

Pathology Biology Section – 2010

G21 Numerous Rhabdomyomata and Cortical Tubers in a Possible Case of SIDS

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After attending this presentation, attendees will exercise different difficult possible manners of death in cases of SIDS.

This presentation will impact the forensic sience community by the importance of fact findings through detailed investigations; medical, interviews with family members, etc.

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants between the ages of one month to one year. This position has remained unchanged despite risk reduction campaigns and the resulting decline in prevalence in the past two decades. The rate of SIDS in the United States is 0.539 per 1000 livebirths in 2005, accounting for 7.8 % of all infant death. SIDS is defined as the "sudden death of an infant less than one year of age, with onset of the fatal episode apparently occurring during sleep that remains unexplained after a thorough investigation, including performance of a complete autopsy, review of the circumstances of death, and the clinical history. SIDS, a diagnosis of exclusion, can only be made after other explanations for unexpected death have been ruled out. Such explanations include Tuberous sclerosis and infantile asphyxia.

Tuberous sclerosis complex is an autosomal dominant syndrome that is occasionally the findings in these patients with unexpected infant death. Infantile asphyxiation is an important condition that results from unsafe sleeping conditions and must be ruled out before a diagnosis of SIDS can be made. Unsafe sleeping conditions include excess soft beddings, adult beds, chairs, sofas, waterbeds etc.

A case of an unexpected infant death during sleep with multiple factors that confound the cause of death will be discussed. Factors and attempts to delineate their contributions to arrive at a cause and mechanism of death will also be discussed.

Cerebral Tuberous Sclerosis Cardiac Rhabdomymata, Undetermined Manner of Death, Final Fatal Mecanism of Death