

## **AUTOPSY SERENDIPITY**

**Dear Dr. McCrummen: Do you have any more personal stories like you related in the August 31st edition? I enjoy reading all of your articles and understand that you used to do autopsies. Though maybe not tooth related, do you have another interesting "first-hand" story in that field? J.M.**

Autopsies, and topics related to death, can seem a bit morbid to some, so if a reader does not wish to read about it please stop now. This story does have a positive ending, appropriate to the Lakeshore Country Journal philosophy.

Before beginning dental school I worked at Denver's very large trauma hospital, in the surgical unit. There were many life and death situations, as one might expect being related to a trauma hospital. I was also exposed to many non-trauma related surgeries and diseases, and death not related to trauma.

After about a year in surgery a position came up in the pathology department that I was recommended for and encouraged to accept. It was to perform all of the autopsies for the hospital. This was a good opportunity to gain more anatomy knowledge before starting dental/medical school studies the next year. I also was trained as a phlebotomist, drawing blood from patients throughout the hospital, which will be related to in this story later.

As one might imagine it can be a difficult job to do initially. Getting past the visual and olfactory aspects was not difficult; at times I would have over ten autopsies to perform in a day. Getting past the personal aspects, that the person that lay before me was, or had been a child, grew up, had a history, loving family, and now their life was over for whatever reason was more difficult, but something that had to pass, yet respect for the deceased was never lost.

I was able to treat each autopsy as a fascinating discovery as to why life ceased, be it age, trauma, disease, error, or accident. Early one morning I received the chart of a 20 year old woman that had just passed on. The chart described the summary of her last week. Sudden onset thought to be related to the flu, nose bleeds, prolonged bleeding time, and bruising all over her body. She was diagnosed with ITP: Idiopathic (of unknown origin) Thrombocytopenic (not enough platelets to plug the holes in leaking blood vessels) Purpura (bruising; red or purple dots on the skin, called petechiae). Most affected are children between 2 and 4, and young women, but anyone can get it.

Usually it will pass, or pass with some treatment. One treatment mode is to remove the spleen, as it can create antibodies that destroy platelets. Her spleen had been surgically removed yet her health deteriorated quickly. Just prior to death she had multiple seizures.

What made this autopsy stand out in my mind was when I opened the cooler to remove the body. I noticed all of the hairs on her body were sticking straight up and she had Goosebumps. The neural system continues to respond to cold stimulus right after death. I immediately checked for signs of life and noticed the "line of lividity", confirming death. "Line of lividity" is a pooling of the blood from gravity, leaving a dark blue area in the body in the lower half nearest the ground. While performing the autopsy I noticed all of her organs had petechiae (bruising), including her brain, which likely caused her seizures.

The first summer after starting dental school I was hired as a phlebotomist for a blood bank in Denver due to my hospital training. Being part of a team that traveled to large businesses to draw blood we went to a business near Boulder, Colorado. While drawing blood from a man in his 20's I asked him why he donates. Something was familiar about his name. He said that his sister had died of a mysterious blood disorder the year before and he knew how important it was to help those in need of blood.

During the conversation I discovered he was the brother of my autopsy patient. He stated the he and his family neither understood, nor was told, what had happened and why she died. He asked if I was familiar with blood disorders and described what he heard. I asked if she had been admitted to the hospital I worked in. He said yes, and if there was anything at all I could tell him about the disorder, he and his family would be most grateful.

I went into detail about ITP and he said it was a relief to understand why she died. I asked if her name was Susan. Obviously shocked, he asked how I knew her name. I stated that I had performed her autopsy which confirmed her diagnosis. Tears welled up in both of our eyes and he thanked me sincerely for bringing closure to him and his family. He gave me a firm handshake and a hug. It was an unexpected "phenomenon of finding valuable or agreeable things not sought for", or, "*serendipity*", in an unusual place and time.