

Cor.1

DEPARTMENT OF NEUROPATHOLOGY

INSTITUTE OF PATHOLOGY, GROSVENOR ROAD, BELFAST

Name: FERGUSON Rachael Age: 9 yrs Sex: F P.M.No.: NPPM 61/2001

Date of Admission: 09/06/01 Ward: PICU, RBHSC Date of Death: 09/06/01

Date of Autopsy: 11/06/01

Place of Autopsy: Mortuary, RVH

On the instruction of H.M. Coroner, Mr. J.L. Leckey, LL.M. – Dr.
Department of Neuropathology, Institute of Pathology, Grosvenor Road,
Belfast, Northern Ireland, made a post mortem examination on the body of:-

Rachael Ferguson
Aged: 9 yrs

Identified to Dr B Herron

By Constable MB Adams
Grosvenor Rd

CLINICAL SUMMARY

She was admitted to Altnagelvin Hospital on 7/6/01 with abdominal pain and was diagnosed as having appendicitis. Appendicectomy was done on the same day and she was doing well after that. On 8/6/01 she was conscious and able to walk. However, she vomited 6 – 7 times but there was no fever or diarrhoea. On 9/6/01 at 3.00am she developed tonic seizures which lasted for 15 minutes. She received medication but did not improve. Soon after this she developed fixed dilated pupils with petechial haemorrhages on the anterior chest wall and possibly aspirated. An urgent CT scan showed possible subarachnoid haemorrhage with evidence of increased intracranial pressure. Electrolyte analysis showed sodium level of 118 mg./dl and potassium of 3 mg./dl. She was intubated and transferred to the RVH on 9/6/01. A second CT scan showed cerebral oedema and she was pronounced brain stem dead on 9/6/01 at 12.09 pm.

My findings are consistent with death having taken place on

(I) Disease or condition directly Ia. Cerebral oedema
Leading to death: due to

Antecedent causes. Morbid b. Hyponatraemia
conditions, if any, giving rise
to the above cause, stating the
underlying condition last.

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

COMMENTARY

She was admitted on 07/06/01 for an appendicectomy because of abdominal pain. On 09/06/01 she developed seizures and was noticed to have a low sodium level in her blood. Expert opinion was sought on the cause of this and an additional report is enclosed. It suggested the low sodium was due to a combination of three causes including infusion of fluids post operatively which contained a low sodium concentration. Other factors were the vomiting in the post operative period and the stress of surgery causing secretion of other chemicals. The expert stated that the relative contributions of these factors are unknown and as a combination they led to this brain swelling which eventually led to her death.

LM 4/12/01