

**HER MAJESTY'S CORONER****DISTRICT OF GREATER BELFAST**

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Your ref: INQ T59/9/12.EF

18<sup>th</sup> November 2003

Dear Ms Scott

**LUCY CRAWFORD, DECEASED**I refer to your letter of 5<sup>th</sup> November.

Please let me know if there is any reason for the delay in forwarding the statements to me.

I am enclosing a copy of the post-mortem report of Dr O'Hara.

Yours sincerely

**J L LECKEY**  
**HM CORONER FOR GREATER BELFAST**

Enc

<b>DIRECTORATE OF LEGAL SERVICES</b>	
20 NOV 2003	
Insp. by	CC.
Act. by	DS.
Ref. No.	

**Autopsy No:** A45144**PPM No:** 57-00**Name:** Lucy Crawford

**NORTHERN IRELAND REGIONAL PERINATAL/PAEDIATRIC PATHOLOGY**  
**SERVICE, DEPARTMENT OF PATHOLOGY**  
**ROYAL GROUP OF HOSPITALS TRUST, BELFAST**

**POST MORTEM REPORT****Name:** Lucy Crawford**A. No:** A45144**Hospital No:** CH461358**PPM No:** 57-00**Age:** 18 months (dob: 5.11.98) **Sex:** F **Health Board:** WHSSB**Mothers Name:** May Crawford**Date of PM:** 14.04.2000**Ward:** PICU**Hospital:** RBHSC**Clinician:** Dr D Hanrahan**Pathologist:** Dr M D O'Hara**Total No. of Pages:** 9**Final Anatomical Summary**

1. History of acute 24-36 hour history of vomiting/diarrhoeal illness with dehydration and drowsiness 14.4.2000.
2. History of seizure at 0300 hours 13.4.2000, pupils fixed and dilated following intubation.
3. Relatively little congestion with some distension of large and small intestine with gas and clear fluid.
4. Extensive bilateral bronchopneumonia.
5. Swollen brain with generalised oedema and early necrosis
6. Heart given for valve transplantation purposes.

**Commentary**

The history is of a child of approximately 18 months old collapsing following an episode of seizure in the course of an acute vomiting and diarrhoeal illness. At autopsy a large number of samples were taken for culture techniques. None of these had been positive, in particular intestinal contents and faeces showed no significant growth and there was no growth from liver, trachea or right lung. It is noted however in samples taken clinically that enterovirus PCR was positive on a number of occasions. EM studies were negative. Toxicological tests were negative and serology for some of the more common viral diseases of infancy such as mumps, measles, HSV, VZV and CMV are all negative. Histology of the bowel reveals relatively minor changes. There was no evidence of significant ulceration in the small intestine. The inflammatory cell component within the lamina propria is at the upper limit of normal. It is known that some of the acute conditions associated with vomiting and diarrhoea do not always cause serious structural abnormalities within the intestine, they tend to be more of a toxic phenomenon and autopsy certainly has not shown evidence of any of the more serious conditions such as salmonella or the like.

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The autopsy also revealed an extensive bronchopneumonia. This was well developed and well established and certainly gives the impression of having been present for some 24 hours at least. Unfortunately swabs taken from the lungs were unsuccessful and did not grow and there is no doubt that this pneumonic lesion within the lungs has been important as the ultimate cause of death, the changes being widespread throughout both lungs. The pneumonia could be possibly prior to the original disease presentation but equally could have been induced during the time of seizure and collapse. The changes seen in the brain are consistent with an acute hypoxic insult and there is no evidence of any underlying infective congenital or structural abnormality of the brain tissue.

Signature:Date: