

██████:

Major

██████ QM. Bn.

T.R.

Onset: 8 June 1943 - of acute rhinitis, followed in 2 days by generalized abdominal cramps.

Admitted: 11 June 1943 - direct admission.

Died: 11 June 1943 - of acute bacteremia shock under anesthesia for appendectomy.

This officer (age ?) developed increasingly severe acute rhinitis 8 June, on 10 June generalized abdominal cramps occurred and later general abdominal tenderness with anorexia, without nausea or vomiting. Temperature 100.4 F. He was given an ounce of castor oil and 15 grains of aspirin by his company surgeon. He became much more ill in following 12 hours, tenderness localized in the right lower quadrant and by evening of 11 June a chill occurred followed by temperature of 101.4 later 103.4 F. He was treated with cold compresses and 8 hours after th chill admitted to hospital. He was acutely ill, the pharynx was granular, pulse 104, there was marked RLQ., tenderness but no rigidity. Rectal was negative. The WBC was 16,000, 90% Polys, the sedimentation rate 50. At operation a ruptured appendix was removed. The ether was taken poorly and a severe convulsive chill occurred from which he recovered only after some 15 minutes had elapsed. During closure of the skin he suddenly died and all efforts at artificial respiration failed to restore the breathing.

Autopsy:

A. The abdomen is soft and no masses are palpable therein. There is a recent McBurney's incision from which a Penrose drain protrudes. Drainage therefrom is lacking.

B. The usual "Y" incision is made, disclosing yellow midline fat up to 1.5 cm over the abdomen and 0.8 cm over the chest. The musculature is firm and well-developed. All small bowel loops are moderately distended with gas, and there is a remarkable injection of all subserosal vessels, as well as those of the mesentery proper, so that they are readily traced as prominent red networks. The vessels of the parietal peritoneum lining the pelvis are similarly hyperemic. The peritoneum of the right colic gutter is studded with ecchymoses. The appendix has been very recently removed, and a few black silk sutures are noted at the base of the cecum. There is no gross evidence of pus at this site. The drain noted externally rests just beneath the cecum, in contact with the lateral peritoneal surfaces. The liver is subcostal. The gallbladder is thin. The spleen is twice normal size. The stomach is but slightly distended. The dome of the right diaphragm is at the 4th interspace and that of the left at the 5th rib.

C. Appendix (1 blk; 1 sec): This is an acute gangrenous appendix, with spread to the mesoappendix.

D. The blood culture in this case was negative. In spite of this, I feel that death was due in part, at least, to an acute bacteremia and shock following rupture of the appendix. The gross appearance of the viscera at autopsy was typical of the found in overwhelming acute infectious states. Undoubtedly the changes in the lungs, presumably due to the anesthetic, played their part also.

CINICAL AND PATHOLOGIC DIAGNOSES:

CLINICAL DIAGNOSES

- (1) Ruptured appendix.

PATHOLOGIC DIAGNOSES

- (1) Cardiovascular system: Fatty infiltration and degeneration of the myocardium.
- (2) Respiratory system: Focal atelectasis of all lung lobes; acute hyperemia; miliary tuberculosis (healed).
- (3) Spleen & Hematopoietic tissues: Acute hyperemia & hyperplasia of the spleen; miliary tubercles of the spleen.
- (4) Gastrointestinal system: Moute gangrenous appendicitis with rupture.
- (5) Liver: Cloudy swelling; conglomerate miliary tubercles (quiescent).
- (6) Genitourinary system: Acute hyperemia; cloudy swelling.
- (7) Central nervous system: Acute hyperemia.
- (8) Endocrine glands: Acute hyperemia of both adrenals; cortical adenomata (2).
- (9) Miscellaneous: Generalized injection of all peritoneal vessels; recent McBurney's incision with Penrose drain; cyanosis of face and chest; ecchymoses of peritoneum lining right colic gutter; nasopharyngitis; injection of both cornea and sclerae.