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Failure to Autopsy: The Otto Warmbier Case

Coroner and medical examiner offices are charged with the medicolegal investigation of deaths to determine the cause and manner of death. We describe the recent high-profile case of Otto Warmbier, who tragically died shortly after his return in a coma from North Korea and in which the coroner failed to conduct a complete autopsy, and failed to satisfy the needs of the local, national, and international communities.

Medico legal death investigation offices, including both medical examiner and coroner offices, have a legal responsibility and duty to investigate deaths in the public interest for public safety and public health purposes. Although, they serve the families of the deceased as they can, their raison d'être and priority is service to the greater public good. Thus, they may conduct investigations and even autopsies over the objections of the next-of-kin. Full investigations include a complete forensic autopsy. The utilitarian public interest should, within the constraints of the office resources, drive the decision of whether to autopsy or not. Failure to autopsy can sometimes constitute a breach of faith that the public entrusts in these offices. Empirically, this seems to be a greater problem in coroner jurisdictions than in medical examiner offices. Specifically, we believe the recent case of Otto Warmbier is such a case.

Research Article Published Date:- 2017-10-31

Brain changes in Hypothermia: Surface-versus Core-cooling in pigs

The process of hypothermia in the clinical setting has been practiced for 50 years and is known for its neuroprotective properties. This paper describes histopathological changes either by an ice sludge mimicking accidental hypothermia (S-group n=7) or by endovascular core-cooling (C-group n=7). Focal infiltrates of neutrophilic granulocytes were found in five of seven brains in the S-group and in one of seven brains in the C-group. These granulocytes were found in the arachnoids, in vessels, in vessel walls, and in the cerebral cortex. Fungi, bacteria, lymphocytes or plasma were not found.

This experimental study, mimicking accidental hypothermia, reported histopathologic features of aseptic inflammation. To our knowledge, such findings have not been described in hypothermic animals or humans before. We suggest that a local inflammatory response may be triggered in such cases of hypothermia.

Case Report Published Date:- 2017-10-11

Enclosure asphyxia as a cause of death in 3 Nigerian children trapped at the boot of car-Case reports and review of literature

The paper reviews enclosure asphyxia as a cause of death of three Nigerian children aged three years, five years and seven years respectively, who were found dead and locked in the boot of a Mercedes Benz 200E Sedan car a day after they were declared missing. The first two were siblings of the same parent whose fathers actually owned the car, while the older child was a neighbour kid all of whom were well known to each other as friends and playmates. They had gone missing for a few hours prior to being seen playing together. Search parties were raised and they were never found until the following day when they were found dead in the boot of the car parked a few meters away from the house under a tree. Incidentally the same car was driven round the neighbourhood for 3 hours during the search the previous day with no inkling that they were in the boot of the car. Autopsy was ordered by the coroner to determine the cause of death.

Unrecognized myocardial infarction in the elderly

This study presents the frequency of old myocardial infarctions (OMI), and the frequency of unrecognized myocardial infarction (UMI) in elderly people in a forensic material. It was also examined if predisposing factors of UMI could be identified. Of special interest was also to investigate the value of the police's records as a source for medical information in a forensic setting. The study is based upon medico-legal autopsies of persons above the age of 60 at the time of death during the period 1999-2003. The study included 325 cardiovascular deaths. Of these, 166 died from OMI. UMI accounted for 123 of these (74%). Most UMI were located in the interventricular myocardial septum and left anterior wall (>60%), but no significant differences could be found between UMI and recognized MIs (RMI). No obvious reason could be found as to why the UMI remained unrecognized. Police records were inferior to the hospitals records, regarding medical information to the pathologist, with information about cardiac disease in about 60%, and with information about OMI in 11-17%. Hospital records supplying information about OMI were found in half the cases. It is concluded that unrecognized myocardial infarction is not uncommon among elderly persons, and with a high risk of sudden death. More emphasis should be put in recognizing OMI in ECGs to attempt to reduce the risk of sudden cardiac death.