Journal of Forensic Sciences And Criminal Investigation
ISSN: 2476-1311

Juniper Publishers key to the Researchers

Case Report
Special Issue - May 2018
DOI: 10.19080/JFSCI.2018.08.555741

J Forensic Sci & Criminal Inves


# Prospects of Forensic Diagnosis of Fatal Pancreatitis in a Developing Community

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**Submission:** April 12, 2018; **Published:** May 10, 2018

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**Abstract**

The author was identified in 1986 as the foremost researcher in the Reprint Request (RR) field. In keeping with that opinion, a search of my Mini Library of Reprints disclosed 3 reprints on the problem of the autopsy in pancreatitis. Their study stimulated research in this field among the Ibo ethnic group in South Eastern Nigeria. It resulted in exposing autolysis as a major problem which only early autopsy may prevent

**Keywords:** Reprint, request, worldwide, personal Mini Library, pancreatitis, autopsy, autolysis

**Abbreviations:** RR: Reprint Request

## Introduction

John Swales, the Editor of English for Specific Purposes, in 1986, called me "the only active researcher that I have traced in this area"[1]. In keeping with this status, when I searched my Mini Library of Reprints, I retrieved 3 reprints on pancreatitis as follows:

a) "Death Due to Acute Pancreatitis. A Retrospective Analysis of 405 Autopsy Cases" [2].

b) "Incidence and Diagnostic Significance of Minor Pathologic Changes in the Adult Pancreas and Autopsy" [3].

c) "Fatal pancreatitis. A Study of 64 consecutive cases" [4].

d) Incidentally, the above came in alphabetical order from USA, Switzerland, and Finland. Therefore, what Nigerian case can be offered?

## Case Report

EA, a 29-year-old man, attended the General Hospital, Owerri, Nigeria, and was seen by Dr Ihezue with the complaint of progressive weakness of 3 weeks duration. There was associated fever with anorexia. He deteriorated and died after obtaining his discharge. The clinical impression was that of "Non Specific Viral Infection." Subsequently, Dr Ihezue sent to me chunks of tissues specified as Liver, Pancreas, and Spleen. On microscopy, there was autolysis in the pancreas, while the spleen was the seat of an infarct and the liver appeared normal.

## Discussion

Clearly, autolysis of the pancreas was the bane here. Surprisingly, the other organs were not involved. Therefore, this set me on the search for cases in which pancreatic autolysis featured in my entire pancreas series. Incidentally, from 1970, I was the pioneer pathologist at the Regional Pathology Laboratory at Enugu, the capital of the Eastern Region of Nigeria. In this context, it had been serving the Ibo ethnic group which is domiciled mainly in the South Eastern part of Nigeria [5]. It has duly functioned fruitfully in keeping with the interesting hypothesis of a Birmingham (UK) group concerning the usefulness of a histopathology data pool in epidemiological analysis [6]. In this context, two women aged 20 years and 32 years were traced to have had autolyzed pancreas. Incidentally, in most cases, the pancreas was not submitted unlike both the liver and the spleen. Preferential attention to both of them seems to have been the practice. In particular, what of recent Internet searches? Reports were obtained from diverse countries. They concerned aspects of the forensic pathology of pancreatitis. In this context, a 49-year-old male alcoholic in Finland died suddenly on account of massive hemorrhage due to rupture of the great pancreatic artery [7]. Such hemorrhage was encountered in India [8]. From Germany [9], it was concluded that "Data derived from medicolegal autopsy studies should be included in future population-based studies of acute pancreatitis." However, that country also yielded the conclusion that "The high frequency of pancreatic bleedings in cases of fatal hypothermia as described in the literature cannot be confirmed by our investigations" [10]. In the view of Malaysian authors [11], "Autopsy based studies provide valuable information and a holistic approach to the study of acute pancreatitis."

## Conclusion

An interesting view came from USA [12]. As it was rendered, "forensic pathologists are likely to encounter pancreatitis at autopsy and therefore must be familiar with its etiologies." This is a most welcome view.

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DOI : 10.19080/JFSCI.2018.08.555741




**How to cite this article:** Wilson I B O. Prospects of Forensic Diagnosis of Fatal Pancreatitis in a Developing Community. J Forensic Sci & Criminal Invest. 2018; 8(4): 555741. DOI: 10.19080/JFSCI.2018.08.555741