



## Case Report

Volume 7 Issue 5 – November 2017  
DOI: 10.19080/ARGH.2017.07.555725

Adv Res Gastroentero Hepatol

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# Sudden Cardiac Death



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**Submission:** October 27, 2017; **Published:** November 21, 2017

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## Introduction

Sudden deaths are classified as:

- 1) Truly sudden deaths: which occur in seconds to a few minutes & are generally observed.
- 2) Unexpected deaths: which are unobserved & may be sudden or prolonged.

### Pathologic lesions associated with sudden cardiac death

- a. Ventricular Fibrillation
- b. Coronary thrombosis/ Sclerosis
- c. Miscellaneous lesions such as aortic stenosis, viral myocarditis, hypertensive cardiomyopathy, ruptured acute infarct with tamponade.

### Congestive heart failure from

- a. Myocardial Infarction
- b. Arteriosclerotic Heart Disease
- c. Rheumatic Valvulitis with stenosis / insufficiency
- d. Bacterial Endocarditis
- e. Alcoholic Cardiomyopathy
- f. Cardiac Arrhythmias with presumptive aetiologies
- g. Congenital causes such as WPW syndrome with H/O medically established episodes of cardiac arrhythmias.

The autopsy procedure should include examination of the heart especially the coronaries. Numerous sections from various areas should be taken including the conducting system for histology.

### Sudden Unexpected Death in Infancy

- i. Possible Pathologic Lesions in Infancy associated with sudden death (Though their presence precludes the very definition of sudden death in infancy). Viral Myocarditis
- ii. Ventricular Fibrillation (Electrical shock induced)

- iii. Air Embolism
- iv. Intracerebral Hemorrhage (Secondary to Injury)
- v. Foreign Body Obstruction- Larynx
- vi. Laryngospasm/ Laryngeal Edema
- vii. Anaphylaxis as a rare cause
- viii. Rheumatic Valvulitis leading to Insufficiency
- ix. Meningitis with Septicemia
- x. Brain Tumors predominant in Infancy e.g. AV Malformations, Neurocutaneous Melanosis with Internal Hydrocephalus, Medulloepithelioma, Medulloblastoma, Pilocytic Astrocytoma
- xi. Acute Pyelo nephritis with Septicemia
- xii. Congenital/Childhood Renal diseases (Cystic diseases- Renal Dysplasia, Infantile Polycystic Disease, Congenital Nephrotic Syndrome, Renal tumors- Mesoblastic Nephroma, Multicystic Nephroma)
- xiii. Pneumonitis with Septicemia
- xiv. Sickle Cell Crisis, Congenital Leukaemia
- xv. Electrolyte Imbalances due to Gastroenteritis/ Dehydration
- xvi. Sudden death associated with seizure disorder Cardiac conduction defects such as WPW syndrome

### Points to be Considered During the Autopsy (Diagnostic & Erroneous)

- a. Circumstantial Evidence (such as neck compression, suffocation, traumatic asphyxia).
- b. Fatal child abuse - bruised, malnourished, dirty, skeletal fractures.
- c. Blood exam for sedatives/salicylates etc.
- d. Carbon Monoxide Intoxication.

e. Agonal Aspiration of gastric contents should not be taken as cause of death.

f. Post mortem refrigeration of infants congeals the subcutaneous fat in the neck causing a crease commonly mistaken

as a ligature strangulation mark, but no associated bruising / contusion seen.

g. Nasal/perioral abrasions along with visceral laceration & head injury seen as a spectrum of Resuscitation Injuries.



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DOI: [10.19080/ARGH.2017.07.555725](https://doi.org/10.19080/ARGH.2017.07.555725)

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