

NAME [REDACTED]		AUTOPSY NO. A-84-16	
DATE OF DEATH April 7, 1984	AGE 27	SEX F	HOSP. NO. outside case
PROSECTOR Boyce Bennett, M.D.		DATE OF AUTOPSY April 7, 1984	
<p>GIANT BERRY ANEURYSM, RIGHT INTERNAL CAROTID ARTERY, RUPTURED.</p>			

DEPT. PATHOLOGY
THE HOSPITAL OF
THE ALBERT EINSTEIN COLLEGE
OF MEDICINE
BRONX, NEW YORK

AUTOPSY REPORT

pvt. outside case

FINAL ANATOMIC DIAGNOSES

PRIMARY

- I. Giant berry aneurysm, right internal carotid artery, ruptured.
 - A. Status post rupture and surgical repair, 1975.
 - B. Recurrent rupture with massive subarachnoid hemorrhage.
 - C. Coma, with respiratory assistance and vasopressor administration.
 - D. Adult respiratory distress syndrome and pulmonary edema.
 - E. Extensive myocardial necrosis.
 - F. Multiple small pulmonary emboli with pulmonary infarcts, bilateral.
 - G. Laryngeal ulcers.
 - H. Esophageal superficial ulcers.

SECONDARY

Multiple follicular cysts of ovaries (Stein-Levinthal Syndrome).

CLINICAL DIAGNOSIS: Ruptured cerebral aneurysm.

CAUSE OF DEATH: Ruptured cerebral aneurysm.

BRAIN: Examined.
PHOTOS: Heart, lungs.
MICROBIOLOGY: None.
PREVIOUS SURGICALS: None.

sv May 9, 1984

DATE OF REPORT

Boyce Bennett,
PATHOLOGIST

NAME [REDACTED]		AUTOPSY NO. CHA-84-18	
DATE OF DEATH 4/7/84	AGE 27	SEX F	HOSP. NO. Outside case
PROSECTOR Dr. Boyce Bennett		DATE OF AUTOPSY 4/7/84	
NEUROPATHOLOGY CONSULTATION DR. D. HOROUPIAN REF. XC-3362			

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XC-3362

AUTOPSY REPORTNEUROPATHOLOGY GROSS:

The brain with the attached falx cerebri and part of the tentorium with the gauze wrapping weighs 1550 g. The brain is dusky, swollen and falling into pieces making it extremely difficult to handle. There is definite subarachnoid hemorrhagic staining in the right lateral sulcus extending over the surface of the right insula and overlying temporal operculum. This suggests that bleeding had taken place on the right side. Careful dissection of the vessels displays a large aneurysm which was probably torn while the brain was removed. The smaller piece of the 'bisected' aneurysm is attached to the origin of the right anterior cerebral artery immediately as it bifurcates from the internal carotid. The larger piece of the aneurysm measures 1.4 x 0.7 cm. and has at least 3 variable sized bosselations. It is difficult to determine as to whether it originates from the right internal carotid or middle cerebral artery since the stump of the former is too short; but my guess is that the aneurysmal neck is at the terminal end of the internal carotid artery as it divides into its two major branches. The aneurysm is filled with a blood clot, but the site of leakage cannot be determined.

A metallic object consistent with a Heifitz clip is seen over the inferior (caudal) aspect of the aneurysm buried in dense fibrous adhesions. It is difficult to determine the relation of the clip to this multilobulated aneurysm but it seems that it lies obliquely over the surface of the aneurysm where it joins the artery.

The rest of the brain is not cut since this will cause further disintegration of the tissues and no sections of the aneurysms are taken.

- PATH. DX.:
1. Giant berry aneurysm, right internal carotid artery, ruptured
 2. Subarachnoid hemorrhage due to #1 mostly localized to right lateral sulcus
 3. Status post rupture of a berry aneurysm in proximity of the present aneurysm with surgical clipping.

94X-015
94X10-01
917-531

COMMENT: The brain and the aneurysm are saved in toto and no microscopic sections will be submitted because of the advanced necrobiosis.

DSH:ag

[Signature]
D. Horoupian, M.D.