

Driver RASC(British)

WK.

Injured: 19 Sept. 1944 by MP (US) in Rome, Italy.

Admitted: 19 Sept. 1944 - direct.

Died: 27 Sept. 1944 from lobar pneumonia.

This 36 year old soldier sustained perforating wound of abdomen, bullet entering right lumbar area 4cm lateral to spine at level of iliac crest, passing through abdomen, through lateral wall of cecum and making exit anteriorly in right lower quadrant. The abdomen was opened immediately and the cecum closed posteriorly and the anterior perforation brought out as a cecostomy (exteriorization). The posterior wound was closed. He was given 2 transfusions of type specific "A" blood during the post-operative period. On 22 Sept. signs of a pneumonia which progressed rapidly despite penicillin.

Autopsy: 3,4.

A. The body is that of a moderately developed, rather poorly nourished middle-aged adult white male who appears older than the stated age of 36 years. The length is estimated at 5'10" and the weight at 145 pounds.

B. The primary incision discloses scanty subcutaneous fat and flabby musculature. The small and large bowel are moderately distended. The lateral wall of the cecum is plastered to the parietes and surrounded by omentum. Separation reveals a recently sutured rent in the cecum, from which a small quantity of feces oozes, the sutures having broken down. The surrounding bowel serosa and peritoneum shows considerable fibrino-purulent reaction. This is of small extent, however, and well walled off from the rest of the peritoneal cavity, which shows no inflammatory reaction.

C. The pleural spaces contain about 300cc of fluid, the right somewhat more than the left. The pericardial sac contains about 20cc of straw fluid.

D. The left lung weighs 900 grams. There is a uniform lobar consolidation of the left upper lobe, which is gray in color and has the consistency of liver. The lower lobe is the site of an early diffuse hemorrhagic bronchopneumonia. The hilar nodes are all enlarged and soft. The right lung weighs 450 grams. There is merely a diffuse edema of the right upper lobe, and a somewhat more marked edema of the middle and lower lobes. The hilar nodes are not appreciably changed.

E. There is a hemorrhagic tract at the base of the cecum, leading dorsally to the sutured wound of the right lumbar area. This is apparently the retroperitoneal course of the bullet. The ureter was not injured.

F. Lung (8 sec.): Those from the left upper lobe show a typical lobar pneumonia, essentially in the stage of gray hepatization. In a few areas the destruction of alveolar walls has resulted in the formation of microscopic abscesses. A section from the left lower lobe shows an early hemorrhagic bronchopneumonia. A section from the right lower lobe shows an early terminal aspiration bronchopneumonia, with partially digested meat fibres in the respiratory bronchioles. Considerable mucus has been retained in these areas.

G. Death in this case was the result of lobar pneumonia, complicated by bronchopneumonia change in other parts of the lung. The peritonitis was of limited extent and played but a minor role. It is interesting to recall that the other case in this hospital which was found to have suffered breakdown of intestinal suture was a German POW whose nutrition was also poor. Once again the role of Vitamin C deficiency must be considered.

Diagnoses:

CLINICAL DIAGNOSES

- (1) GSW, perforating, of abdomen, with perforation of cecum.
- (2) Laparotomy, repair of cecum and cecostomy.
- (3) Pneumonia

PATHOLOGIC DIAGNOSES

- (1) Lobar pneumonia, left upper lobe
- (2) Confluent bronchopneumonia, left lower lobe
- (3) Acute splenitis
- (4) Peritonitis, fecal, localized
- (5) Recent breakdown of sutured perforation in cecum
- (6) Recent right rectus surgical incision
- (7) GSW of entrance, sutured, right lumbar area
- (8) Acute passive congestion of all parenchymatous viscera

Additional microscopic diagnoses:

- (9) Aspiration pneumonia, minimal, early, right lower lobe
- (10) Fatty degeneration of liver, minimal