

Pathology/Biology Section - 2016

H42 Sudden Cardiac Death (SCD) Visualized by Postmortem Magnetic Resonance Imaging (PMMRI) — How to Make the Invisible Visible

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After attending this presentation, attendees will better understand the possibilities of PMMRI for the detection and visualization of very early stages of myocardial infarction as a possible source for lethal ventricular arrhythmias often appearing as SCDs.

This presentation will impact the forensic science community by introducing a solution for a long-term problem, namely the impossibility to morphologically visualize an SCD postmortem.

SCD cases have challenged forensic pathologists for several decades as they often do not present with any myocardial finding at autopsy and/or histology. Lethal arrhythmic events are thought to cause these sudden deaths. Since PMMRI was implemented on a routine basis in forensic institutes, it was recognized that postmortem MR exams not only show chronic, subacute, and acute infarction but often also show myocardial findings in SCD cases which may represent very early (peracute) stages of myocardial infarctions thus far invisible at autopsy and/or histology.1-7

Therefore, this study investigated whether there is a correlation between these PMMRI findings (invisible at autopsy) and coronary artery findings that may be able to explain an early myocardial ischemic event as a possible source for a lethal arrhythmic event.

In 136 human forensic corpses, a postmortem cardiac MR examination was performed prior to forensic autopsy. Short-axis and horizontal long-axis MR images were acquired *in situ*. PMMRI findings were correlated to the autopsy findings.

In 76 study cases, myocardial findings could be documented and correlated to the autopsy findings. Within these 76 study cases, a total of 124 myocardial lesions were detected on PMMRI (chronic: 25; subacute: 16; acute: 30; and peracute: 53). Chronic, subacute, and acute infarction cases correlated very well to the myocardial findings obtained at autopsy. Peracute infarctions (age range: minutes to approximately 1h) were not visible on macroscopic autopsy. Peracute infarction areas detected on PMMRI could be verified in targeted histological investigations in 62.3% of cases and could be related to a matching coronary finding in 84.9% of cases. A total of 15.1% of peracute lesions on PMMRI lacked a matching coronary finding but presented with severe myocardial hypertrophy or cocaine intoxication facilitating a cardiac death without verifiable coronary stenosis.

PMMRI visualizes chronic, subacute, and acute myocardial infarction *in situ*. In peracute infarction as a possible cause of sudden cardiac death, it demonstrates affected myocardial areas not visible at autopsy. PMMRI can help to morphologically visualize so far invisibly affected ischemic myocardium postmortem and should be considered as a feasible postmortem investigation technique for sudden cardiac death cases.



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