CASE 12

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A 41 year old white man was a resident of a rural town. He was admitted to a hospital in coma and survived only seven hours. He had been a severe chronic alcoholic, but had otherwise been in good general health. Six days prior to admission he was acutely intoxicated and fell down some steps. He was rendered unconscious and remained so for approximately 20 minutes. Thereafter, there was no evidence of illness until the afternoon prior to his death. At this time he was known to be drinking at home (no one could supply information as to the nature of the libation). The first symptom was projectile vomiting, but no medical aid was sought until he lost consciousness.

Examination showed the patient to be unconscious, sweating and with a respiratory rate of 35-40 per minute. Rectal temperature was 99; a pulse was not palpable and the blood pressure was unobtainable. The pupils were small and reacted sluggishly to light; the left eye converged. Corneal reflexes were present. The neck was questionably stiff. The lungs were clear. The abdomen was negative except for diminished bowel sounds and complete absence of abdominal reflexes. The deep tendon reflexes were also absent. One hour before death a series of grand mal convulsions was initiated. The rate and depth of respirations diminished rapidly and he expired in obvious respiratory arrest.

At necropsy the brain weighed 1440 gms. The arachnoid was translucent except in a few areas over sulci where it appeared slightly thickened. There was no evidence of arteriosclerosis, mechanical injury, atrophy or swelling. Focal lesions were not seen in multiple cross sections of the brain. The heart was enlarged to 500 gms.; it was flabby but exhibited moderate hypertrophy of the left ventricle. The coronary arteries showed mild sclerosis. The lower lobes of the lungs were congested and quite edematous. The liver showed mottled light yellowish-brownish discoloration and central lobular congestion. The kidneys were swollen, the total weight being 360 gms. The renal cortex was well differentiated from the medullary zones, but appeared pale. There were no other gross abnormalities.

(Note: It is interesting to examine this slide with polarized light)