

Allen (17)

~~██████~~ - Pfc., 168th. Inf.
Wounded in Action, 9 Sept., 1944, North of Florence Italy, by enemy mine.

Admitted to 12th. General Hospital, 13 Sept. 1944, From 8th. Evac.,
From British Hospital (Probably C.C.S.)

Died, 17 Sept. 1944 of Anaphylactic Shock due to Tetanus Antitoxin.

This 21 year old soldier received typical mine injuries, namely Multiple penetrating and perforating wounds of entire left lower extremity, both buttocks, right leg with traumatic amputation of the foot, entire left upper extremity, including hand and shoulder, the right hand and scrotum with loss of one testis. The amputation of the right leg was completed at a British hospital and patient sent to 8th. Evac. Hosp., where further debridement was accomplished. On arrival at the 12th. Gen. Hosp., the patient looked ill, the skin was moist and flushed, he was in pain and the temperature was 101 degrees F. Fluids and transfusion were given and three days later the wounds were uncovered in the operating room. They were very dirty, and some further debridement was done and closure was accomplished only on the scrotal wound. Six inches of the right tibia were exposed and a slightly higher amputation was done, and traction applied. The day following operation the patient was nauseated and feverish, complained of chills and vomited several times. There was tenseness of the neck muscles, and a slight suggestion of risus. Aeclinical diagnosis of tetanus was made and proper therapy instituted. Rectal sedation with avertin was started and skin testing with tetanus antitoxin done. There was no reaction up to 40 minutes after the wheal was made and a Venoclysis of 80,000 A.T.S. units in normal saline was started. Approximately 10cc of the solution had entered the vein when the patient complained of difficulty in respiration, followed almost immediately by cessation of respiration and heart beat. All efforts at resuscitation failed.

Salient features of Autopsy: 3,5

A. There is recent guillotine amputation of the right lower leg, just below the knee. The stump is not sutured. It is not infected. There is a penetrating wound of the left knee, recently debrided. The patella is fractured. There are numerous soft tissue wounds of both buttocks, the left hand, forearm, upper arm, and the right forearm. All of these are the site of recent debridement; none are sutured.

B. The left lung weighs 350 grams. There are numerous subpleural petechiae scattered over both lobes. The lung otherwise appears normal both externally and on section. The hilar structures are not remarkable. The right lung weighs 400 grams. Apart from subpleural petechiae similar to those noted in the left lung, there is a small dark red, firm, dry, granular infarct the size of a walnut in the right middle lobe.

C. Lung (4 sec): Two sections show subpleural hemorrhage, rather marked focal atelectasis, and in many of the alveoli there are balls of fibrin surrounding enmeshed, sometimes ghosted, red cells. In some regions, the red cells are also found free within the alveolar spaces. This picture is suggestive of a blast lung. In two other sections the infarct noted grossly is portrayed. The area concerned is now in part replaced by proliferating connective tissue. In some areas, however, necrotic lung tissue is still evident. Extensive hemorrhage is present.

CLINICAL DIAGNOSES

- (1) Wounds, penetrating and perforating, multiple, entire left lower extremity, right and left buttocks, right leg, left upper extremity, left shoulder, right and left hands, scrotum.
- (2) Traumatic amputation, foot, right.
- (3) Debridement and amputation, right foot, 9 Sept.
- (4) Debridement 9 Sept.
- (5) Debridement and re-amputation foot 16 Sept.
- (6) Tetanus
- (7) Anaphylactic shock.

PATHOLOGIC DIAGNOSES

- (1) Anaphylactic shock following administration of tetanus antitoxin.
- (2) Subpleural ecchymoses of both lungs.
- (3) Infarct, small, organizing, right middle lobe of lung.
- (4) Acute toxic splenitis.
- (5) Amputation, recent, right lower leg.
- (6) Penetrating wound of left knee with fractured patella.
- (7) Soft tissue wounds, debrided, of left upper extremity, right forearm, both buttocks, and scrotum.

Additional diagnoses (microscopic):

- (8) Pulmonary fat embolism, minimal.
- (9) Focal atelectasis of both lungs.
- (10) Blast lung, healing phase.