



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Margaret Lillis

M.E. Case #: K10-01984

Autopsy Performed by: Julia de la Garza-Jordan, MD Date of Autopsy: April 22, 2010

FINAL DIAGNOSES

- I. STATUS POST DENTAL PROCEDURE
 - A. ANTIBIOTIC THERAPY (CLINDAMYCIN)
 - B. CLOSTRIDIUM DIFFICILE COLITIS
 - C. TOXIC MEGACOLON
 - D. STATUS POST TOTAL COLECTOMY (ANAMNESTIC)
 - E. CLOSTRIDIUM DIFFICILE COLITIS OF THE RECTUM
 - F. ISCHEMIC SMALL INTESTINE
 - G. DISSEMINATED INTRAVASCULAR COAGULOPATHY WITH ADRENAL THROMBOSIS / HEMORRHAGE
 - H. SEPSIS (CLINICAL)

- II. HYPERTENSIVE CARDIOVASCULAR DISEASE
 - A. CARDIAC HYPERTROPHY, 495 GRAMS
 - B. MARKEDLY INELASTIC AORTA
 - C. MODERATE CORONARY ATHEROSCLEROSIS
 - D. ARTERIOLONEPHROSCLEROSIS

- III. MORBID OBESITY [BMI] = 41

CAUSE OF DEATH: DISSEMINATED INTRAVASCULAR COAGULOPATHY AND SEPSIS FOLLOWING TOTAL COLECTOMY FOR TOXIC MEGACOLON AS A CONSEQUENCE OF ANTIBIOTIC THERAPY FOR A DENTAL PROCEDURE

CONTRIBUTORY: HYPERTENSIVE CARDIOVASCULAR DISEASE

MANNER OF DEATH: THERAPEUTIC COMPLICATION

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Joy Prescod
08-05-10

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CITY OF NEW YORK

REPORT OF AUTOPSY

CASE NO. K10-01984

I hereby certify that I, Julia de la Garza-Jordan, M.D. City Medical Examiner, have performed an autopsy on the body of **Margaret Lillis** on the 22nd day of April 2010 commencing at 10:30 A.M. in the Brooklyn Mortuary of the Office of Chief Medical Examiner of the City of New York.

External Exam: The body is that of an average framed 5 foot 6 inch, 256 pound, normally developed, morbidly obese (Body Mass Index [BMI] = 41) white woman who appears the reported age of 56 years.

The scalp has a full crop of dyed red hair. The external ears are morphologically normal. The eyes have equal, round medium caliber pupils. The sclerae are white and the corneas are cloudy. The bulbar and palpebral conjunctivae have no hemorrhage, petechiae or jaundice. The facial bones, nasal skeleton and septum have no fractures. The oral mucosa is atraumatic. The incomplete maxillary dentition is in good repair. The incomplete mandibular dentition is in good repair.

The straight and symmetric neck, chest and abdomen have no masses, injuries. The external genitalia are those of a normally developed, adult female.

The symmetric back, buttocks and anus are unremarkable. The symmetric and well formed upper and lower extremities have no angular deformities, fractures or scars over subcutaneous veins.

The proximal central back has a professional tattoo of a crucifix. The lateral left leg has a professional multi-colored tattoo of a clover filled with the American flag.

Postmortem Changes: There is no rigor mortis of the upper and lower extremities, neck and jaw. Lividity is pink-purple, posterior and fixed. The body is cool.

Therapeutic procedures:

1. An 8-1/2 inch closed surgical incision extends from the pubic symphysis up to the xyphoid process. A colostomy bag is in the right lower abdominal quadrant. Internally, the large intestine is surgically absent.

INTERNAL EXAMINATION:

Body Cavity: The chest and abdominal walls have no injuries or extravasated blood. The pleural cavities, pericardial sac and peritoneal cavity have smooth linings and no excess fluid or exudates. The musculature is diffusely pale pink.

Head: The scalp and the temporalis and occipitalis muscles are atraumatic. The calvarium and the dura mater are intact. There are no epidural, subarachnoid or subdural hemorrhages. The leptomeninges are thin and glistening. The brain is 1380 grams. The cerebral and cerebellar hemispheres are symmetric. The cerebral cortical ribbon is uniform in thickness. The central nuclei are symmetric. The uniform white matter has no cystic, hemorrhagic or mass lesions. The ventricles contain clear, colorless cerebrospinal fluid. The caudate nuclei, basal ganglia and thalami are symmetric. The corpus callosum is intact. The midbrain, cerebellum, pons and medulla oblongata have no abnormalities. The Sylvian aqueduct and fourth ventricle are patent. The locus ceruleus and the substantia nigra are normally pigmented. The cranial nerve roots and the mamillary bodies are symmetric. The pineal and pituitary glands are normal. The cerebral vasculature has no atherosclerosis or aneurysms. The cranial fossae have no fractures. The cervical spinal cord is symmetric.

Neck: The strap muscles of the neck have no injuries. The thyroid gland has homogeneous tan-brown parenchyma. The thyroid cartilage, hyoid bone, laryngeal and tracheal cartilages are intact. The tongue has no abnormalities. The upper airway is patent. The epiglottis, larynx and trachea have pink-tan mucosa. The cervical lymph nodes and the parathyroid glands are inconspicuous.

Cardiovascular System: The heart is 495 grams. The epicardial surface has no fibrinous exudates or fibrous adhesions. The right coronary artery is dominant. The subepicardial adipose tissue has a normal quantity and distribution. The coronary ostia are situated in the normal positions in the aortic sinuses of Valsalva. The coronary arteries have approximately 60% intraluminal narrowing by coronary atherosclerosis. The fossa ovalis is fully closed and fused. The left ventricular chamber has a 2.5 centimeter internal diameter. The free wall of the left ventricle and the interventricular septum are 1.1 centimeters and 1.2 centimeters thick, respectively. The posterior right ventricular wall averages 0.4 centimeters thick. The myocardium is a homogeneous tan-brown. The endocardial surface is smooth and translucent. The atrioventricular valves, chordae tendineae and the semilunar valves are within normal limits.

The aorta and the pulmonary arterial trunk arise from the normal positions. The pulmonary veins and the inferior and superior venae cavae drain normally into the left and right atria, respectively. The aorta has a normal course, caliber and branch pattern. The markedly inelastic aorta has marked atherosclerosis. The patent pulmonary arteries have smooth, yellow intima and atheromatous plaques.

Respiratory System: The right and left lungs are 895 grams and 625 grams, respectively. The lungs have smooth transparent pleural surfaces. The red-purple lung parenchyma has no masses, hemorrhages or destructive emphysema. The trachea and bronchi are patent. The pulmonary and hilar lymph nodes are inconspicuous.

Liver, Gallbladder, Pancreas: The liver is 1695 grams. The liver has a smooth, translucent capsule and a sharp anterior margin. The hepatic parenchyma is a soft

reticulated red-brown and orange. The intact thin-walled gallbladder contains an estimated 20 cubic centimeters of viscous amber bile. The bile ducts have a normal course and caliber and no calculi. The hepatoduodenal ligament has no lymphadenopathy. The patent hepatic artery and portal vein are intact.

The pancreatic parenchyma has a normal color and texture.

Hemic and Lymph nodes: The spleen is 265 grams. The thin, gray translucent capsule is intact. The soft partially liquefied red-purple splenic pulp has inconspicuous Malpighian corpuscles. The gastrosplenic ligament has no lymphadenopathy.

Genitourinary System: The right and left kidneys are 240 grams and 250 grams, respectively. The soft boggy kidneys have coarsely granular mottled pink-red surfaces and renal parenchyma. The corticomedullary junctions are indistinct and the cortices are attenuated. The pelvicaliceal systems are normal. The ureters have a normal course and caliber and no calculi. The renal arteries and veins are patent. The empty urinary bladder has tan mucosa.

Endocrine System: The right adrenal gland is 8.0 x 3.5 x 2.5 centimeters. There is diffuse hemorrhage and a large thrombus displacing the adrenal parenchyma. There is a thin peripheral rim of orange parenchyma.

Digestive System: The esophagus has no ulcerations or varices. The gastroesophageal junction is unremarkable. The stomach serosal surface is tan and glistening. The gastric mucosa has normal rugal folds and no polyps or tumors. The stomach contains an estimated 20 cubic centimeters of non-descript beige fluid. The distal half of the small intestine has edematous dusky purple serosal and mucosal surfaces. The distal segment of small intestine is anastomosed to the right lower abdominal quadrant. The colostomy stoma is intact and patent. The large intestine is surgically absent. The rectum has a thickened purulent tan-yellow pseudomembrane that extends to and involves the anus.

Musculoskeletal System: The ribs, sternum, clavicles, vertebral bodies and pelvic bones have no fractures. The normally distributed musculature is unremarkable.

Thad M. Pasquare MD FOR
Julia C. de la Garza-Jordan, M.D.
City Medical Examiner-I

JCGJ: jcgj
FINAL: 05/25/10

7/27/10