[redacted] - Corp., [redacted] Lancers (British)

Wounded in Action, (tank burn) 9 April 1943, in Tunisia

Admitted to 12th General Hospital, 15 April 1943, from 9th Evac.Hosp.
from 48th Surg.Hosp.

Died, 4 August 1943, of acute yellow atrophy of the liver,due to his burns.

This 26 year old soldier severely and extensively burned, whrn his General Sherman tank was struck by a shell near Fondouk. Soda bicarbonate dressings were applied at the Collecting Company and later, vaseline and pressure dressings and plasma at the 48th Surgical Hospital. He was redressed ,13 April. The burns were extensive and deep, both lower extremities from shoe top to buttock were covered with bacon rind skin; the entire face was involved in second and third degree burns and the entire left upper extremity from shoulder to finger tips was encircled by "bacon rind"skin. Under careful cleanly care, pressure dressings and splints the burned areas became cleaner ,all sloughs separated exposing the left ulna and right fibula. The left thumb sloughed off. After about ten weeks care it was possible to apply grafts to the legs. The course ,however, was septic throughout and marked by continuous fluid and protein loss from the raw surfaces. He was placed on a high proteim diet, 16 blood transfusions and 24 plasma transfusions were given over his 4 month stay, but the plasma protein level fell from 6,8 gms.% to as low as 3 gms.%, and seldom went over 5gms %. A corneal ulcer destroyed the vision of the left eye. Edema appeared during the last four weeks and jaundice developed during the last weeks of life. Death occured suddenly.

The essential autopsy findings were:

" The body is that of a slight, poorly nourished and emaciated young adult white male. The face, left arm and forearm, and both legs are swathed in bulky pressure dressings which, when removed, reveal raw muscle tissue on the lower extremities and left arm,and clean granulation tissue on the face. There are a few small pockets of pus on the dorsal surfaces of both calves.

The liver weighs an estimated 1800 grams. It is so boggy that it tends to lose its shape, quivering like a watery jelly when palpated. The capsule is thin and the organ cuts with little more resistance than soft butter, revealing a screaming yellow surface interrupted everywhere by innumerable punctate hemorrhages which are inconstant in location. All normal liver markings in the parenchyma have been completely obliterated. The gall bladder is non-inflamed, but contains only a fewcc of stringy, nearly colorless bile. The common duct is patent, as is the ampulla of Vater.

The two adrenals together weigh an estimated 15 grams. Both appear excessively soft and dark in color, though cortex and medulla are clearly distinguished on cross-section.

The left kidney weighs an estimated 175 grams. The capsule strips readily, revealing an intensely congested parenchyma which is smooth.Cortes and medulla are present in normal amounts normally distributed, but surface distinctions are largely obscured by the intense congestion of all layers. The pelvis small and apparently non-inflamed. The right kidney answers the discription of its mate in all particulars.

Liver (6blks;6sec): The striking change in all sections is the massive coagulative necrosis and actual disappearance of liver cells. Whole areas consist of nothing more than collapsed liver stroma, old blood and bile pigment, and the remnants of destroyed liver cells. One section shows the changes of so-called "red atrophy", extensive hemorrhage having occurred into the necrotic parenchyma. While it is difficult to ascribe any particular pattern to the liver damage, it is true that the occasional swollen and often mulyinucleate liver cell that is encountered lies in the periportal region. In some sections, bile duct budding is evident here, too. Because of the fact that the only viable liver tissue, scanty though it may be, lies at the lobular periphery, one is inclined to the view that the

necrosis was originally central in type. Too, the marked lymphocytic infiltration in these areas indicates a prior inflamitory change in that region of long standing, although the lack of acute reaction or evidences of much repair indicate that the destruction of liver substance on a large scale was an event of sudden and recent occurrence. "

Clinical Diagnoses:

(1) Second and third-degree burns of face, both hands, left arm and forearm, and both legs.
(2) Grafts of both lower legs.
(3) Corneal ulcer, left.

Pathologic Diagnoses:

CARDIOVASCULAR SYSTEM: Ancient pericarditis, myocarditis, & endocarditis (rheumatic, minimal, healed).
RESPIRATORY SYSTEM: Focal and confluent bronchopneumonia of both lower lung lobes.
SPLEEN & HEMATOPOIETIC TISSUES: Acute splenic tumor.
LIVER: Acute yellow atrophy.
GENITOURINARY SYSTEM: Acute cloudy swelling and acute passive hyperemia of both kidneys.
ENDOCRINE GLANDS: Acute passive congestion and cloudy swelling of both adrenals.
MISCELLANEOUS: Generalized icterus of moderate degree; emaciation; essentially clean second and third-degree burns of face, both hands, left arm and forearm, both legs, ascites.