

**PP067 SUDDEN SEPTIC SHOCK
DEATH IN ED: THE
IMPORTANCE OF CLINICAL
FORENSIC MEDICINE**

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Introduction

Septic cause of sudden death in Emergency Department (ED) warrants further evaluation to determine the cause of death¹. This case report highlights the indication and importance of clinical post-mortem.

Case report

A 50-year-old woman presented to ED with fever, vomiting, and diarrhea of one-day duration. Upon presentation, she was lethargic, tachypnoeic and hypoperfused. GCS was full. Abdominal examination revealed tenderness at epigastrium. Oxygen supplement was given, and fluid resuscitation was initiated. Blood investigation showed leukopenia and severe thrombocytopenia with haemoconcentration. Arterial blood gas showed severe metabolic acidosis. Dengue test was negative. She was treated as severe sepsis secondary to intraabdominal sepsis and given IV antibiotic. Unexpectedly, she deteriorated fast and collapsed. After 30 minutes of CPR, she succumbed to her

illness. She was sent for clinical post-mortem to determine the cause of death which was reported as Meningococcal Meningitis. Blood and brain tissue culture and sensitivity showed growth of *Neisseria Meningitidis*, Group B. Dengue PCR was not detected. As a precaution step, healthcare workers who handled the deceased was given prophylactic antibiotics.

Discussion

ED is a significant entry for a critically ill patient with the sign of shock². Undifferentiated initial presentation and rapid clinical deterioration lead to a challenging task; to determine the cause of patient illness and manage accordingly³. Severe dengue is one of the leading causes of acute fever and mimics other diagnoses such as Leptospirosis and Meningitis. Many papers highlighted the importance of clinical diagnosis, with or without the availability of bedside investigation. Acute dengue likely to have leukopenia and thrombocytopenia³⁻⁴. However, due to the overlapped features, clinical post-mortem and tissue histopathology evidence remained the ultimate step for the apprehension of the disease⁴.

Conclusion

Consideration of differential diagnosis for sudden clinical deterioration and knowledge in clinical forensic medicine may offer a solution beyond continuum of patient care.