

Brunn (18)

██████ - E.M., POW

Wounded in Action, 22 Aug. 1944, at St. Piens, France, by American shellfire.

Admitted to 12th General Hospital, 3 Sept. 1944, by air ambulance from France.

Died, 19 Sept. 1944, of Fulminant lobar pneumonia, unconnected with his wounds.

This 38 year old German soldier was moderately wounded in the right wrist receiving no treatment other than dressing. No other history of treatment. On arrival at 12th Gen. Hosp. the wound was healing nicely and patient was ambulant. On 17 Sept., he complained of severe pain in both knees which were without findings. The temperature was normal. On 18 Sept., he developed sudden pain in the left chest, dyspnea and cyanosis, the temperature rose to 102 F. and dry rales were heard in both infraclavicular areas. Morphine was required to control the pain, nasal oxygen given to attempt to relieve the cyanosis. An x-ray of the chest showed diffuse consolidation of the left upper lobe. A few hours later the patient was in extremis; pulse weak, rapid and irregular, blood pressure 58/40, axillary temperature 104.2 F. The patient was unconscious, dyspneic, cyanotic, gasping for breath. Course rhonchi were heard over both lung fields. Death occurred less than twelve hours after onset of chest pain and less than 36 hours after he complained of pain in the knees.

The salient features of the autopsy were:

" The extremities show no change except for a healed laceration of the right wrist.

The left pleural space contains about 100cc of straw fluid; about 200cc of similar fluid is noted in the right chest. The pericardial sac contains about 20cc of straw fluid.

The heart weighs 250 grams. It is much dilated, particularly on the right side, where it appears to be chiefly right ventricle in configuration. The musculature is unusually soft and flabby. The endocardial surfaces are smooth and no valvular defects are noted. The main coronary rami are unchanged.

The left lung weighs 900 grams. There is quite a uniform lobar consolidation of the left upper lobe, the lung here being grey-white in color and the consistency of liver. Gross pleuritic change is lacking. The left lower lobe is hemorrhagic and diffusely nodular to the touch. The hilar nodes are all swollen. The stem bronchi of the lower lobe contain much exudate. The right lung weighs 400 grams. There is a variable degree of pulmonary edema and atelectasis present in each lobe, with the former change the more pronounced. The hilar nodes are inconspicuous.

Lung (6 sec): Those from the left upper lobe show a lobar pneumonia in the stage of grey hepatization. There are occasional miliary abscesses. A section from the right lower lobe shows a diffuse pulmonary edema with an early purulent bronchiolitis.

This patient died of a well-established lobar pneumonia. There is considerable discrepancy between the anatomical findings and the clinical course, for the changes in the lung must represent at least three - and probably - four - days' course, whereas clinically the patient was ill for but a few hours.

Clinical Diagnoses:

- (1) Wound, lacerating, wrist, left, due to shell fragments, 22 Aug. 1944.
- (2) Acute pulmonary embolus or fulminating pneumonia.
- (3) Congestive heart failure.

Pathologic Diagnoses:

- (1) Lobar pneumonia with miliary abscess formation, upper left lobe.
- (2) Bronchopneumonia, left lower lobe.
- (3) Atelectasis and pulmonary edema, right upper and lower lobes.
- (4) Acute right heart dilation.
- (5) Acute toxic splenitis.
- (6) Cyanosis, moderate, of head, neck, and extremities.
- (7) Healed wound of right wrist, lateral aspect.