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Case Report
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Tropical Spelomegaly Syndrome as a Forensic Challenge

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Abstract

Indian authors recently opined that their study showed "a handful of findings to the pool of rare lesions in pathology." A British group referred to the importance of "a histopathology data pool." Therefore, such a pool is considered as regards a developing community with reference to the death of a woman of the Ibo ethnic group. Her body was kept for a month in order to confirm the cause of death forensically. Tropical splenomegaly syndrome was diagnosed.

Keywords: Woman; Death; Forensic Necropsy; Tropical Splenomegaly Syndrome

Introduction

According to an Indian group of doctors [1], their study added "a handful of findings to the pool of rare lesions in pathology." Another group from the UK also emphasized the importance of a histopathology data pool with reference to epidemiological analysis [2]. Therefore, this paper considers such a data pool established among the Ibos or Igbos [3] who dwell in a developing community in Nigeria. Already [4], such a pool had been investigated regarding the forensic aspects of pulmonary edema. Here, the emphasis was on the autopsy of the removed spleen.

Case Report

AF, a 78-year-old woman, was treated at Merken Hospital, Enugu for Tropical Splenomegaly Syndrome. She died on 11th February 1994 and was preserved with formalin. Autopsy was carried out by the co-author (CMA) on 10th March, 1994. He sent the materials to the senior author (WIBO). Actually, the 11 cm spleen was submitted as well as a portions of skin, heart, brain, lungs, liver, kidneys, ileum and colon. On microscopy, most organs were negative. There were scattered lymphocytes in the sinusoids of the liver. The splenic pulp was distended with erythrocytes and displayed some fibrosis. Tropical splenomegaly was diagnosed.

Discussion

Massive splenomegaly is associated with malaria [5]. Moreover, death may also follow rupture [6], but this was not apparent here. Likewise, there may be trivial trauma rupture [7]. Earlier, such a rupture was noted in a local sportsman [8]. From Ghana, Bates and Bedu-Addo [9] agreed that "Minor diagnostic criteria included hepatic sinusoidal lymphocytosis." Our case is of this type. Of course, enlarged spleens are usually included in tropical studies such as ours [10]. Indeed, whatever happens, "it is then the pathologist's chance to discover the truth after postmortem" [11]. In my view, it is by discovering the variegated lesions in the community that the pathologist masters their scenery over the years [12]. And, as they continued, "In case of advanced autolysis, the histological diagnosis may be hindered or rendered impossible."

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