



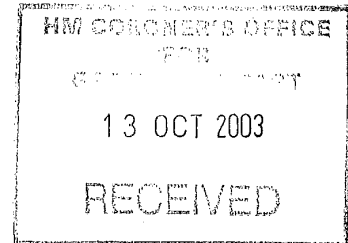
Directorate of Laboratory Medicine

Belfast City Hospital Trust and
The Royal Hospitals Trust

REGIONAL NEUROPATHOLOGY SERVICE

9 October 2003

Mr J M Leckey
HM Coroner for Greater Belfast
The Court House
Old Town Hall Building
80 Victoria Street
Belfast BT1 3FA




Dear John

Re: Conor Mitchell (Deceased)

I returned all the notes we received to the respective Departments. I retain none of the original hospital notes. I also enclose the autopsy request from Dr Bothwell which was written post-mortem, virological results which are also post-mortem and a response to my letter to the Medical Executive in Craigavon Area Hospital to send me all biochemical test results that were performed in Craigavon.

Yours sincerely


Dr Brian Herron
Consultant Neuropathologist

Enc

Pathology in Partnership

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2661

**ROYAL VICTORIA HOSPITAL
AUTOPSY REQUEST FORM**

NAME: CONOR MITCHELL AUTOPSY No: A 55/2003
 D.o.B. 12/10/87 SEX M HOSPITAL No. _____
 CONSULTANT: BOTHWELL WARD PICU HOSPITAL RBHSC
 DATE OF ADMISSION: 9/5/03 DATE OF DEATH: 12/5/03
 DATE OF AUTOPSY: _____ TIME OF AUTOPSY: _____
 TIME COMPLETE REQUEST RECEIVED IN MORTUARY: _____

CLINICAL PRESENTATION (major symptoms)

10/7 hx general malaise, ↓ oral intake, vomiting. Assumed viral illness and admitted to Craigavon Area Hospital.
 In CAH - respiratory area arrest. Intubated & ventilated with pupils fixed & dilated.
 Transferred to RBHSC on 9/5/03. Repeat CT scan ^{10/5/03} diffuse swelling of brain including midbrain & brain stem. Loss of grey/white matter differentiation.
HISTORY OF PRESENT ILLNESS: suggestive of infarction. Cause not apparent but ischaemic changes would give this appearance.
 Ongoing brainstem dysfunction & treatment withdrawal 12/5/03

PAST MEDICAL HISTORY (incl drug therapy)

When in CAH appeared to have been rehydrated (**rate of hydration) and according to mother multiple tonic seizures - not recognized until final seizure. NO anticonvulsants given until last seizure - IV phenytoin given in ICU. Hypertensive & required motopric support to maintain BP.
 Spastic quadriplegia aged 6/yr - prenatal infection of (L) middle cerebral & Rt out front cerebral arteries. Developed seizures but went on Ep/1001 200 mg BID. Only x3 Sz from childhood.
 Generally well & no regular hospitalizations.

INVESTIGATIONS (include laboratory, ECG, X-ray etc)

- CT SCANS 8/5/03 - CAH & 10/5/03 RBHSC
 - Blood Ix Na initially 134 in CAH ↑ to mid 160s in CAH ICU & in PICU

CLINICAL DIAGNOSIS

Child with cerebral palsy admitted to PICU with generalized cerebral edema. ? cause but ischaemic changes would be in keeping.
 Use back of this sheet if required
 P. Bothwell (Bothwell)

LIST CLINICAL PROBLEMS IN ORDER OF IMPORTANCE:

(This list will enable the pathologist to produce a more relevant report.)

- (1) Brainstem dysfunction with no cerebral oedema
- (2) ? cause of cerebral oedema related to
- (3) (1) viral illness
- (4) (2) over-rehydration / inapprop fluid management
(3) status epilepticus -> causing hypoxia

[Handwritten signature]
[Handwritten name]

DEATH CERTIFICATE: If a death certificate has already been prepared please copy it below for our records

(1) _____ (1) _____
Disease or condition directly leading to death (a) _____
due to

Antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) _____

(2) _____ (c) _____
Other significant conditions, contributing to the death, but not related to the disease or condition causing it.

Will you or a colleague be attending the review session at 1:45 pm on the day of the autopsy? YES NO

Signature of requesting doctor _____

Please write your name legibly and give an extension number where you can be contacted _____

THE FINDINGS OF THE AUTOPSY WILL BE TELEPHONED TO THIS NUMBER