



**East Tennessee State University
James H. Quillen College of Medicine**

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CASE NO.: FA-09-042

COUNTY: Sullivan

NAME OF DECEDENT: JEFFREY B. ROBERTS RACE: White SEX: Male AGE: 40

THE BODY WAS IDENTIFIED BY: Bristol TN Police Department.

HOME ADDRESS: 210 Hayford Drive, Bristol, TN

COUNTY MEDICAL EXAMINER: William Hudson, M.D.
ADDRESS: HVMCH Box 238, Kingsport, TN 37662

DISTRICT ATTORNEY GENERAL: Honorable Greeley Wells
ADDRESS: P.O. Box 526, Blountville, TN 37617

ANATOMICAL DIAGNOSIS:

1. Cerebral edema with cerebellar tonsillar herniation and neuronal death microscopically.
2. Status-post placement of intra-ventricular catheter with associated right basal ganglia hemorrhage.
3. Pulmonary edema with scattered intra-alveolar blood and mild bronchopneumonia.
4. Left posterior scalp laceration.
5. Acute ethanol intoxication at time of injury.

CAUSE OF DEATH: Blunt head trauma.

NARRATIVE OF FINDINGS:

This 40 year-old man with a history of Coumadin use for chronic deep vein thrombosis was hit in the face, fell backward hitting his head on the concrete and was unconscious with possible seizure activity noted. Blood and froth were noted in the upper airways per EMS run sheet. He was initially tachycardic with an elevated blood pressure, respirations of 10/min with a pulse oximeter reading of 57%. He developed asystole prior to arrival to the hospital. Advanced life support measures were performed by EMS and then by ER personnel for a total of 28 minutes until return of a viable heart rhythm. A CT scan of the head on arrival at the hospital was negative for intracerebral hemorrhage and showed air/fluid levels in the ethmoid and sphenoid sinuses. Neurosurgery noted some loss of the sulcal pattern. Cerebral edema progressed during hospitalization. An intra-ventricular catheter was placed to monitor intra-cranial pressure. The first attempt caused some intra-cerebral and subarachnoid hemorrhage. An initial CXR also showed infiltrates consistent with possible aspiration versus pulmonary contusions.

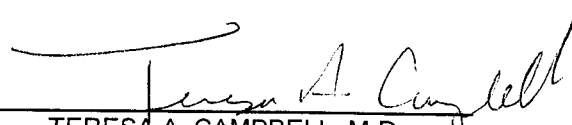
In this case, an autopsy reflects the body post-resuscitation with subsequent hospitalization with associated complications and not necessarily the state of the body at his initial collapse. However, no obvious cause of death other than the head trauma with its attendant complications could be found. The historical findings in combination with autopsy results supports blunt trauma to the head as the precipitating factor of the initial cardio-respiratory arrest with subsequent resuscitation and hospitalization for one week resulting in death. Brain injury may occur without brain hemorrhage and the resulting immediate unconsciousness and possible seizure activity certainly supports a brain insult. Additionally unconsciousness along with ethanol intoxication predisposes to aspiration with development of hypoxia which can lead to cardiac arrest. Blood was seen in the decedent's upper airways which he may have aspirated, causing the pulmonary aspiration/contusion pattern seen on chest x-ray. Other possible etiologies for intra-alveolar blood seen at autopsy include pulmonary hemorrhage due to fall (on Coumadin) or hemorrhage associated with severe pulmonary edema which can occur in head trauma. (continued...)

Acute ethanol intoxication was likely a contributory factor at the time of the injury secondary to the well known central nervous system effects of ethanol which include poor motor control, sensory alterations, decreased level of consciousness, decreased judgment, poor balance, and delayed reaction time. Since the above discussed sequence of events were precipitated by a blow to the head received in an altercation, the manner of death is homicide.

The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General.

Date: 5/1/09

Signature: _____



TERESA A. CAMPBELL, M.D.

TAC:mt