

File



COUNTY OF EL PASO
OFFICE OF THE MEDICAL EXAMINER

JUAN U. CONTIN, M.D.
 MEDICAL EXAMINER

JOSE M. RUFFIER, M.D.
 DEPUTY MEDICAL EXAMINER

4824 ALBERTA, SUITE 336
 EL PASO, TEXAS 79905

(915) 546 2181
 IF NO ANSWER CALL
 (915) 546 2280

MEDICAL EXAMINER'S AUTOPSY 87-79

CASE # 14449

JACKSON, HERNELL M. (23) "JEEP"

May 3, 1987

R. E. Thomason General Hospital
 ordered by JUAN U. CONTIN, M.D.
 performed by JUAN U. CONTIN, M.D.
 assisted by Carlos Diaz

FINDINGS

1. Anomalous origin of the right coronary artery.
 - a. Small multifocal areas of fibrosis of septum and left ventricular wall.
2. Generalized reactive hyperplasia of lymphnodes (no significance and unrelated to cause of death).
3. History of cocaine use.

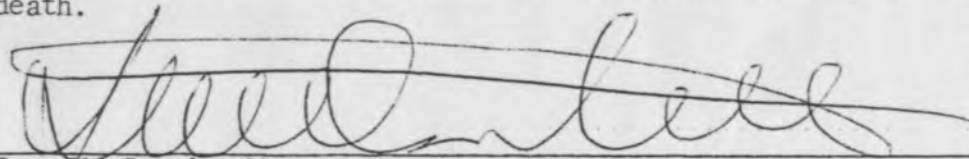
OPINION

It is the opinion of this examiner that this young man died as a result of cardiac arrest due to arrhythmia induced by multifocal areas of fibrosis of the septum and left ventricular wall. The etiology of the myocardial fibrosis was decreased blood supply to the myocardium caused by a congenital anomaly of the right coronary artery.

Toxicology screening revealed benzoylecgonine in the urine (a cocaine metabolite). No cocaine or any of its derivatives were identified in the blood. Cocaine was not a contributory factor to his death.

Consultations about this case were obtained from Dr. Jesse Edwards from the Heart and Lung Institute of the United Hospital in St. Paul, Minnesota, Dr. John Smialek from the Medical Examiner's Office in Baltimore, Maryland and the Armed Forces Institute of Pathology in Washington, D.C.. All consultants concurred with the above conclusion.

In summary, stated in lay terms, Mr. Jackson died as a result of a heart attack as a consequence of decrease blood flow to the heart due to a birth defect of one of the arteries feeding the latter. Cocaine, a byproduct of which was identified in the urine, had nothing to do with his death.


 Juan U. Contin, M.D.
 Medical Examiner, County of El Paso

JUC/sf

MEDICAL EXAMINER'S AUTOPSY # 87-79

May 3, 1987
10:30 A.M.

CASE # 14449

HERNELL M. JACKSON (23)

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished muscular black male measuring 71 1/2 inches in length and weighing 188 pounds (weighed on scale). The body is received naked. He appears to be the stated age of 23.

Submitted along with the body, in two plastic bags, are blue and white shorts, jock strap, a basketball shirt with the number 33 on the front and FT. BLISS and the number 33 on the back, four pairs of white heavy socks and white and blue high top tennis shoes. The shorts, the jock strap and the shirt have been cut along the anterior aspects.

The hair is black and very short. The eyes are brown. The pupils are mid-dilated and equal. The conjunctivae are injected. No subconjunctival hemorrhages are noted. The ears and mouth reveal nothing remarkable. The teeth are in good repair.

The neck presents no masses or marks. The chest is symmetrical. The abdomen is flat. The extremities reveal no deformities. The external genitalia and back are of normal appearance.

Rigor mortis is present throughout. Lividity is present in the posterior aspect of the body.

IDENTIFYING MARKS AND SCARS

Several small, well healed, scars in both knees. Well healed scar back to the neck measuring 1 1/2 inch in length.

EXTERNAL EVIDENCE OF INJURY

None.

EXTERNAL EVIDENCE OF THERAPY

Nasogastric tube in place through the right nostril. Endotracheal tube in place through the mouth. Catheter in place through the right external jugular vein. Two transvenous pacemaker wires lines are embedded in this catheter. Four monitor pasties on the upper chest and upper abdomen. Defibrillator pads (2) on the right anterior chest and center of the back. IV tubing in place right antecubital fossa. IV tubing in place in the medial aspect of left elbow. IV tubing in place, upper third, medial aspect of left leg. One fresh needle mark, right antecubital fossa. Two fresh needle marks, middle third, anterior aspect of right arm. IV tubing in place extensor surface, middle third of right forearm. One needle mark in each inguinal area. Fresh needle mark in the epigastric area.

INTERNAL EXAMINATION

The body is opened by the usual Y shaped incision. The panniculus adiposus measures 3/4 of an inch in thickness at the level of the umbilicus.

MEA # 87-79

CASE # 14449

JACKSON

PAGE 2

The pericardial sac contains about 30 ml of blood tinged fluid. No significant amount of fluid is present in the pleural or peritoneal cavities. All the serosal surfaces are smooth and glistening. The right pleural cavity is partially obliterated by fibrous adhesions.

There is no evidence of injury to the neck, thorax or abdomen. The hyoid bone is intact. All the organs are in their normal position and relationship to each other. The mediastinum, omentum and mesentery reveal nothing remarkable.

The endotracheal tube is in place just above the carina. The tip of the nasogastric tube is in the stomach. The end of the transvenous external pacemaker catheter is in place in the right atrium.

CARDIOVASCULAR SYSTEM

The HEART weighs 480 grams. The epicardium is smooth and glistening. A fresh needle mark is noted in the lower portion of the right ventricular wall (done during resuscitation attempt).

The heart is opened in the direction of the blood flow. All the chambers appear somewhat dilated. Nothing remarkable is seen in the valves. The tricuspid valve ring circumference measures 13 cm, the pulmonary valve ring circumference measures 8 cm, the mitral valve ring circumference measures 11 cm and the aortic valve ring circumference measures 7 cm. The endocardium is thin and transparent. The left ventricular wall measures 1.8 cm in thickness at the level of the outflow tract. The septum measures 2.0 cm in thickness in the upper anterior portion. The right ventricular wall measures 0.7 cm in thickness just below the pulmonary artery. The papillary muscles and trabeculae carneae are somewhat prominent. The chordae tendinae are thin and delicate. The myocardium is of normal color and consistency for the most part. Small areas of fibrosis are noted in the upper posterior septum and base of the left ventricular wall. The ostium of the left coronary artery is of normal diameter and is slightly higher than usual.

The ostium of the right coronary artery is slit-like and has an anomalous origin. It arises slightly to the left and above the commissure between the right and left aortic cusps rather than the usual location in the right aortic sinus. The right coronary artery runs between the aorta and pulmonary trunk in an angle more acute than usual.

The coronary arteries reveal no significant atherosclerosis. The lumina are patent throughout. All the major branches run in the epicardial fat. The venous system is of normal appearance. The aorta and large vessels arising from it reveal minimal atherosclerosis. Nothing remarkable is seen in the large abdominal and thoracic veins.

RESPIRATORY SYSTEM

The right LUNG weighs 880 grams and the left 860 grams. The right pleural surface is partially covered by fine fibrous bands. The pleural sur-

MEA # 87-79

CASE # 14449

JACKSON

PAGE 3

face of the left lung is reddish purple and smooth and glistening. The cut surfaces reveal large areas of atelectasis. They exude a moderate amount of bloody fluid. No consolidated areas are noted. The BRONCHI, TRACHEA and LARYNX contain a moderate amount of thin bloody fluid. No aspirated material is noted. The larynx reveal no injury. The pulmonary arteries and veins contain no emboli or thrombi.

ALIMENTARY SYSTEM

The PHARYNX reveal nothing remarkable. It contains no foreign body except for the endotracheal and nasogastric tubes. The ESOPHAGUS reveals nothing remarkable. The STOMACH contains about 30 grams of partially digested food. The gastric mucosa is focally hemorrhagic but is otherwise unremarkable. The SMALL INTESTINE contains a moderate amount of pasty fluid. The LARGE BOWEL contains a moderate amount of soft feces.

HEPATO-BILIARY SYSTEM

The LIVER weighs 1920 grams. The external surface is tan brown and smooth. The cut surface is also tan brown. There is no evidence of cirrhosis or fatty metamorphosis. The GALLBLADDER contains about 10 cc of bile. The gallbladder wall and mucosa are of normal appearance. The extra hepatic biliary ducts reveal nothing remarkable.

PANCREAS

The PANCREAS is of normal size and configuration.

GENITO-URINARY SYSTEM

Each KIDNEY weighs 180 grams. The capsules strip with ease. The external surfaces are smooth. The cut surfaces reveal the cortices and medullae to be of normal appearance. The CALYCES, Pelves, URETERS and URINARY BLADDER reveal nothing remarkable. The latter contains about 5 cc of cloudy urine. The URINARY BLADDER wall and mucosa are of normal appearance. The PROSTATE is of normal size. The TESTICLES and the SCROTUM appear normal.

ENDOCRINE SYSTEM

The THYROID weighs 38 grams. The cut surface reveal no nodules. Three parathyroid glands are identified and appear normal. The ADRENALS reveal nothing remarkable.

HEMATOPOIETIC SYSTEM

The SPLEEN weighs 180 grams. The cut surface reveal nothing remarkable. The bone marrow is of normal appearance.

MEA # 87-79

CASE # 14449

JACKSON

PAGE 4

LYMPHATIC SYSTEM

All the lymphnodes, mainly those in the small bowel mesentery, axillae and neck are somewhat enlarged. The largest one is located along the left internal jugular vein and measures 2.0 by 1.5 by 1.0 cm.

MUSCULOSKELETAL SYSTEM

All the muscles are well developed. No skeletal injuries or diseases can be identified.

CENTRAL NERVOUS SYSTEM

The scalp is reflected and the skull is opened in the usual manner. There is no evidence of injury to the scalp. The BRAIN weighs 1600 grams. The dura, sinuses and leptomeninges reveal nothing remarkable. There is no evidence of increased intracranial pressure. The vessels of the circle of Willis reveal no significant atherosclerosis. They contain no emboli or thrombi. Multiple coronal sections of the cerebral hemispheres, mid-brain, cerebellum and medulla oblongata reveal no evidence of contusion, hemorrhage or infarction. The ventricular system is of normal size. The choroid plexus is normal. The spinal fluid is clear. The pituitary gland reveals nothing remarkable. No fractures of the cranial bones or the cervical spine can be identified.

Blood, bile, gastric contents, vitreous fluid, spinal fluid and bloody fluid submitted with the body are sent to the laboratory for toxicology screening and ethanol determination.

MICROSCOPIC EXAMINATION

HEART: The muscle fibers are well preserved for the most part. Small areas of subendocardial fibrosis are noted in sections of the upper posterior septum and upper portion of the left ventricular wall. No fresh necrosis of the muscle fibers is identified.

LYMPHNODES: Sections of many lymphnodes reveal good encapsulation. Most of them have a "washed out" appearance with poorly defined lymph follicles. Many of the latter reveal lymphoid depletion. Hyperplastic areas are noted.

LUNGS: There is marked congestion. Many alveoli contain edema fluid and red blood cells.

STOMACH: Minimal interstitial hemorrhage of the lamina propria is noted in some areas.

SPLEEN: The red pulp is congested.

SKIN: reveals nothing remarkable.

MEA # 87-79

CASE # 14449

JACKSON

PAGE 5

AORTA: reveals nothing remarkable.

LIVER and PANCREAS: reveal nothing remarkable.

KIDNEYS and PROSTATE: reveal nothing remarkable.

THYROID and ADRENALS: reveal nothing remarkable.

BONE MARROW: reveal nothing remarkable.

STRIATED MUSCLE: reveal nothing remarkable.

BRAIN and PITUITARY GLAND: reveal nothing remarkable.

TOXICOLOGY REPORT

Blood alcohol: Negative.

Drug screening:

Urine: Positive for benzoylecgonine.

Other specimens:

Nasal swab: Negative for basic drugs.

Bronchial swab: Negative for basic drugs.

Toxicology results from reference laboratories (Damon Clinical Laboratories, Dallas, Texas and *Institute of Forensic Medicine, Ft. Worth, Texas)

Blood cocaine quantitation = None detected.

*Blood morphine quantitation = None detected.

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MEA # 87-79

CASE # 14449

JACKSON

PAGE 6

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JUC/sf



R. E. Thomason General Hospital

4815 ALAMEDA AVENUE • P.O. BOX 20009 • EL PASO TEXAS 79998 • 915/544-1200

FORENSIC TOXICOLOGY REPORT

Name: JACKSON HERNELL MARCELL Autopsy No.: ME 87-79

Date Rcvd.: 5-4-87 Date of Report: 6-4-87

RESULTS *	ANALYST	DATE RUN
(A) DRUG SCREENING		
URINE: REC'D 3ml. POSITIVE FOR BENZOYLECGONINE	FAH OLM MTW	5-4-87
BLOOD: NEGATIVE FOR ACIDIC DRUGS	FAH OLM MTW	5-4-87
GASTRIC CONTENTS:		
BILE:		
OTHER SPECIMENS: NASAL SWAB - NEGATIVE BRONCHIAL SWAB - NEGATIVE } FOR BASIC DRUGS	FAH OLM MTW	5-4-87
(B) BLOOD ALCOHOL (Ethyl Alcohol): NEGATIVE	FAH	5-6-87
C. ABO and Rh TYPING:		
D. OTHER SEND OUT FOR MORPHINE & COCAINE SEE ATTACHED REPORT		

Technical Director

of Toxicology: Mark W. Watts Ph.D.

Date: 6-4-87

* "Forensic Toxicology Policies" (Available Upon Request, No. 709-022, 5/83) describes the testing service provided, and contains a guide for the interpretation of drug screening results.

E. V. Dahl, M.D.
D. Boman, M.D.
M. T. Watts, Ph.D.
Clinical Laboratory
(915) 544-1200 x100

R E THOMASON CLINICAL LAB.
P. O. BOX 225236
DALLAS, TEXAS 75222-5236
MICHAEL SPAIN, M.D.

R E THOMASON CLINICAL LAB.
ATTN: MARK WATTS
4815 ALAMEDA AVENUE
EL PASO, TX 79905

10
7

PATIENT NAME			PATIENT ID	
JACKSON, HERNELL MARCELL			ME8779	
ACCESSION NO.	AGE	SEX	TV/SOURCE	DATE RECEIVED
8033839	23	M		05/07/87
REFERRING PHYSICIAN			CLIENT NO.	DATE REPORTED
WATTS			73536	5/30/87
ORDER STATUS	COLLECTION DATE/TIME		CLIENT DATA	
COMPLETE	05/03/87			

TEST	OUTSIDE RANGE	WITHIN RANGE	UNITS	REFERENCE RANGE	
CALL ASAP OLIVIA McDONALD 915-544-1200 X 100					
*COCAINE, QUANT.		NONE DET		NONE DET	
MORPHINE QUANT.		NG/ML (NONE DET)		50-150	
		PERFORMED BY INSTITUTE OF FORENSIC MED. FORT WORTH, TX			
* NEW RESULTS SINCE LAST REPORT					

rev'd
6-3-87

JACKSON, Hernell

ME-87-79 T

RRM/RV/MR/acb

John A. Smialek, M.D.

Office of the Maryland Medical Examiner

111 Penn Street

22 July 1987

Baltimore, MD 21201

CLINICAL: Sudden death while playing basketball; cocaine metabolites found in postmortem urine specimen.

HEART: 430 gram heart weight; healed subendocardial myocardial infarct, posterior wall of left ventricle; left ventricle measures 1.6 cm in thickness, right ventricle 0.4 cm in thickness; one focus of lymphocytes in interstium of left ventricle, but no associated myocyte necrosis, lateral wall, left ventricle; no areas of inflammation seen in right ventricle or in left and right atrium.

CORONARY ARTERIES: Coronary artery anomaly; right coronary arises from left sinus of valsalva; acute angle of proximal right coronary artery between aorta and pulmonary artery; right coronary ostium is just left of commissure between left and right sinuses of valsalva.

Comment: The cardiac specimen is being returned to the contributor as requested.



ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

ADDRESS REPLY TO THE DIRECTOR
ATTN: AFIP-

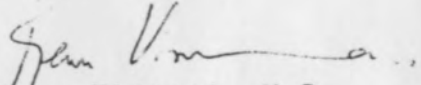
10 July 1987

John A. Smialek, M.D.
Chief Medical Examiner
Office of the Maryland Medical Examiner
111 Penn Street
Baltimore, Maryland 21201

Dear Dr. Smialek,

I have examined the heart and one slide submitted on patient Hernell Jackson ME-87-97 Case No. 14449. The heart weighs 430gm and both coronary arteries i.e. the left main and the right arise from the left coronary sinus. The left ostium is round and appears normal whereas the right ostium is slit like and makes an acute angle with the wall of the aorta as it courses between the aorta and pulmonary artery. The right ostium is situated just to the left of the commissure between the left and right aortic sinus. This abnormality is associated with a subendocardial fibrosis of the posterior wall of the left ventricle consistent with a healed subendocardial infarct. No inflammatory infiltrate is seen in the section submitted. The left and right ventricular walls measure 1.6 and 0.4 cm respectively. All other valves appear normal.

Thank you for submitting this interesting case.


Renu Virmani, M.D.
LTC, MC, USA
Chairperson, Dept. of
Cardiovascular Pathology



United
Hospital

May 28, 1987

Juan U. Contin, M. D.
Medical Examiner
County of El Paso
Suite 336
4824 Alberta
El Paso, Texas 79905

Re: Hernell Jackson (your #ME-87-79; our #R-87-211)

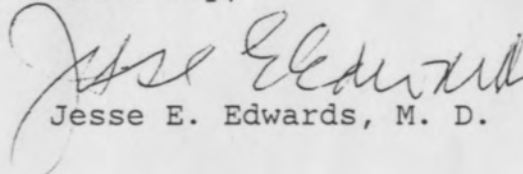
Dear Dr. Contin:

In the above-identified case, we have completed microscopic examination of the sections that we took from the gross specimen of heart. The enclosed report includes the microscopic examination. You will note from this that there is no significant disease in the coronary arteries, while the myocardium shows minimal scarring, particularly notable in the base of the left ventricle.

Under separate cover we are returning the gross specimen of heart to you.

Thank you for referring this interesting case to us.

Sincerely,


Jesse E. Edwards, M. D.

JEE:jj
Encl.
Copy to Dr. Daniel W. Davis

1

R-87-211
Hernell Jackson

REGISTRY OF CARDIOVASCULAR DISEASE
UNITED HOSPITAL
333 No. Smith Ave.
St. Paul, MN 55102

COPY TO: J. Contin
D. Davis

R-87-211

DATE ACQ.: 5/14/87

TITLE: Anomalous origin of right coronary artery from left aortic
sinus; sudden death.

PATIENT: Hernell Jackson

SOURCE: DR.: J. Contin

HOSP.: Medical Examiner, Suite 336, 4824 Alberta, El Paso,
Texas 79905

THEIR AUT. #: ME-87-79

THEIR HOSP. #: -

AGE: 23 years

SEX: M

DIAGNOSES:

1. Anomalous origin of right coronary artery from left aortic sinus.
2. Myocardial scarring (inferior basal and apical).
3. Sudden death, clinical.
4. History of cocaine abuse.

CLASS # 91
400

NAME: Hernell Jackson

R-87-211

HEART WT.:470 grams

GREAT ART.:normally related

DA:N/A

SYST.VEINS:normal

PUL.VEINS:normal

COR.SIN.:normal

COR.ART.:see remarks

AT.SEPT.:normal

VENT.SEPT.:normal

T.V.:normal

M.V.:normal

P.V.:normal

R.V.INF.:normal

A.V.:normal

SUBAOR.:normal

R.A.:normal

L.A.:normal

R.V.:normal

L.V.:normal

REMARKS

The heart is slightly enlarged, weighing 470 grams.

The right ventricle is slightly dilated and hypertrophied, its wall thickness measuring 0.8 cm. in thickness.

The left ventricle is slightly hypertrophied, measuring 1.6 cm. below the mitral valve and 1.0 cm. at the apex. There is a small amount of white, fibrous material in the posterior wall of the left ventricle 1 cm. below the posteromedial scallop of the posterior mitral leaflet.

The right coronary artery arises above the left coronary sinus just to the left of the commissure between the right and left cusps. Its ostium opens obliquely into the aorta.

The right coronary then courses downward at an oblique angle from its origin at the aorta. The left coronary artery arises higher than

usual above the level of the left leaflet and bifurcates 1 cm. distal to its origin into the left anterior descending and circumflex coronary arteries. The coronary arterial distribution is co-dominant. Gross cross sections of coronary arteries show wide lumens.

MICROSCOPIC EXAMINATION

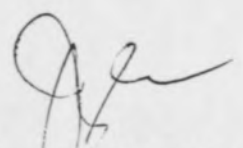
Myocardium: Anterior wall left ventricle (A2): In the subendocardial myocardium there is a tiny zone of scarring. No acute changes noted.

Basal portion of left ventricle (P4 and P5): In the subendocardial portion of the myocardium there are several small scars formed by dense, relatively avascular connective tissue. In the epicardium a small coronary artery is present; this is not remarkable.

Anterior descending coronary artery 6 cm. from origin: Negative.

Left circumflex coronary artery 3 cm. from origin: An irregular layer considered to be the normal elastic layer is seen in coronary arteries; this is of irregular thickness and does not narrow the lumen materially. No thrombotic or other intimal disease is present. The media is not remarkable.

JEE:jj


Jesse E. Edwards, M. D.
5/28/87

R-87-211

R-87-211
Hernell Jackson
El Paso ME# 87-79

