

**Final anatomical diagnosis :**

1. Aspiration pneumonia, bilateral lung.
2. Empyema, right lung.
3. Abscess, liver.
4. Abscess, prostate.
5. Candidiasis, urinary bladder.
6. Atherosclerosis, aorta and coronary artery.
7. Arterionephrosclerosis, kidney.
8. Diverticulum, ileum.
9. Erosion, esophagus.
10. Accessory spleen.
11. Ascites, 200 C.C.

**Clinical summary :**

This 43-year-old male patient was admitted to our hospital on April. 6, 1996 because of high fever and vomiting for one week. He had history of diabetes mellitus and hypertension for ten years without regular medication.

One month before admission, he had abdominal pain and vomiting. Three weeks later, he was found loss of consciousness on the street. Fever, chills, vomiting and cough were noted at LMD clinics. He was transferred to our hospital for further care.

The vital signs showed 36 °C , HR : 68/min , RR : 28/min , BP : 180/100 MMHG, and ILL-looking. There were no icteric, no jugular vein engorgement and no palpable lymph node. The breathing sound was coarse with bilateral basal rale without wheezing. Abdominal examination showed tenderness over epigastric area. The chest roentgenography showed increased infiltrates over left lung. The KUB revealed bowel gas.

The laboratory examination showed HB : 9.7 , MCV : 58.8 , platelet : 11300 , WBC : 16400 , (seg : 78 , band : 4) , BUN : 69 , CR : 2.7 , Na : 124 , ALK-P : 378 , AST : 38 , Sugar : 210 , bilirubin : 1.1 , Ca : 6.6 , Albumin : 2.1 , urinalysis revealed WBC > 100 , SP.G : 1.010 , protein : 5MG , glucose : 1.0GM , 2-D heart echo showed adequate LV performance mild MR. The impression during admission was urinary tract infection with sepsis, R/O pneumonia (septic emboli), diabetes mellitus, hypertension and renal insufficiency. Antibiotic such as cefamezin and gentamicin was given. The abdominal echo done on April. 9, three days later after admission, showed liver abscess which was a hypoechoic lesion over segment 5, 3.7 CM with peripheral blurred and hyperechoic RIM. The panendoscopy done on April. 11, showed incomplete studies. The computed tomography of abdomen on April, 12. revealed a right lung lower posterior basal empyema, a 2.0 x 3.0 CM liver abscess at segment 5, and mild bilateral hydroureteronephrosis with distended bladder. During the hospital course, there was fever, diarrhea and ascites with leukocytosis (up to 1800) and anemia. On April. 13, when removing the NG tube, apnea occurred. Resuscitation was done. Ventricular tachycardia was controlled. He was put on mechanical ventilator. The consciousness was E1VEM1. Tapping of empyema showed WBC : 738 , L/N : 1/93 , Protein (+) , RBC : 207 , fibrin , and SP. Gravity > 1.027 . During the hospital course before death, he was in comatous status.

Since April, 17. diarrhea was persistent. On April. 26, he had tachypnea, drop of BP. Twenty four days after admission, he expired on April. 29, 9:30 AM.

**Autopsy findings :**

(1) Body and external appearance :

The external appearance was wasting.

(2) Body cavities :

Pleural	Bilateral marked pleural adhesion was found
Peritoneal	Yellow clear fluid 20 C.C.

(3) Cardiovascular system :

Greater vascular structures	
Gross	Moderate scattered Atherosclerosis over aorta
Microscopic Diagnosis	Moderate atherosclerosis

Heart General :			
Weight	410 GM	Pulmonary valve	5.0 CM
Left ventricle	3.0 CM	Mitral valve	10.0 CM
Right ventricle	1.5 CM	Aortic valve	4.5 CM
Tricuspid valve	9.0 CM		

Cardiovascular system	Gross	Microscopic Diagnosis
Valves	Mild fibrosis of aortic valve	Mild fibrosis aorta valve
Epicardium	Unremarkable	
Myocardium	Unremarkable	
Endocardium	Unremarkable	
Coronary arteries	Mild atherosclerosis	Mild atherosclerosis, The lumen patency is 85%

(4) Respiratory system :

Trachea and major bronchi	
Contents	Unremarkable

Lung		
Size	Right	800 GM
	Left	700 GM
Gross	The right lower lobe has focal empyema measuring 3.0 x 2.5 GM. The left lung has pneumonia change.	
Microscopic Diagnosis	Scattered pneumonia change with foreign body giant cells aggregates over bilateral lung and right empyema.	

(5) Gastrointestinal Tract :

Gastrointestinal Tract	Gross	Microscopic Diagnosis
Pharynx	Patent	
Esophagus	Focal erosion	Erosion
Stomach	Unremarkable	Autolysis mild
Duodenum	Unremarkable	
Small bowel	There is a ileal diverticulum measuring 2.5 x 1.5 in the mesentery site and location 50 CM to the ileocecal valve.	Diverticulum
Large bowel	Unremarkable	Unremarkable
Cecum and appendix	Unremarkable	Unremarkable
Pancreas	Weight :170 GM	Unremarkable
	Unremarkable	

(6) Hepatobiliary system :

Liver		
Gross	Weight	2250 GM
	Outer surface : An abscess measuring 3.0 x 2.5 CM	
Microscopic Diagnosis	Abscess	

(7) Hematopoietic-Lymphoid system :

Spleen		
Gross	Weight	200 GM
	An accessory spleen measuring 2.3 CM is found	
Microscopic Diagnosis	Accessory spleen	

Bone marrow		
Microscopic Diagnosis	Cellularity measures M:E=4:1	

(8) Urogenital system :

Urogenital system	Gross	Microscopic Diagnosis
Kidney	Right : 150 GM	Hyaline arteriosclerosis
	Left : 130GM	
Bladder and urethra		Candidiasis in the muscular wall
Prostate / Uterus Testes / Ovaries	Abscess measure 2.0 x 2.0 CM	Abscess

(9) Endocrine system :

Endocrine system	Gross	Microscopic Diagnosis
Thyroid	Weight : 48 GM	Unremarkable
	Unremarkable	
Adrenals	Right : 11GM	Unremarkable
	Left : 10 GM	

(10) Central nervous system :

Shape	The patient's family refuse to take autopsy of the CNS.
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**Section Taken and Labeled :**

Labeled	Section Taken	Labeled	Section Taken
<b>AO</b>	Aorta	<b>SP</b>	Spleen
<b>H1-4</b>	Heart	<b>AS</b>	Accessory spleen
<b>GI</b>	Gastrointestine	<b>BM</b>	Bone marrow
<b>DI</b>	Diverticulum	<b>KR , KL</b>	Kidney
<b>APP</b>	Appendix	<b>GU</b>	Bladder
<b>PA</b>	Pancreas	<b>TH , TH2</b>	Thyroid
<b>L1-4</b>	Liver	<b>AR , AL</b>	Adrenal
<b>PR , PR1-2</b>		Prostate	
<b>RL1-5 , RM , RU , LU , LU1-2 , LL</b>		Lung	

**Final Comments :**

This patient died for respiratory failure. Persistent sepsis caused by empyema, aspiration pneumonia, liver abscess and prostate abscess is direct cause.