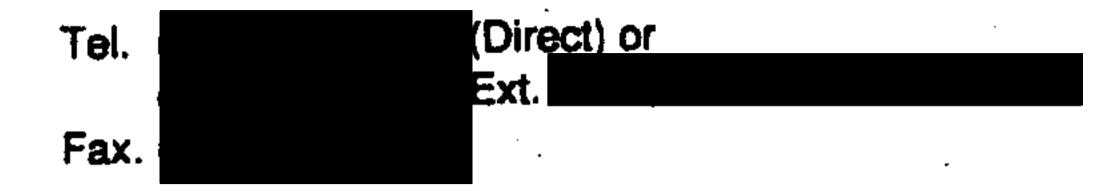




State Pathologist
Professor J Crane
MB BCh MRCPath DMJ (Clin et Path)

The Queen's University of Belfast & Northern Ireland Office

State Pathologist's Department, Institute of Forensic Medicine, Grosvenor Road, Belfast BT12 6BS



20th December, 1995.

JC/MDEC

Dr. E. Sumner,
Hospital for Children,
NHS Trust,
Great Ormond Street,
LONDON WC1N 3JH

Dear Dr. Sumner,

Following our recent telephone conversation I should be grateful if you would provide an expert opinion on my case - Adam Strain, for H. M. Coroner for Greater Belfast, Mr. J. L. Leckey, LLM.

Please find enclosed:

- 1. The original hospital notes.
- 2. Two reports from the consultant anaesthetist involved.
- 3. A report from the consultant paediatric nephrologist.
- 4. Equipment check report.

To summarise:

This 4-year old child with a history of polyuric renal failure due to posterior urethral valves was admitted for a renal transplant. He had had a number of operations in the past including five fundoplications and more recently an orchidoplexy. All were uneventful. He ate nothing by mouth and as such was fed via a gastrostomy button which would include a night feed of 1,500 mls.

The operation itself produced a little more bleeding than expected and technically it was apparently a little more difficult than usual because this child was well nourished. When the operation was completed this child did not wake up. An urgent CT scan one hour later showed gross cerebral oedema. He was ventilated for about another 24 hours before the ventilator was turned off.



Findings at autopsy:

1. Gross cerebral oedema (brain still fixing along with spinal cord) with the brain bulging through the dura.

2. No substantial pulmonary oedema or oedema of any other organ.

I should be grateful if you could provide us with an opinion in this case.

Yours sincerely,

Alison Armour Senior Registrar

Encis:

c.c. Mr. J. L. Leckey, H. M. Coroner for Greater Belfast.