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## POST-MORTEM EXAMINATION

Serial No: 1932

Name of deceased: Gary Spicer

Sex: Male

Coroner: Bristol, Avon

Address (if known):

Identified by: Name on Shroud	Place of examination: BCH Mortuary	Date and time of examination: 10 am. 21.4.89
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Observers present at examination: Staff of BCH Mortuary

History A 9 month old child admitted on 7.4.89 for surgical correction of Fallot's Tetralogy. This congenital heart defect had been noticed at birth and confirmed by Cardiac catheterisation on 15.2.89. Surgery was performed on 11.4.89 when total surgical correction was performed including repair of patent foramen ovale, relief of infundibular stenosis and repair of ventriculo-septal defect. The pulmonary artery and right ventricular outflow tract were enlarged by inserting a Dacron patch. Post operative recovery was uneventful

## REPORT

## EXTERNAL EXAMINATION

Stated/apparent age: 9 Months	Stated/estimated date/time of death: 19.17 hrs 19.4.89	Nourishment: Good
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Body surface and musculo-skeletal system, including injuries, marks of identification (e.g. tattoo marks, old scars):

The body is that of a male child (weight 9560gs, crown rump 50cms, crown heel 74cms, head circumference 48cms) A nameband on the shroud corresponds to the name given above. The skin was jaundiced. Two circular areas of scalp erythema were present over the occipitoparietal region, each 1cm diameter. Normal head with soft bulging anterior fontanelle. Normal eyes with no conjunctival petechiae. Normal nose with patent posterior choanae. Normal mouth, tongue, palate. Normal neck, apart from canulae inserted into the right and left jugular veins. A 10cm long midline sternotomy sutured wound was present. Clean umbilicus. A midline defect 2.5cms inferior to the umbilicus is present with a small amount of protruding omentum, 2.5cms long. This corresponds to the position of a peritoneal dialysis canula. Normal male external genitalia with scrotal testes. A urinary catheter is in situ. A right femoral arterial line is present and 3 pacing wires emerge from the anterior chest, 2 on the left infro-lateral to the lower end of the sternotomy scar and 1 inferolateral on the right. Normally proportioned limbs with intact long bones. Puncture marks are present on the dorsum of the left hand.

Skull, brain, meninges, cerebral vessels:

## INTERNAL EXAMINATION

Normal scalp. The anterior fontanelle is bulging. The suture lines between the skull bones are prominent and slightly widened. Brain is grossly oedematous and swollen. There is no macroscopic evidence of meningitis. No subdural haemorrhage or dural tear. There is no sagittal sinus thrombosis. Macroscopically normal cervical, thoracic and lumbar cord. Normal spinal column.

Respiratory system (larynx, trachea, bronchi, pleurae, lung parenchyma):

Normal nose, naso-pharynx and trachea. The tracheal mucosa is pale pink and the lower trachea has frothy clear mucoid material within it. Both pleural sacs are dry. There is normal pulmonary lobation. Both lungs show congestion with oedema fluid oozing from the cut surfaces.

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