

Sgt.

Eng. S.R.

R.C.

Injured: 29 May 1943 - in jeep accident near Ain-el-Turck, Algeria.

Admitted: 29 May 1943 - direct.

Died: 2 June 1943 - of subarachnoid and intraventricular hemorrhages as result of his accident.

Patient was one of several in a jeep accident. He had been drinking and the jeep (which he was driving) failed to make a curve at high speed. When first seen, he was quite comatose with blood pressure of 60 systolic. His rather trivial head lacerations were cleansed and dressed and he was given 1250cc of plasma. He had obviously had profound intracranial damage but not of a sort to require operative intervention. Pupils were small and equal. Patient was areflexic. Catheterization yielded pure blood and suprapubic cystotomy was done. Burr holes were made in unsuccessful attempt to evacuate clot. He died without regaining consciousness.

Autopsy:

- A. The skull is recently shaven, and there are numerous excoriations there-of, chiefly involving the left fronto-parietal region. There is a partial avulsion of the scalp 3 cm in extent just above the mastoid eminence on the left side, with loss of substance down to and including the galea. There is a recently sutured 3 cm linear vertical incision in the right preauricular region which covers a recent burr hole in the underlying skull.
- B. The abdomen is distended and tympanitic. The lower half is swathed in a surgical dressing and binder, from which a catheter protrudes. Removal of the gauze discloses a suprapubic cystotomy wound (recent), with the catheter sutured therein. The pubic arch is freely movable on palpation, indicating a bilateral complete fracture involving both sides of the arch.
- C. A variant of the "Y" incision is used, a semilunar incision being made around the lower abdomen to the umbilicus, thence proceeding linearly upward in the midline. The flap is then dissected inferiorly, exposing the lower abdomen and the space of Retzius. The latter is the site of an extensive hemorrhage, mixed with urine. The fat and surrounding peritoneum are discolored red-black, and the former tissue is nodular and sclerotic in consistency. The penis is freed of its skin and the shaft examined for ~~any~~ evidence of urethral tear. This found at the bulbomembranous juncture, with leakage of urine and a marked inflammatory reaction in the soft tissues at that point. The urogenital diaphragm is completely transected, portions of it remaining attached to the fractured pubic arch. This structure can be lifted out in toto, all rami being transected. There are no other fractures apparent in the pelvis.
- D. The bladder is opened in situ, disclosing a mixture of clotted blood and urine therein. The mucosa is inflamed, and perivesical fat generally shows a marked sclerosis from the presence of extravasated urine.
- E. The brain was removed in the usual manner. There is a diffuse subpial and subarachnoidal hemorrhage involving all lobes of the brain. The lateral and third ventricles contain fluid blood.

F. The vault of the skull shows an irregular 7 cm hairline fracture, without displacement. A similar type of fracture is present on the left side of the middle fossa, meandering irregular-

DIAGNOSES:

CLINICAL DIAGNOSES

- (1) Fractured skull
- (2) Bilateral fracture of both pubic rami
- (3) Traumatic transection of bulbo-membranous urethra
- (4) Urinary extravasation

PATHOLOGIC DIAGNOSES

- (1) Respiratory system: Massive atelectasis of the right lower lobe; bronchopneumonia of the right lower lobe, early; pigmented alveolar histiocytes.
- (2) Spleen & Hematopoietic tissues: Acute splenitis.
- (3) Liver: Mild fatty degeneration; periportal hepatitis, chronic, mild.
- (4) Genitourinary system: Transection of urethra at bulbo-membranous juncture; hemorrhage into urogenital diaphragm; urinary extravasation in to the space of Retzius; recent supra-pubic cystotomy wound; recent hemorrhage into bladder.
- (5) Central nervous system: Diffuse subarachnoid hemorrhage, recent; hemorrhage into lateral and third ventricles.
- (6) Bones and joints: Linear fracture of calvarium; linear fracture of base of skull, involving the middle and anterior fossae on the left side.
- (7) Miscellaneous: Excoriations of scalp over left fronto-parietal region; partial avulsion of scalp over left mastoid eminence; recent burr hole in right pre-auricular region; marked adynamic ileus.