

THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA

Name.....GIBB, Maurice.....January 14, 2003...9:15 AM...Case No. 03-0116

CAUSE OF DEATH:

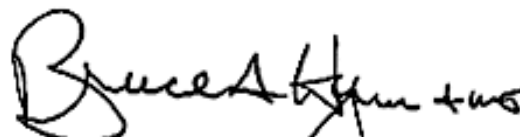
Ischemic Enteropathy

DUE TO:

Midgut Volvulus

DUE TO:

Congenital Malrotation of the Small Intestine



Bruce A. Hyma, MD
Chief Medical Examiner

Date 1/14/2003

BAH/jb

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EXTERNAL EXAMINATION:

This is the body of a 5 foot 8 inch, 149 pound, embalmed, adult white male who appears the reported age of 53 years.

The scalp is free of visible trauma and has a brown-gray curly hair with a prominent male pattern of alopecia. The eyes have brown irides with equal intermediate size pupils. The conjunctivae are gray-white and free of petechiae. The mouth has native dentition in good repair. The oral mucosa is smooth, tan and moist. The mandible and the maxilla are prepared for embalming. The face is free of visible injury or scar. Facial hair consists of a gray-blond full beard. The external auditory canals are normal.

The neck is free of visible scar or injury. The right side of the neck has needle puncture marks over the right internal jugular vein. The right anterior cervical triangle has a sutured 7.9 centimeter embalming incision.

The chest is symmetric and free of visible scar or tattoo. The abdomen is mesomorphic and has a 30 centimeter midline vertical laparotomy incision closed with 27 metal staples. The left upper quadrant of the abdomen has a 3 centimeter sutured gastrostomy site. The left lower quadrant of the abdomen has a patent jejunostomy.

The external genitalia are edematous. The penis is not circumcised. The ventral aspect of the foreskin has a 1.1 centimeter flat gray-white verrucous nodule. The testes are scrotal.

The upper extremities are free of visible scar or deformity. Around the right wrist is a orange and white plastic identification band bearing the following information: Penicillin, strawberries. Additionally, around the right wrist is a blue and white blank identification band. A third identification band is around the right wrist bearing the following information: Dugal, Ted, 6649, 1019041. The left arm and hand are free of visible injury or deformity.

The lower extremities are free of visible injury or deformity. Around the left ankle is a white paper identification tag bearing the following information: Maurice Gibb, Date of Birth 12/22/1949. Date of Death: 1/11/2003, and Place of Death: Miami Beach, FL. On the right great toe is a paper identification tag bearing the following information: Dugal, Ted 1019041, 53YM, 12/29/1949, Segel, Nathan, 1019041. The lower extremities are free of tattoos.

The posterior aspects of both shoulders have brown macules. The right flank has a faint irregular yellow-brown 1.5 centimeter contusion. The back is free of visible scar or tattoo.

INTERNAL EXAMINATION:

The reflected scalp is free of extravasated blood. The temporalis muscles are soft and red-brown. The calvarium and the dura mater are intact. The epidural and subdural spaces are free of blood. The 1430 gram brain has symmetric cerebral and cerebellar hemispheres covered by pale transparent leptomeninges. The cerebral cortex is tan, uniform and free of contusion foci. The cerebral white matter is uniform throughout and free of necrosis or neoplasm. The corpus callosum is normal and intact. The caudate nuclei, basal ganglia and thalamus are tan, uniform and symmetric. The ventricles are compressed and contain clear fluid and normal choroid plexs. The midbrain, cerebellum, pons, and medulla oblongata are

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normal. The mammillary bodies and cranial nerves are symmetric and normal. The pituitary and pineal glands are soft, tan and normal. The cerebral vasculature is translucent, patent, intact and free of visible atherosclerosis or aneurysm. The anterior, middle and posterior cranial fossae are free of fractures. The spinal cord is firm, symmetric and grossly normal. The leptomeninges of the spinal cord are transparent and pale. The lumbar cistern contains clear fluid and normal spinal nerve rootlets. The spine is free of deformity and has a firm, red-brown, uniform marrow.

The strap muscles of the neck have extravasated blood in the right sternocleidomastoid muscle associated with the right cervical venipunctures. The thyroid gland has a soft, brown, uniform parenchyma and is not enlarged. The thyroid cartilage and the hyoid bone are brittle and intact. The soft, red-brown tongue is free of injury and dry anteriorly. The epiglottis and larynx have focal gray-white exudate and the proximal trachea has bilateral superficial submucosal dark blue contusions which are 2 millimeters in greatest dimension. The vocal cords are edematous. The trachea and mainstem bronchi contain copious mucopurulent gray-brown secretions. The cervical lymph nodes and the parathyroid glands are inconspicuous.

The anterior chest wall and abdominal wall are free of extravasated blood. The pectoralis muscles are red-brown and firm. The ribs, sternum and clavicles are intact. The pleural cavities and the pericardial sac have a smooth, glistening mesothelium. Each pleural cavity contains an estimated 200 cubic centimeters of brown, turbid fluid which has a distinct odor of embalming fluid. The pericardial sac is free of blood or excess fluid. Additionally, the pericardial sac has multiple embalming trocar perforations. The abdominal cavity has a smooth, dull mesothelium without visible fibrinopurulent exudate. The abdominal cavity contains an estimated 150 cubic centimeters of turbid dark brown fluid which has a strong odor of embalming fluid. The fundus of the stomach is sutured to the anterior abdominal wall and the sutured gastrostomy site. The distal jejunum and the entire ileum are surgically absent. The cecum and ascending colon are mobilized and lying in the right pericolic gutter. The cecum is closed at the ileocecal valve. The vermiform appendix is absent. The remaining jejunum terminates as a patent intact jejunostomy in the left lower quadrant of the anterior abdominal wall.

The 350 gram heart has a smooth epicardial surface and a normal amount of subepicardial fat. The coronary arteries arise from the aorta in a normal fashion. The coronary ostia are patent. The posterior interventricular septum receives its blood supply by way of both the right coronary artery and the circumflex branch of the left main coronary artery. The right coronary artery is free of atherosclerosis and patent. The left main coronary artery as well as the circumflex branches are patent. The origin of the left anterior descending branch has focal moderate atherosclerosis with up to 60% luminal narrowing by eccentric, gray-yellow atherosclerotic plaque. The distal left anterior descending coronary artery and its branches are patent. The myocardium of both ventricles is firm, red-brown and free of visible scar, coagulative necrosis or extravasated blood. The endocardium is smooth, glistening and free of mural thrombi. The valve cusps and leaflets are translucent, pliable and free of vegetation, fenestration or deformity. The chordae tendineae are thin, delicate and intact. The papillary muscles are firm and red-brown. The foramen ovale is fused. The coronary sinus is patent. The thoracic and abdominal aorta has mild diffuse atherosclerosis evenly distributed throughout the thoracic and abdominal segments. The aorta has a normal branching pattern with patent major branches. The inferior vena cava, superior vena cava and pulmonary artery all have a smooth tan intima and are patent. The periaortic lymph nodes in the abdomen and the mediastinum are inconspicuous.

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The right and left lungs are 1010 grams and 1020 grams, respectively. Both lungs have smooth pleural surfaces with subpleural anthracotic pigment in a reticular pattern. The parenchyma of each lung has conspicuous centrilobular emphysema, most prominent in the upper lobes. Both upper lobes have a gray-blue parenchyma with irregular areas of gray-green pigment. The lower lobes of each lung are dark red-blue, congested and crepitant. The middle lobe of the right lung has a gray-blue parenchyma with centrilobular emphysema. No bullae are observed on the pleural surfaces of the lungs. No induration is palpable or suppuration visible in the lungs. The secondary and tertiary bronchi contain tenacious gray mucopurulent secretions. The lower lobes of each lung have multiple embalming trochar perforations. No neoplasm or granuloma is observed in either lung.

The 1620 gram liver has a smooth capsule and a sharp anterior margin. The hepatic parenchyma is soft, red-brown and uniform throughout. Both lobes of the liver have multiple embalming trochar perforations. The biliary radicles in the liver are normal. The gallbladder has a smooth green serosal surface and a smooth green-brown mucosa. The gallbladder contains an estimated 2 cubic centimeters of green viscid bile and no calculi. The cystic, common and hepatic bile ducts are normal in course and caliber to the ampulla of Vater. The hepatoduodenal ligament is free of lymphadenopathy. The hepatic artery and portal vein are patent and intact.

The 180 gram spleen has a smooth, dull, gray translucent capsule. The soft, dark blue splenic pulp has a red-gray, variegated pattern. The gastrosplenic ligament is free of lymphadenopathy.

Each kidney is 200 grams. Both kidneys have smooth cortical surfaces with persistent fetal lobulation. The renal parenchyma is firm, red-brown and has good corticomedullary definition with an average cortical thickness of 6 millimeters. The renal pyramids are firm and red-brown. The renal papillae are normal. The pelvicalyceal systems are patent and normal. The renal arteries and veins are patent. The ureters are normal in course and caliber to the urinary bladder. The bladder has a tan hyperemic mucosa and is empty. The soft, tan prostate gland is not enlarged and has periurethral extravasated blood out to a radius of 9 millimeters. The seminal vesicles are normal. The testes are soft, tan, edematous and scrotal bilaterally.

The adrenal glands have soft, yellow friable cortices and soft gray-brown inconspicuous medullae.

The esophagus has a smooth, gray-white mucosa with normal longitudinal folds. The stomach has a smooth, tan serosal surface and a smooth, tan mucosa with normal rugal folds. Gastric contents consist of a scant amount of gray-green vegetable matter. The fundus of the stomach has a sutured gastrostomy site. No neoplasm is observed in the stomach. The pylorus is patent. The duodenum has a smooth, tan, bile-stained mucosa without ulcers. The duodenum does not traverse the retroperitoneum inferior to the pancreas but courses directly inferior into the right pericolic gutter. The ligament of Treitz is absent. An estimated 75 centimeters of jejunum remain in the abdominal cavity. The jejunum has a smooth dull serosal surface and the mesentery has a decreased amount of adipose tissue and inconspicuous lymph nodes. The mesenteric root additionally has multiple surgical sutures. The jejunum terminates as a patent jejunostomy in the left anterior lower quadrant of the abdomen. The stoma is patent and intact. The distal jejunum and the entire ileum are absent. The cecum and ascending colon are mobilized and lying in the right pericolic gutter. The appendix is absent. The large bowel has normal haustral markings and focal descending and sigmoid diverticula without

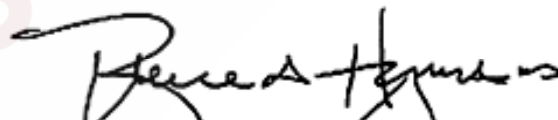
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induration of serosal fat or pericolic abscess. The large bowel is intact and contains scant amount of soft brown feces. The rectum has a smooth, tan, hyperemic and edematous mucosa. No neoplasm or ulcers are observed in the residual small and large intestine.

AUTOPSY FINDINGS:

1. Malrotation of the duodenum
2. Status post laparotomy with small intestinal resection, terminal abdominal jejunostomy, appendectomy and gastrostomy
3. Centrilobular pulmonary emphysema and pulmonary anthracosis
4. Focal moderate coronary atherosclerosis, left anterior descending branch
5. Mucopurulent tracheobronchitis
6. Cerebral edema
7. Mild aortic atherosclerosis
8. Descending and sigmoid diverticulosis
9. Verrucous nodule, penile foreskin


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