



SEDGWICK COUNTY, KANSAS

REGIONAL FORENSIC SCIENCE CENTER

MARY H. DUDLEY, M.D. — DISTRICT CORONER-MEDICAL EXAMINER
JAMIE L. OEBERST, M.D. — DEPUTY DISTRICT CORONER-MEDICAL EXAMINER
TIMOTHY P. ROHRIG, PH.D. — DIRECTOR, FORENSIC SCIENCE LABORATORIES
SHARI L. BECK — FORENSIC ADMINISTRATOR/CHIEF MEDICAL INVESTIGATOR

AUTOPSY REPORT

05 MV 374

CASE: 18-05-0105

DECEDENT: Gilbert, Christin A.

DATE: 01-14-05

ADDRESS: 1093 Sunset Court, Keller, TX

19 - year - old white female

PERSONS PRESENT AT AUTOPSY:

Forensic Assistants: Patty Bird

FILED
APP DOCKET NO. 18-05-0105
2005 AUG 24 1 P 2:31
CLERK OF DIST. COURT
10th JUDICIAL DISTRICT
SEDGWICK COUNTY, KS
BY [Signature]

PATHOLOGIC DIAGNOSES

I. Complications of therapeutic abortion

- A. History of therapeutic abortion with digoxin induction at 28 weeks estimated gestational age, 01-10-05 and 01-11-05
- B. History of dilatation and curettage, 01-11-05
- C. Clinical impression of dehydration, 01-12-05
- D. History of vomiting followed by a syncopal episode, 01-13-05
- E. History of cardiopulmonary arrest with resuscitation, 01-13-05
- F. Acute bronchopneumonia
- G. Hemorrhagic necrosis of the liver with elevated liver transaminases
- H. Anoxic/ischemic encephalopathy
- I. Probable sepsis
- J. Leukocytosis
- K. Coagulopathy
 - 1. Thrombocytopenia, 27,000, 01-13-05
 - 2. Partial thromboplastin time, 166 seconds, 01-13-05
 - 3. Elevated D-dimer, 68.0 mg/L, 01-13-05
 - 4. Elevated fibrin split products, >20 mcg/mL, 01-13-05
 - 5. Thrombosis of the venous plexus of the fallopian tubes and the ovarian veins

Name: Gilbert, Christin A.

Case no.: 18-05-0105

- L. Renal failure with elevated creatinine, 3.0 mg/dL, 01-13-05
- II. History of trisomy 21 (Down Syndrome)

CAUSE OF DEATH: Complications of therapeutic abortion
MANNER: Natural

Jaime Oeberst, MD
Jaime L. Oeberst, M.D.
Deputy Coroner-Medical Examiner

CIRCUMSTANCES OF DEATH

The decedent had a history of trisomy 21. On 01-10-05 and 01-11-05, she underwent a therapeutic abortion with digoxin induction at 28 weeks estimated gestational age at a local clinic. On 01-11-05, she underwent a dilatation and curettage procedure and then went back to her hotel. On 01-12-05, she was readmitted to the clinic and received intravenous fluids for apparent dehydration. On 01-13-05, she experienced vomiting and a syncopal episode and was driven by her family to the clinic. Following her arrival at the clinic she became unresponsive. 911 was contacted and Emergency Medical Services transported her to Wesley Medical Center Emergency Department. She continued to clinically deteriorate and family members decided to provide comfort care only. She was pronounced dead at 1614 hours on 01-13-05.

POSTMORTEM EXAMINATION

An autopsy is performed on the body of Christin A. Gilbert at the Sedgwick County Regional Forensic Science Center, Wichita, Kansas on January 14, 2005.

CLOTHING

The body is received unclad.

EXTERNAL EXAMINATION

The body is received in a body bag. The body is fingerprinted and photographed.

The body is that of a well-developed, well-nourished adult white female who weighs 152 pounds, is 57 ½ inches in height and appears compatible with the reported age of 19 years.

The unembalmed body is cool to touch. Rigor mortis is fully fixed in the extremities and the jaw. Fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair is dark brown and measures 6 inches in length over the crown. The eyes are absent secondary to organ procurement (corneal donation). The decedent's facies exhibit changes associated with trisomy 21 including inner epicanthic folds and flat facies. The natural teeth are in good repair. The neck is unremarkable. The thorax is well-developed and symmetrical. The abdomen is slightly protuberant. Striae are present on the skin of the abdomen. The anus and back are unremarkable. The genitalia are those of a normal adult female. The upper and lower extremities bilaterally are well-developed and symmetrical, without absence of digits. A wide gap is present between the great toes and 2nd toes of both feet. Chipped red polish is present on the fingernails.

IDENTIFYING MARKS AND SCARS

None identified.

MEDICAL INTERVENTION

Evidence of medical intervention includes an intravenous line in the subclavian vein on the right side of the chest, a needle puncture mark that is surrounded by a 2 inch x 1 ½ inch faint green and purple contusion on the left upper arm, an intravenous line that has been covered with gauze in the left antecubital fossa, multiple needle puncture marks that are surrounded by an up to ¾ inch brown contusion on the ventral aspect of the left wrist, multiple needle puncture marks that are surrounded by a 5 ½ x 2 inch area of brown contusion in the left groin, a Foley catheter that has an attached collecting bag that contains a trace amount of urine, multiple needle puncture marks in the right antecubital fossa, a hospital identification band on the right wrist, a triple lumen intravenous line in the right groin, a sensor tab on the dorsum of the left ankle, a morgue identification tag on the left great toe, and a needle puncture mark that is surrounded by an up to 1 inch brown contusion on the dorsum of the left hand.

Faint linear red abrasions, up to 1 ½ inches each, are present in the midline of the chest, consistent with a history of cardiopulmonary resuscitation. The mucosa of the bladder exhibits foci of purple-blue discoloration, consistent with a history of Foley catheter placement. The mucosa of the trachea exhibits foci of pink-red discoloration, consistent with a history of endotracheal tube placement.

EVIDENCE OF INJURY

I. BLUNT FORCE INJURIES, HEAD AND NECK

No blunt force injuries of the head and neck are identified at autopsy.

II. BLUNT FORCE INJURIES, TRUNK

No blunt force injuries of the trunk are identified at autopsy.

III. BLUNT FORCE INJURIES, EXTREMITIES

A 1 inch x ¾ inch, blue contusion is lateral to the left knee.

INTERNAL EXAMINATION

BODY CAVITIES

No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present in normal anatomic position. The subcutaneous fat layer of the abdominal wall is 4.0 cm thick.

HEAD (CENTRAL NERVOUS SYSTEM)

The brain weighs 1100 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable. The spinal cord is not examined.

NECK

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM

The heart weighs 220 grams. The soft tissues of the anterior aspect of the pericardial sac exhibits fine gas bubble formation. The pericardial sac is free of significant fluid or adhesions. The epicardial surface of the heart exhibits multiple petechial hemorrhages. The coronary arteries arise normally,

follow the usual distribution with a right dominant system, and are widely patent and show no evidence of atherosclerosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable. The left ventricular wall thickness is 1.0 cm. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course, and show no evidence of atherosclerosis. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM

The right and left lungs weigh 480 and 400 grams, respectively. The upper and lower airways are clear of debris and foreign material. Except as noted previously, the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening, and exhibit rare petechial hemorrhages. The pulmonary parenchyma is dark red-purple, exuding excessive amounts of blood and frothy fluid with no focal lesions noted. The pulmonary arteries are normally developed and patent.

LIVER AND BILIARY SYSTEM

The liver weighs 2000 grams. The hepatic capsule is smooth, glistening, and intact. It covers orange-brown softened parenchyma that exhibits foci of acute passive congestion. The gallbladder contains 10 ml of viscid bile. The extrahepatic biliary tree is patent without evidence of calculi.

ALIMENTARY TRACT

The mucosa of the esophagus exhibits multiple petechial hemorrhages. In the distal esophagus, the mucosa exhibits foci of yellow-green discoloration. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 100 ml of dark green-brown liquid. At the gastroesophageal junction the mucosa of the stomach exhibits three, discontinuous areas of linear, red discoloration, up to 1.0 cm. The mucosal surfaces of the small intestines and colon exhibit multiple petechial hemorrhages with areas of confluence. The lumen of the small intestines and colon contain dark green liquid with tan, mucoid material. Focally, the jejunum exhibits dusky red-purple discoloration and contains dark red liquid. The appendix is present. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

GENITOURINARY TRACT

The right and left kidneys weigh 90 grams each. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying, smooth, pale, orange-tan, softened, cortical surfaces. The cortex is sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains no urine; a Foley catheter is in place. The mucosa is gray-tan and smooth.

The uterus is 13.5 cm x 8.5 cm x 5.0 cm and is 380 grams (with attached fallopian tubes and ovaries). The cervical os is irregular, dark purple, friable, and has a diameter of 2.0 cm. The endometrial cavity is lined with dark purple-red, adherent fibrinous material, up to 1.0 cm in thickness. The venous plexus at the origin of the fallopian tubes is thrombosed. The ovarian veins are thrombosed; the right ovarian vein is distended with a diameter of 1.0 cm and the left ovarian vein is distended with a luminal diameter of 0.7 cm. The uterine wall is 2.5 cm in thickness. The adventitial surface of the fallopian tubes exhibits punctate and confluent areas of red-purple discoloration. The right ovary contains a yellow-orange corpus luteum, 1.8 cm x 1.2 cm x 0.6 cm. The vaginal mucosa is dark purple with multiple petechial hemorrhages.

RETICULOENDOTHELIAL SYSTEM

The spleen weighs 140 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The splenic lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The bone marrow is red-purple and homogeneous without evidence of focal abnormality.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature, and soft tissues are not unusual.

EVIDENCE

The following items are collected and preserved: A fabric swatch that contains a sample of the decedent's blood.

MICROSCOPIC DESCRIPTION

BRAIN: Rarefaction of the parenchyma. Rare Purkinje's cells exhibit eosinophilia of the cytoplasm, consistent with anoxic/ischemic encephalopathy. Hyperemia and autolysis.

HEART: Scant to focally mild perivascular and interstitial lymphoplasmocytic inflammatory infiltrates without associated myocyte degeneration/necrosis. Mild epicardial lymphoplasmocytic inflammatory infiltrates. Hyperemia and autolysis.

LUNGS: Acute bronchopneumonia. Benign interstitial lymphocytic inflammatory infiltrates. Special stains for amniotic fluid emboli are negative. Hyperemia and autolysis.

LIVER: Centrilobular and midzonal hemorrhagic necrosis. Periportal and perivenular chronic inflammatory infiltrates. Hyperemia and autolysis.

KIDNEYS: Focal interstitial extravasated blood. Rare obsolescent/sclerotic glomeruli with associated tubular atrophy and mild chronic inflammatory infiltrates. Hyperemia and autolysis.

SPLEEN: Hyperemia and autolysis.

UTERUS: Residual gestational endometrium with extravasated blood and blood clot with focal acute inflammatory infiltrates. Focal trophoblastic tissue is present. Sections of the cervix reveal focal mucosal and superficial submucosal necrosis with acute inflammatory infiltrates and extravasated blood and focal chronic inflammatory infiltrates. Focal thrombosis of intrauterine blood vessels. Thrombosis of the venous plexus of the fallopian tubes. Hyperemia and autolysis.

OVARIAN VEINS: Organized thrombus within lumen. Hyperemia and autolysis.

RIGHT OVARY: Findings consistent with corpus luteum of pregnancy. Hyperemia and autolysis.

ESOPHAGUS: Sloughing of mucosa with mild transmural mixed inflammatory infiltrates. Hyperemia and autolysis.

STOMACH: No significant histopathologic abnormalities. Hyperemia and autolysis.

SMALL INTESTINES: Mildly increased lymphoplasmocytic inflammatory infiltrate within the lamina propria. Focal extravasated blood within the lamina propria. Hyperemia and autolysis.

COLON: Mildly increased lymphoplasmocytic inflammatory infiltrates within the lamina propria. Hyperemia and autolysis.

MICROBIOLOGICAL STUDIES

Postmortem culture of the blood reveals the presence of *Candida parapsilosis*.

TOXICOLOGY

Postmortem toxicological analysis of the blood (heart) is negative for negative and for hydrocodone; the sample is determined to be unsuitable for Digoxin testing. Postmortem toxicological analysis of the blood (femoral) is negative for hydrocodone. Postmortem toxicological analysis of the urine reveals the presence of hydrocodone, and is negative for other drugs tested. (See Toxicology Report)

Name: Gilbert, Christin A.

Case no.: 18-05-0105

OPINION

In my opinion Christin A. Gilbert died as a result of complications of a therapeutic abortion. The most likely mechanism of death is sepsis; administration of antibiotics during her clinic and hospital admission would most likely prevent the growth of a causative agent in postmortem blood cultures. The extensive, multifocal bronchopneumonia may have been a source for her sepsis.

The manner of death is natural.

JLO:jf

SEDGWICK COUNTY, KANSAS

REGIONAL FORENSIC SCIENCE CENTER



Mary H. Dudley, M.D. — District Coroner-Medical Examiner
Jaime L. Oeberst, M.D. — Deputy District Coroner-Medical Examiner
Timothy P. Rohrig, Ph.D. — Director, Forensic Science Laboratories
Shari L. Beck — Forensic Administrator

REPORT OF LABORATORY ANALYSIS

NAME: GILBERT, Christin

TOXICOLOGY NO: 05-0045

SPECIMENS SUBMITTED: Blood, Vitreous, Urine, Liver,
Brain, Gastric Contents

DATE RECEIVED: 18 Jan 05

SUBMITTED BY: J.L. Oeberst, M.D.

AGENCY NO: 18-05-0105

RESULTS:

Blood (Heart):

Ethanol — Negative

Digoxin* — Specimen not suitable for testing.

Negative for Hydrocodone.

Blood (Femoral):

Negative for Hydrocodone.

Urine:

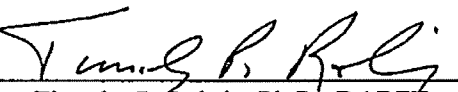
Hydrocodone — Positive

Negative for Amphetamine, Barbiturates, Benzoylcegonine, Cannabinoids, Codeine, Hydromorphone, α -Hydroxyalprazolam, Methadone, Methamphetamine, Morphine, Nordiazepam, Oxazepam, Phencyclidine, Propoxyphene, and Temazepam.

*Analysis performed by MedTox Labs; St. Paul, MN.

Date: 8 MARCH 05

Results Certified by:


Timothy P. Rohrig, Ph.D., DABFT
Director, Forensic Science Laboratories
And Chief Toxicologist

Pursuant to KDHE Administrative Regulation 28.33.12, all drug positive specimens must be retained for a minimum of 1 year.

An ASCLD/LAB Accredited Laboratory

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Page 1 of 1

23-09-05

PATIENT NAME

GILBERT, CHRISTIN

Pt. phone: - -

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MEDICAL
SERVICES
LABORATORY, INC.1-316-265-4533
1-800-876-0243
FAX 1-316-265-2553

PATIENT I.D. 18050105 AGE 19 YRS M SEX M DATE OF BIRTH 30MAY85
HOURS FASTING 1145 SPECIMEN DATE & TIME 01/14/05 1330
REPORT DATE 01/19/05 PAGE 1 REPORT STATUS FINAL
PHYSICIAN DEBERST JAIME
ORDER NUMBER (00026)6684919-1
2916 E. CENTRAL WICHITA, KANSAS 67214 CLIA NO. 17D 0985294

TEST NAME

WITHIN
RANGEOUTSIDE OF
REFERENCE RANGEREFERENCE
RANGEUNIT OF
MEASURE

-----MICROBIOLOGY-----

Specimen Date & Time 01/14/05 1330
BLOOD CULTURE ROUTINE ACC # 08-05-014-04088
SOURCE: BLOOD
HEART

----- FINAL REPORT -----

01/19/05

CANDIDA PARAPSILOSIS

980
01-19-05

= BLOOD CULTURE VIA CHRISTI REGIONAL MEDICAL CENTER, WICHITA, KS CLIA#
17-D-0451945

DELIVER REPORT TO CLIENT

LABORATORY DIRECTOR: PHIL STAMPS M.D.

SEDG CD REG FORENSIC SC
1109 N MINNEAPOLIS *C
WICHITA

KS 672143504

PHYSICIAN

PATIENT NAME

GILBERT, CHRISTIN