



Pathology & Biology Section – 2004

G50 Three Unusual Cases of Sudden Unexpected Death in Pregnancy Occurring in One Week in the State of Maryland

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After attending this presentation, attendees will become aware of relatively uncommon causes of death in the pregnant woman.

This presentation will impact the forensic community and/or humanity providing the opportunity for the forensic community to learn about relatively uncommon causes of sudden unexpected maternal death that they may see in their practice.

From June 24 through June 30, 2003, three cases of sudden unexpected death in pregnant women presented to the Office of the Chief Medical Examiner for the State of Maryland.

The first was a 40-year-old, previously healthy G7P6 female, carrying triplets as a surrogate mother for another couple. Her pregnancy history was significant for anemia during pregnancy, a previous large for gestation baby with shoulder dystocia and postpartum hemorrhage, and there was less than one year between the last delivery and the current in vitro fertilization and conception. She was being evaluated for possible pregnancy-induced hypertension (PIH) and it was recommended that she be admitted to the hospital for further care, but she refused. On the day of her death, she complained of shortness of breath, collapsed and was unable to be resuscitated. Emergency cesarean section delivered a stillborn male fetus. The other two fetuses were left inside her uterus. Autopsy was significant for focal 50% atherosclerotic narrowing of the left anterior descending coronary artery, left ventricular hypertrophy, and features of Hashimoto's thyroiditis, previously undiagnosed. The presumptive cause of death was a cardiac arrhythmia, most likely due to hypothyroidism. The second was a 39-year-old, previously healthy G2P1 female, who complained of abdominal fullness and cramping, then passed out while shopping. She was unable to be resuscitated and a stillborn male fetus was delivered by emergency cesarean section. Autopsy findings included diffuse hemorrhage into the retroperitoneal and peritoneal soft tissue originating from a lateral rupture of the spleen. There was no history of illness or trauma. Microscopy failed to indicate an infectious or malignant process underlying the rupture, and also identified prominent lymphocytic infiltration of the pituitary gland. The cause of death was determined to be spontaneous rupture of the spleen in pregnancy, with lymphocytic hypophysitis considered a contributory condition. The third case was a 28-year-old, previously healthy G1P0 female, who had a two week history of sporadic palpitations, occasional dizziness and shortness of breath. On the day of her death, she was diagnosed at the hospital with supraventricular tachycardia (SVT), became unresponsive, and was unable to be resuscitated. Autopsy findings were negative. The presumed cause of death was determined to be SVT.

These cases represent three relatively rare causes of death in pregnant women and are conditions of which the forensic community should be aware.

Spontaneous Rupture of Spleen, Hashimoto's Thyroiditis, Supraventricular Tachycardia