Farrow (8)

[redacted] Pvt. [redacted]. Infantry

Wounded in action 10 July 1943 by landmines on Sicilian beaches.

Admitted to 12th. General Hospital 28 July 1943 from 95th. Evac. From Ship.

Died: 24 Oct. 1943 from General peritonitis, intraperitoneal abscess and subphrenic abscesses as result of his wounds.

This 23 year old soldier received wounds in the abdomen and chest for which laparotomy was performed the same day on shipboard, a large amount of blood was found in the peritoneal cavity, and two small bowel perforations were sutured. His course was smooth until 16 July when a wound hematoma was evacuated and the abdominal incision secondarily closed at 95th Evac. A Levine tube was required until 25 July. On arrival at 12th. Gen. Hosp., there were signs of developing intraperitoneal abseess which could not be localized. Under watchful expectancy, general supportive management, plasma and transfusions the persistent low grade sepsis seemed to be subsiding. 12 Oct. 1943 the patient complained of pain in the left chest and films revealed an air bubble beneath the left diaphragm, not in stomach or bowel. Operation was done the same day, at first through a transpleural incision, but finding lack of adhesions the surgeon approached subdiaphragmatically on the left side. The wall of the cavity ruptured spontaneously releasing 250cc of foul pus (Hemolytic streptococcus and Alcoligenes fecalis) with some unavoidable peritoneal soiling. Sulfadiazine was given intravenously from then on. Large quantities of drainage were abtained. The patient died quietly but suddenly on the 9th post operative day with evident overwhelming sepsis.

The salient Autopsy findings were: 3,4,5.

A. The abdomen is slightly distended and doughy in consistency. There are two ancient, healed linear surgical incisions, each about 8cm in length and each flanking the rectus muscles in the mid-abdomen. There is a large laparotomy pad covering a rubber tube drain which had been inserted through the 9th left interspace in the mid-axillary line. This is draining a small quantity of blood and green pus.

B. The peritoneum is entered with difficulty, owing to numerous adhesions between the small bowel loops and the anterior peritoneal surfaces. These adhesions are quite friable for the most part, save about the laparotomy scars noted previously, where they are firm and avascular in character.

C. The peritoneal surfaces have lost their usual luster, being dull and injected. All small bowel loops are matted together by fibrin. The omentum is wrapped about the spleen. The parietal peritoneum is bound by fibrin to the right costal arch, and an attempt at freeing it results in the sudden escape of several hundred cc of stinking freen pus from the obvious vicinity of the liver.

D. A small quantity of air escapes from the left pleural spaces when entered. The lung on that side is inextricably fused to the diaphragm and partially collapsed against the vertebral column elsewhere.

E. The drainage tube noted externally extends into an abscess cavity the size of an orange, located between the superior posterior pole of the spleen, the gastrosplenic ligament, and the overlying left diaphragmatic leaf. The abscess wall is up to 0.5 cm thick, has a shaggy fibrinous linging, and is empty at the time of examination. The overlying lung is densely adherent ot the diaphragm by numerous firm adhesions and is partially atelectatic in all lobes. It otherwise presents no findings.

F. The gastrointestinal tract throughout shows no evidences of the old perforations said to have existed originally. The stomach is dilated somewhat but otherwise intact. There is no gross evidence of bleeding anywhere in the gastrointestinal tract.

CLINICAL DIAGNOSES

(1) Wound, perforating abdomen and chest, left side, with perforation of small bowel. WIA., by landmine 10 July 1943.
(2) Laparotomy with repair small bowel perforations 10 July 1943.
(3) Evacuation of wound hematoma and suture abdominal wall 10 July 1943.
(4) Drainage subphrenic abscess subdiaphramatically 13 Oct. 1943.
(5) Left Subdiaphragmatic abscess
(6) Drainage of left subdiaphragmatic abscess
(7) Generalized peritonitis

PATHOLOGIC DIAGNOSES

(1) CARDIOVASCULAR SYSTEM: None.
(2) RESPIRATORY SYSTEM: Left hydropneumothorax; atelectasis of left lung; reactive pleuritis between left lower lung and left diaphragmatic leaf.
(3) SPLEEN & HEMATOPOIETIC TISSUES: Recently drained abscess between spleen and diaphragm; acute splenitis.
(4) PANCREAS: None.
(5) LIVER: Abscess between anterior surface of right lobe of liver and right diaphragmatic leaf; periportal hepatitis; proliferation of Kupffer cells; acute cloudy swelling.
(6) GENITO-URINARY SYSTEM: Acute passive congestion.
(7) GASTRO-INTESTINAL SYSTEM: None.
(8) ENDOCRINE SYSTEM: None
(9) CENTRAL NERVOUS SYSTEM: None
(10) BONES & JOINTS: None
(11) Miscellaneous; Generalized B. coli peritonitis; emaciation; ancient celiotomy incisions (2); recent drainage of left subdiaphragmatic abscess.