[redacted]: Pfc. [redacted] Arm'd. Regt. E.B.

Injured: 17 Feb. 1943 in Africa

Admitted: 28 Feb. 1943 from 151st. S. H. by air.

Died: 15 March 1943 of hemorrhagic shock while undergoing skin graft operation.

This 24 year old soldier received very severe burns of the hands, neck, face and scalp when his tank collided with a gasoline truck. We have little record now of his previous care- he arrived at 12 G,H. with copious purulent drainage from extensive 3rd degree burns covered with tannic acid crusts. The ears were black and necrotic. Under moist pressure dressings sloughs were removed until clean granulating surfaces were present. On 7 March 1943 while nitrous oxide anesthesia the patient struggled and there was some bleeding from the head. An intratracheal tube was inserted, grafts removed from the thigh# and dressings removed from the head. Furious hemorrhage started and was brought under control only with great difficulty. Plasma was started at once, and grafts were laid on the face. Respirations ceased. Continous artificial respiration failed to revive the patient. There are no records of blood pressure during the operation now available. Hematocrit a few days previous to operation was 43%.

Significant Autopsy findings were:

A. The body is that of slight, fairly well nourished young white male, weighing an estimated 130 pounds and measuring about 5'6" in length. There is a strikingly waxen pallor to the skin, which is soft and thin in texture. Tissue turgor is moderate, the skin is cold, and rigor is lacking, as are evidences of dorsal lividity. The head and neck, save for the nostrils, are covered with a large pressure dressing, as are both hands. There are similar bandages encircling each mid-thigh. Removal of these discloses the following:
B. Complete loss of skin and subcutaneum of the face and neck. In their stead is a mass of young granulation tissue, covered here and there by blood clots of recent origin. Two sheets of skin, removed from the thighs, are partially sutured to the cheeks but are readily removed. The ear lobes have been surgically amputated. The eyelids are mere remnants of granulating tissue. The calvarium is covered by a similar expanse of hemorrhagic granulations. The ear passages are devoid of discharge, the pupils are dilated at 8 mm, the sclerae are slightly injected, and the menants of conjunctiva are conjested. The nasal cartilages are exposed about the lower nares. The lips are represented by thin rims of mucosa. The teeth are in good repair, but all buccal membranes are pale.
C. Skin over the neck is lost, being replaced by granulations which are likewise hemorrhagic and in some instances hidden by blood clots.
D. The dorsal surfaces of both hands and wrists are the sites of multiple burn ulcerations, the bases of which are finely granular and rimmed by traces of gentian violet.
E. The mid-portion of each thigh is the site (donor) of a razor graft, the denuded surfaces showing as white tissue speckled with innumerable fine red points which represent the vascular papillae.
F. Lung (2 sec): Both are essentially similar, and reveal striking changes. The most conspicuous is a massive peri-bronchiolar proliferation of large mononuclear cells whose characteristics are those of tissue monocytes. Conspicuous in their midst are masses of finely granular pigment golden brown in color, much of which is phagocytized by alveolar macrophages. Associated with the numerous interstitial areas of monocytic proliferation is an increase in connective tissue, represented by young fibroblasts.

F. (cont.) To summarize, the picture is one of a chronic, proliferative pneumonitis, strikingly interstitial in location. As such, it is most marked about the bronchioles and their accompanying vessels; there is a striking abscence of proliferation about the solitary radicles of the pulmonary vessels proper.
G. Liver (2 sec): Both are essentially similar. There are three features of note. The firstis the presence of numerous areas of focal necrosis, as evidenced by focal areas of lymphocytic and polynuclear infiltration, immediately surrounding hepatic cells staining indistinctly and with a loss of nuclear detail. The distribution of these areas is inconstant with reference to architecture; but most appear to be located in the periphery of the lobules. The portal triads show an inconstant cellula infiltrate also. The second feature is the marked pigmentatio of the hepatic parenchyma in the central portions of the lobules, presumably a manifestation of chronic passive congestion. The third change is a diffuse infiltration of the sinusoids with scattered polynuclears. The latter represents more recent pathology, and is reflected by similar acute changes noted in the lungs and spleen. A marked widening of the central portions of the hepatic sinusoids is secondary to the chronis congestive changes.

Diagnoses:

CLINICAL DIAGNOSES

(1) Third degree burns of entire neck, face, and scalp.
(2) Third degree burns, focal, of both hands.

PATHOLOGICAL DIAGNOSES

(1) Cardiovascular system: Hypoplasia of aorta and main tributaries.
(2) Respiratory system: Pneumonitis, proliferative, chronic, interstitial, extensive; pneumothorax, right traumatic (following artificial respiration): Pneumonitis, acute, diffuse, early mild.
(3) Spleen and Hematopoietic tissues: Splenitis, acute, mild; chronic passive congestion of spleen; Accessory spleens (2)
(4) Liver: Focal necrosis, disseminated, mild; hepatitis, acute diffuse, early; chronic passive congestion, moderate. There is no information regarding episodes of jaundice in past year.
(5) Genitourinary system: Nephritis, early, acute.
(6) Miscellaneous: Burns, third degree, of face, neck, scalp, and hands; hemorrhage, extensive, recent from granulations of burned area; infection, focal, of burned area; removal of skin, recent, from each mid-thigh.