Case Report

Sudden death due to acute haemorrhagic pancreatitis

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Abstract

In deaths occurring suddenly and unexpectedly the non availability of clinical history compounds the already existing problem for the forensic pathologist in arriving at the cause of death. Sudden death following acute haemorrhagic pancreatitis although reported is an uncommon phenomenon. A case is reported wherein an apparently healthy male aged 45 years and a known alcoholic was found dead in his room. Post mortem examination and histopathology confirmed it to be a case of sudden death due to acute hemorrhagic pancreatitis.

Key words: Acute haemorrhagic pancreatitis, alcoholic & sudden death.

Introduction

Acute pancreatitis is defined as acute and sudden inflammation of the pancreas that may involve the peripancreatic tissue and various organ systems. Generally, it is a mild disease, associated with recovery within few days of onset of the illness. Acute pancreatitis represents a spectrum of disease, characterised by inflammation of the pancreas ranging from a mild, transitory illness to a severe, rapidly progressive hemorrhagic form, with massive necrosis and mortality rates of up to 24%. The reported incidence of acute pancreatitis diagnosed first at clinicopathologic autopsy ranges between 30% and 42%.

Though deaths due to acute haemorrhagic pancreatitis are uncommon; however as it is a common entity in developing countries like India, its causal relationship with sudden death should be kept in mind. Here, we report a case where in an apparently healthy male was found dead in his room. Autopsy and histopathology confirmed it to be a case of sudden death due to acute hemorrhagic pancreatitis.

Case history

As per the information furnished by police, a 45 year old male was found dead in his room which was locked from inside. An empty alcohol bottle was found near the dead body. External examination showed bilateral conjunctival congestion with left sided sub conjunctival hemorrhage and few dried blood stains at nostrils. No external injuries were present on the body. All other natural body orifices are intact. On internal examination: Brain and lungs were congested and oedematous. Coronaries and aorta showed mild atheromatous changes with patent lumen. Stomach contained partially digested light brown colour, unidentifiable food particles with some abnormal odour. Liver was enlarged, congested and showed mottled appearance. Pancreas appeared hemorrhagic (Figure- 1) and both kidneys were congested.

Chemical analysis of routine viscera and body fluids was positive for alcohol.

Histopathology of pancreatic tissue revealed patchy necrosis with hemorrhage and inflammatory cells. Liver histopathology was suggestive of cirrhosis.

Discussion

Acute pancreatitis is diagnosed according to the diagnostic criteria proposed by the Research Committee of Intractable Diseases of the Pancreas, which suggests following features of acute abdominal pain and tenderness in the upper abdomen, elevated pancreatic enzyme levels in blood, urine, or ascitic fluid, and radiologic abnormalities characteristic of acute
pancreatitis. Acute pancreatitis can be diagnosed when two or more of the above criteria are fulfilled and other causes of acute abdominal pain are excluded. Major etiologic factors are chronic alcoholism, common bile duct stones along with viral hepatitis and idiopathic causes. Acute inflammation of the pancreas, formation of necrotic areas on the surface of the pancreas and in the omentum, accompanied by hemorrhages into the substance of the gland characterizes the condition. The most frequent symptom in acute and recurrent pancreatitis is abdominal pain, followed by vomiting. Cases of sudden death due to acute pancreatitis have been reported in the past where diagnosis could not be made until autopsy. Serum amylase levels, ultrasonography and computed tomography are recommended for early diagnosis.

In the present case, the deceased was apparently healthy, but was a known alcoholic which is corroborated by the finding of cirrhosis of liver on histopathology. Acute haemorrhagic pancreatitis is known to occur in chronic alcoholics. The autopsy surgeon should always keep this condition as one of the differential diagnosis in cases of sudden death, more so if there is a history of pain abdomen or vomiting prior to death in a person who is a known alcoholic.

References

Figure -1: Cut section of pancreas showing hemorrhage