2010 12:08 PDT
Encounter info: 1004000095, 60, Inpatient, 7/23/2010 - 7/26/2010

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Case Information (Verified)

DATE OF DEATH: 07/26/2010

DATE OF AUTOPSY: 07/27/2010

AUTOPSY PERFORMED BY: Dariush Sahmedini, M.D.

AUTOPSY ASSISTANT: Sean Sadler from 1-800 Autopsy Services

ATTENDING PHYSICIAN: Michael Drucker, M.D.

Gross Description (Verified)

External Examination:

The body is that of a normally developed Caucasian female, measuring approximately 67 inches in length, who appears to be the stated age of 50 years. The body habitus is obese. Hair distribution is normal for female sex and the texture is normal. Scalp hair is blond, medium length. The face is edematous. The skin shows dependent livor. The chest is symmetric. The breasts are normal. The abdomen is distended. There are five surgical incision sites in the upper and mid abdomen measuring 1.0 to 3.0 cm each. There is a port head deep to one of the incisions in the right upper extremity. The port is attached by a tube to the lap band. Venous access lines are noted in the right and left femoral sites and at the right antecubital area. The external genitalia are normal for female sex. The extremities are normal. No sacral ulcers were found.

SKULL AND CENTRAL NERVOUS SYSTEM

The scalp is normal. The skull is of average thickness. The middle ears are not examined. The dura

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is normal. The meninges are normal. The brain weighs 1320 grams. The cerebral vessels show minimal atherosclerosis. The convolutions show normal gyri and sulci. Multiple coronal sections made after fixation are unremarkable, with no evidence of gross mass lesion or hemorrhage.

INITIAL INCISION

The subcutaneous fat measures 3.0 cm over the thorax and 6.0 cm over the abdomen. The breasts are normal. The pleural surfaces show petechial hemorrhage. The pleural cavities contain 210 cc on the right and 200 cc on the left of blood tinged serous fluid. A pneumothorax is not found. The pericardial cavity shows 30 cc of clear serous fluid. The peritoneal surfaces show abundant purulent exudate and the peritoneal cavity contains 3200 cc of dark red (serosanguineous) fluid. Organ situs is normal.

CARDIOVASCULAR SYSTEM

The heart weighs 510 grams. The tricuspid valve measures 10.5 cm, the aortic valve measures 7.4 cm, the pulmonic valve measures 6.9 cm, the mitral valve measures 9.5 cm. The left ventricle has a thickness of 2.3 cm and the right ventricle has a thickness of 0.8 cm. The epicardium is smooth and glistening, and the epicardial fat is of increased amount. The heart chambers show dilation. The atrial appendages are clear. The myocardium is firm, brown, with no gross scarring. The endocardium is thin and translucent. The papillary muscles show no gross scarring. The chordae tendineae are normal. The heart valves show thickening of the cusps of the mitral and aortic valves. The heart valves show no vegetations. The coronary arteries show a balanced pattern with atherosclerosis of all branches and 40 to 70% narrowing of all branches. No thrombosis of left anterior descending, right coronary or left circumflex branches is found. The aorta is elastic and shows atherosclerosis consisting of lipid plaques and calcifications, and the major branches are all clear.

RESPIRATORY SYSTEM

The left lung weighs 620 grams and the right lung weighs 720 grams. The pharynx is injected. The larynx shows edema. The trachea contains mucus. The mainstem bronchi are clear. The pulmonary parenchyma is poorly aerated. On sectioning, the parenchyma is markedly congested. Tumor masses are not seen. Granulomas are not seen. The cut surfaces of the lungs are dark red and they exude dark red fluid. Anthracotic pigmentation is not marked. The bronchi contain mucus. The pulmonary arteries on both left and right do not have pre-mortem thromboemboli. The pulmonary veins are clear.

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DIGESTIVE SYSTEM

The tongue is normal. The submandibular salivary glands are not examined. The esophagus shows erosion in the lower third near the GE junction. No deep ulceration or perforation is found at the GE junction. Lap band is noted in place at the GE junction. The stomach contains 25 cc of dark green fluid. The gastric mucosa shows scattered petechial hemorrhages with no deep ulcers and no perforations. The pylorus is patent and the duodenum shows erythema. Examination of the small and large intestines show adhesions and extensive thick tan green foul smelling exudate covering the majority of serosal and peritoneal surfaces. The bowel is then opened. The small intestine mucosa shows areas of mucosal atrophy, redness and ulcerations. Peyer's patches in the terminal ileum are not prominent. The appendix is absent. The large intestine shows foci of mucosal atrophy and focal erythema in its entire length. No definite perforation is found. No mass lesion or polyp is found. The bowel contents consist of moderate amount of hard brown stool. The peritoneum shows surface hemorrhage and attached tan green exudate.

PANCREAS

The pancreas weighs 170 grams, and is firm tan with normal architecture. The pancreatic duct is patent.

HEPATOBIILIARY SYSTEM

The liver weighs 3950 grams. The liver capsule shows three lacerations ranging in length from 1.5 to 2.0 cm which are associated with subcapsular hematomas. The liver edge is blunted. On sectioning, the hepatic parenchyma is yellow tan and shows hematomas associated with the lacerations. Cirrhosis is not present. Tumor masses are not seen. The gallbladder is dilated and contains liquid green bile and several yellow green stones ranging in size from 0.2 to 0.3 cm. The gallbladder mucosa is normal and the wall is thinned. The cystic duct is patent and contains no stones. The ampulla of Vater is normal.

RETICULOENDOTHELIAL SYSTEM

The spleen is normal in size and weighs 160 grams. The splenic capsule is slightly wrinkled and purple. The splenic parenchyma is dark red, soft. Multiple pale tan subcapsular nodules, ranging in size from 1.0 to 1.8 cm are noted. The thymus is not identified.

URINARY SYSTEM

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The right kidney weighs 210 gm and the left kidney weighs 215gm . The cortical surfaces of the kidneys are red, coarsely granular. The cut surfaces show red cortices that are normal. Corticomedullary demarcations are poor. The medullae are pale red. There are no cysts present. The calices and pelves are normal. The ureters are normal. The bladder is the usual size with a thin wall and smooth mucosa throughout. A catheter is not present. The bladder contains a small amount of urine and no calculi. The urethra is patent. The renal arteries show minimal atherosclerosis. The renal veins are clear.

FEMALE GENITAL SYSTEM

The vagina is wrinkled. The cervix mucosa is smooth. The uterus is present , weighs 340 grams, measures 10.5 x 6.5 x 5.5 cm, and globoid in shape. The endometrium is thin and red. The myometrium shows a 3.0 cm myometrial nodule. The fallopian tubes are normal. The ovaries are enlarged and on sectioning show hemorrhagic cysts bilaterally (1.5 cm on the right and 1.0 cm on the left side).

ENDOCRINE ORGANS

The thyroid is the usual size and has the usual shape, color, and consistency. On sectioning, the parenchyma is red brown, firm, with no distinct nodules. No parathyroid glands are found. The adrenal glands are centrally dilated and have a combined weight of 25 grams.

MUSCULOSKELETAL SYSTEM

The skeletal muscles are red brown and there is no evidence for muscle wasting. Bone deformities are not present.

The joints are not examined.

Signature Line

DS :ECC

Microscopic Description (Verified)

HEART: Sections of myocardium show moderate to severe myocyte hypertrophy with some sections showing infiltration of neutrophils, edema and wavy myocytes, consistent with infarction. The coronary

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arteries show moderate to severe calcified atherosclerosis with up to 60 to 70% maximal occlusion. Representative sections of heart valves show no acute inflammation.

LUNGS: Multiple sections of both right and left lungs show moderate to severe congestion with emphysematous change and Type II pneumocyte hyperplasia. Some sections show areas of subpleural hemorrhage extending into the lung tissue. Focal anthracotic pigment is seen. No evidence of acute pneumonia and no neoplasm is identified.

LIVER: Sections from the liver show severe micro and macrovesicular steatosis. In addition, there are multiple areas of subcapsular and parenchymal hematomas, with associated necrotic liver tissue. Mild portal triaditis is seen. No neoplasm or cirrhosis is identified.

KIDNEYS AND BLADDER: Sections from the kidneys show early autolysis and also acute tubular necrosis. No cyst or neoplasm is identified. Sections from the bladder show no evidence of neoplasm.

ENDOCRINE SYSTEM: Sections from the adrenal glands show autolysis. Sections from the thyroid show lymphocytic thyroiditis and an incidental focus of micropapillary carcinoma, follicular variant, (2 mm), with prominent nuclear clearing and intranuclear inclusions.

GASTROINTESTINAL SYSTEM: Sections from the esophagus show denudation of the mucosa. The muscle wall shows no evidence of acute inflammation or neoplasm. Sections from the stomach show early autolysis and mild chronic gastritis with small lymphoid aggregates. No dysplasia, malignancy, or ulceration is identified. Sections from the duodenum show mild chronic duodenitis and severe acute serositis. No ulceration or neoplasm is identified. Sections from the small bowel and colon show evidence of autolysis and also areas with mucosal hemorrhage and necrosis, most consistent with ischemic enterocolitis. Some sections show acute inflammatory cells in the muscle wall. Extensive acute serositis is noted, forming large pools of neutrophils in many sections. No dysplasia or malignancy is identified.

SPLEEN: Sections from the spleen show hemorrhagic red pulp and multiple splenic infarcts.

UTERUS AND ADNEXA: Sections from the cervix show no dysplasia or malignancy. Sections from the endometrium show evidence of autolysis and no diagnostic evidence of hyperplasia or malignancy. Sections from the myometrium show a benign leiomyoma. Sections from the ovaries show benign simple cysts. Fallopian tubes show denuded lining and no pathologic change.

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CENTRAL NERVOUS SYSTEM: Sections from the mid brain, cerebellum, and cortex show benign brain tissues, with no evidence of neoplastic or inflammatory process.

Microscopic Key (Verified)

Cassette Summary:

- 1A: pituitary
- 1B: proximal esophagus
- 1C: gastroesophageal junction
- 1D: stomach
- 1E: duodenum and small bowel
- 1F: coronary artery, left anterior descending
- 1G: coronary artery, left circumflex and right
- 1H, 1I: left ventricle
- 1J: right ventricle
- 1K: heart papillary muscle
- 1L: aortic and mitral valves
- 1M through 1O: right lung
- 1P through 1R: left lung
- 1S: right kidney
- 1T: left kidney
- 1U: adrenals
- 1V through 1X: liver
- 1Y: spleen
- 1Z: spleen and gallbladder
- 1AA: bladder and thyroid
- 1AB: right ovary and fallopian tube
- 1AC: left ovary and fallopian tube
- 1AD: cervix, endometrium, myometrium
- 1AE: uterine fibroids
- 1AF through 1AK: sections of small and large bowel and omentum
- 1AL, 1AM: mid brain
- 1AN: cerebellum
- 1AO, 1AP: frontal cortex

Clinical Correlation (Verified)

The patient is a 50 year old woman with a medical history that is significant for morbid obesity,

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hypertensive cardiovascular disease and insulin dependent Type II diabetes, who, a few days prior to admission, underwent a lap-band procedure at an outpatient center. Following the procedure, she had not been able to eat, her abdomen was becoming distended and she was having considerable amount of abdominal pain. In the Emergency Room, she was diaphoretic and hypotensive, and, in addition, she had acute respiratory insufficiency, with severe hypokalemia, hyponatremia, and transaminitis. On the CT scan, she was found to have possible hemoperitoneum. She was intubated and placed on a mechanical ventilator. She was also diagnosed with acute renal failure and with intraabdominal sepsis, and placed on broad spectrum antibiotics. Her condition continued to deteriorate. On 07/26/10 she developed bradycardia and asystole, with no response to resuscitation. She was pronounced dead at 06:00 A.M. on 07/26/2010.

The autopsy revealed multiple significant findings. There were 3.2 liters of bloody fluid in the abdominal cavity. The liver showed three lacerations with associated subcapsular and parenchymal hematomas. The bowel showed ischemic enterocolitis with mucosal necrosis and severe acute serositis with abscess formation. The heart showed evidence of myocardial infarction and significant narrowing of the coronary arteries. The lungs were markedly congested. The kidneys showed acute tubular necrosis. The spleen showed infarctions. A lap- band device was found in place at the gastroesophageal junction. In summary, the cause of death is multiorgan failure and infarction due to shock, secondary to bleeding and sepsis in the abdominal cavity.

Final Diagnosis (Verified)

- 1. HEMOPERITONEUM WITH 3.2 LITERS OF SEROSANGUINEOUS FLUID IN THE ABDOMINAL CAVITY.**
- 2. LIVER WITH SEVERE STEATOSIS, HEPATOMEGALY AND MULTIPLE LACERATIONS, WITH ASSOCIATED SUBCAPSULAR AND PARENCHYMAL HEMATOMAS AND INFARCTION.**
- 3. ISCHEMIC ENTEROCOLITIS WITH MUCOSAL NECROSIS AND ULCERATIONS, SEVERE ACUTE SEROSITIS WITH ASSOCIATED PERITONEAL ABSCESS FORMATION.**
- 4. HEART WITH MYOCARDIAL INFARCTION, MODERATE TO SEVERE CORONARY ARTERY DISEASE WITH UP TO 70% OCCLUSION AND CARDIOMEGALY.**
- 5. LUNGS WITH CONGESTION, FOCI OF HEMORRHAGE, EMPHYSEMATOUS CHANGE, AND BILATERAL PLEURAL EFFUSIONS.**
- 6. KIDNEYS WITH ACUTE TUBULAR NECROSIS.**

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7. SPLEEN WITH MULTIPLE INFARCTS
8. LAP BAND IN PLACE AT GASTROESOPHAGEAL JUNCTION.
9. OBESITY.
10. THYROID GLAND WITH INCIDENTAL PAPILLARY MICRO-CARCINOMA, FOLLICULAR VARIANT (2 MM), CONFINED TO THE THYROID.
11. UTERUS WITH LEIOMYOMA.
12. BILATERAL BENIGN OVARIAN CYSTS.
13. CHOLELITHIASIS.

Signature Line

DS

Verified:08/27/10 12:08 PDT Dariush Sahmedini, MD, Pathologist
(electronic signature)

Completed Action List:

- * Order by Drucker, MD, Michael on 27 July 2010 11:27 PDT
- * VERIFY by Sahmedini, MD, Dariush on 27 August 2010 12:08 PDT
- * Order by Drucker, MD, Michael on 27 August 2010 12:08 PDT

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