KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally, Nalgonda (Dist) - 508 254

MINUTES OF MORTALITY MEET HELD ON 11-07-2014 AT 2.00 PM

Chairperson : Dr. Dasaradha Rami Reddy, Professor of Paediatrics

Total No. present : 58 (Faculty 15 , PG's 43)

ONE CASE WAS DISCUSSED

Case Summary: 59 years old male patient brought with C/O loose stools, convulsions GTCS type, weakness of Rt. Upper limb & lower limb K/C/O hypertension, chronic alcoholic & smoker. On 2nd day of admission, 2 episodes of GTCS and was drowsy vitals stable (except BP - 150/80 mm Hg). On 6th day of admission ECG showed atrial fibrillation & 2DECHO S/O RWMA, Global hyperkinesia, Ejection fraction - 55% supportive measures given. Antihypertensives, Antiarrhythmics and Anticonvulsant continued.

8th day of admission pt. Sensorium not improved and patient had sudden cardiac arrest & was not revived inspite of all resuscitative measures.

At admission: Provisional diagnosis of CVA as a result of ischaemic infarct was made based on CT brain.

Cause of Death: ? Brainstem herniation with Respiratory depression .

Antecedent cause of death: Ischaemic infarct with haemorrhagic conversion with Atrial fibrillation with HTN

Discussion:

Q1: Comment by Dr. Kanni: Why the provisional diagnosis was made as ischaemic stroke?

A1: PG: As patient had prolonged hypertension & the weakness was not progressive.

Dr. Kanni: In hypertension → haemorrhagic stroke is commonly seen.

Q2: Dr. Kanni: Why MRI brain was planned on 5th D.O.A.

A2: Dr. Gangaram: To rule out posterior cerebral arterial ischaemia, which were not clearly visualised by CT Brain.

Q3: Dr. Dasaradha Rami Reddy: Was the coagulation profile advised in this patient?

A3: Dr. Ganagaram: It was advised but patient was not affordable.

Dr. MD Ali: Coagulation profile includes CT, BT, PT & APTT which were of low cost & it may be human error in not advising it.

Q4: Dr. MD Ali: a) What was the cause of Atrial fibrillation?

b) What is the cause of global hypokineisa.

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A4: Dr. MD Ali: As the history of loose stools present due to volume loss, hyperviscosity syndrome should have been suspected, which lead to cardiac ischaemia resulting in Atrial fibrillation & global hypokinesia.

Q5: Dr. MD Ali: Why the ischaemic infarct converted to haemorrhagic type?

A5: Dr. MD Ali: Hyperviscosity may have attributed to cause of ischaemia & the hypertension added to haemorrhagic conversion.

Q6: Dr. Kanni: How do you substantiate Brain stem herniation as the immediate cause of death.

Commented by Dr. Dasaradha Rami Reddy: No signs & symptoms were suggestive of raised ICT in clinical presentation of the case.

Q7: Dr. MD Ali: What was the amount of fluids given to the patient? Was the patient serum Osmolarity measured?

A7: PG: The serum osmolarity is not documented. The fluids were given only to replace the losses.

Q8: Dr. MD Ali: How to differentiate cholera & Non-cholera dysentry?

A8: PG: Hanging drop method to look for darting motility.

Q9: Dr. MD Ali: How do you explain RWMA?

A9: Dr. Gangaram: Insular cortex releases catecholamines in stroke and causes RWMA.

Q10: Dr. Vrunda Choudhary: Can sepsis explain the whole care scenario.

A10: Dr. MD Ali: It can't be fully supported and excluded. There were no signs of SIRS.

As there were no further questions, comments session was closed.

Dr. Dasaradha Rami Reddy
Professor of Paediatrics