



## Pathology/Biology Section - 2016

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### H53 **Getting It Right: How Seemingly Obvious Manners of Death Can Change Through Historical and Autopsy Investigations**

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After attending this presentation, attendees will understand the value of manner-of-death classification and how a variety of factors can affect that seemingly obvious determination.

This presentation will impact the forensic science community by elucidating the process of how medical examiners arrive at a manner of death. Participants will understand the importance of detailed history gathering and corroboration with physical findings, as well as that of the detailed autopsy in corroborating or refuting trauma. Measuring the impact of a correct/incorrect manner determination on society and on potential living “victims” of incorrect calls is part of the mission of the forensic pathologist.

Recording the manner of death is necessary for all death certificates in the United States. There is frequently great debate in how various deaths are certified. It is important to gather as much historical and direct observational data as possible to make that opinion. Although history is a vital component of manner determinations, the value of autopsy cannot be underestimated in confirming or refuting manners such as homicides, suicides, and even apparent natural deaths, which can have significant societal impact, emotionally, financially, and for future health and safety considerations.

Two cases are presented that show opposite ends of the spectrum. One demonstrates the value of knowing the proximate cause/circumstances leading to death that may not initially be known or reported, while the other shows the value of autopsy in spite of compelling historical circumstances. The first, an apparent natural vs. accident-turned-homicide in an individual with chronic renal failure and dialysis (port rupture), was subsequently determined to be a delayed homicide due to remote gunshot wound requiring blood transfusion, leading to hepatitis C, liver transplant, post immunosuppressive renal failure, dialysis, and subsequent port dislodgment and exsanguination. The other was an apparent delayed homicide with no drug abuse history reported, which, based on the autopsy examination, revealed evidence of chronic intravenous drug abuse with pulmonary methyl cellulose granulomatosis (via chronic indwelling port), as well as cor pulmonale in the company of *Staphylococcus aureus* sepsis and terminal sudden cardiac event. His apparent homicidal manner was subsequently changed to natural (chronic intravenous drug abuse). The history and the autopsy are not mutually exclusive, and sometimes history or the autopsy make the more compelling argument in manner determinations.

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#### **Manner, Death, Autopsy**