REUNION CLUB DE AUTOPSIAS SEAP

Infarto cerebral por trombosis carotídea secundaria a contusión cervical

J. Lucena

SEAP-IAP

PRESENTACIÓN DEL CASO

Varón de 33 años, sin AP de interés.

Ingresa en el HU Virgen del Rocío el 23.09.09 (7.43
on el diagnóstico de:

- "TC ocasionando ictus isquémico" (al parecer,
tarde-noche previa había sufrido un golpe con un balón en
cuello mientras jugaba como portero en un partido de fútb

Se practica TAC craneal que pone de manifiesto:

- Infarto isquémico en el territorio de la art. cereb
media derecha como consecuencia de una disecci
traumática de la art. carótida interna derecha.

PRESENTACIÓN DEL CASO

Presentó hipertensión endocraneal y herniaci
erebral con evolución a muerte cerebral. Entra
rograma de donación de órganos que se autori
or el Juzgado de Guardia.

Fallece a las 11 h del día 3.10.2009 (11 dí
espués del ingreso).

EXAMEN EXTERNO

Peso: 74,9 kg. Talla: 176 cm (IMC: 24,3 kg/m^2 ?)
P. Abdominal: 85 cm

la superficie externa del cadáver se aprecian las uientes lesiones:

ncisión quirúrgica en región fronto-parieto-temporal echa con ausencia de calota craneal (craniectomía compresiva).

Incisiones quirúrgicas en tórax, abdomen y am slos (extracción de órganos).

EXAMEN INTERNO

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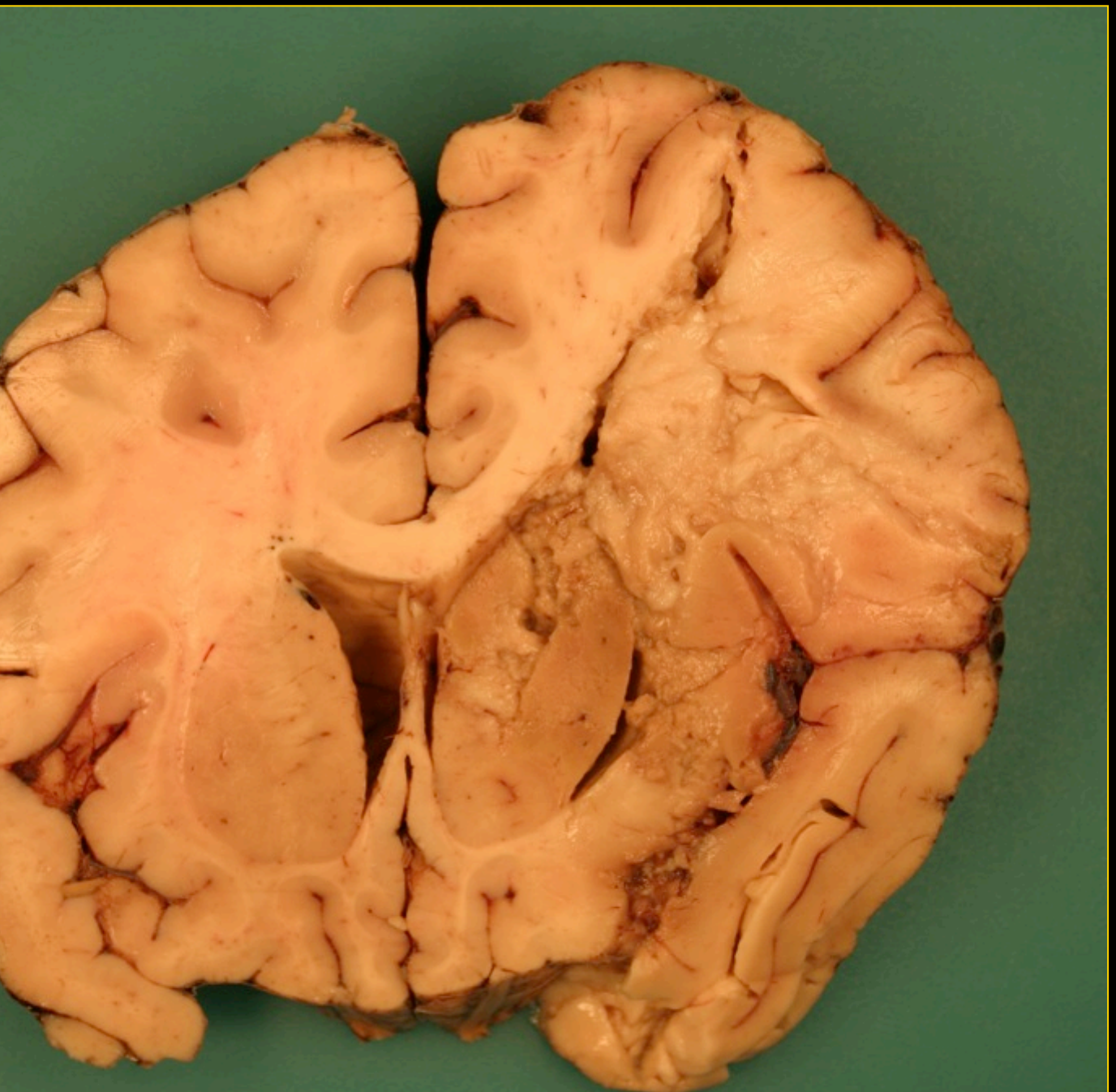

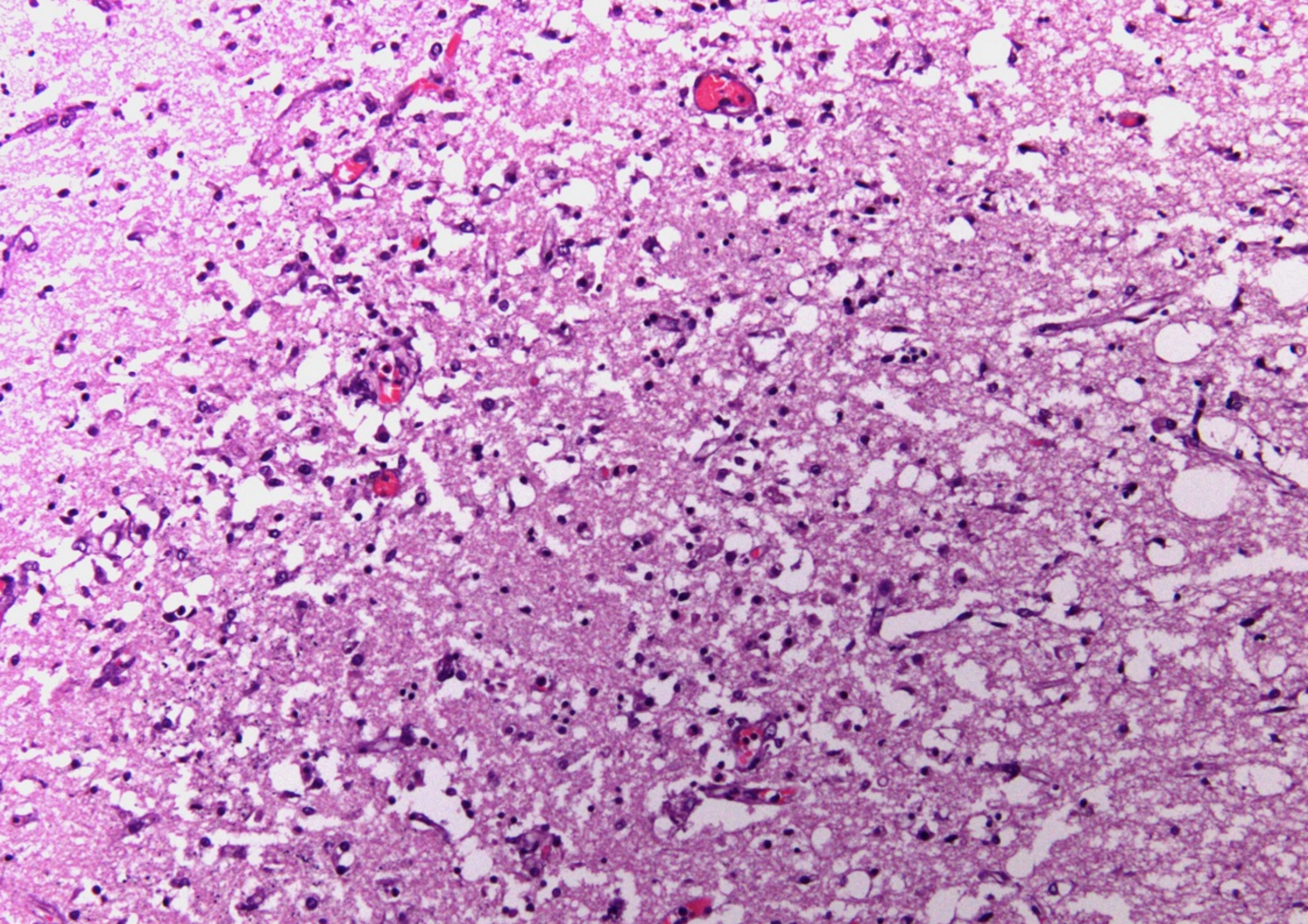

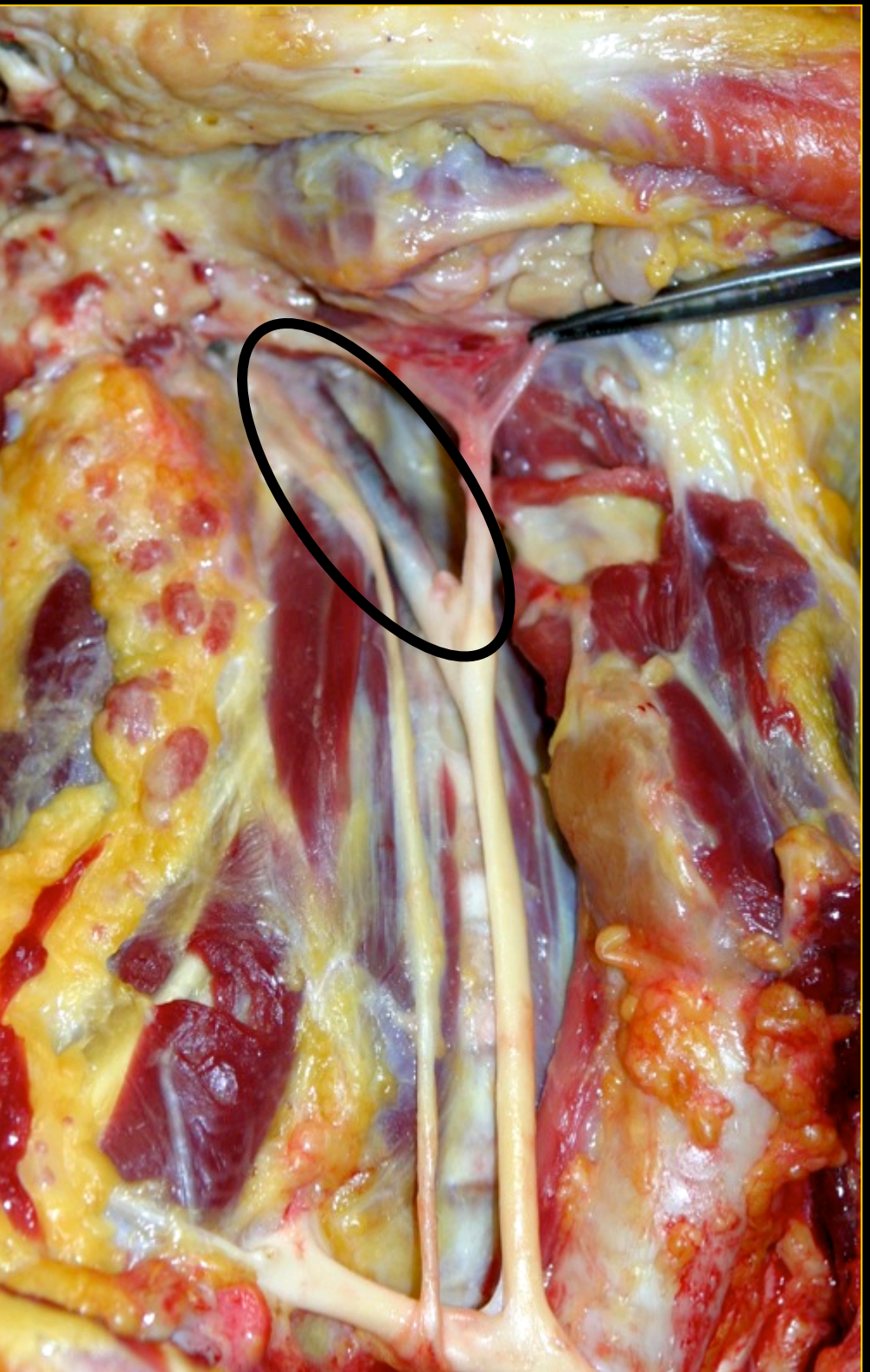

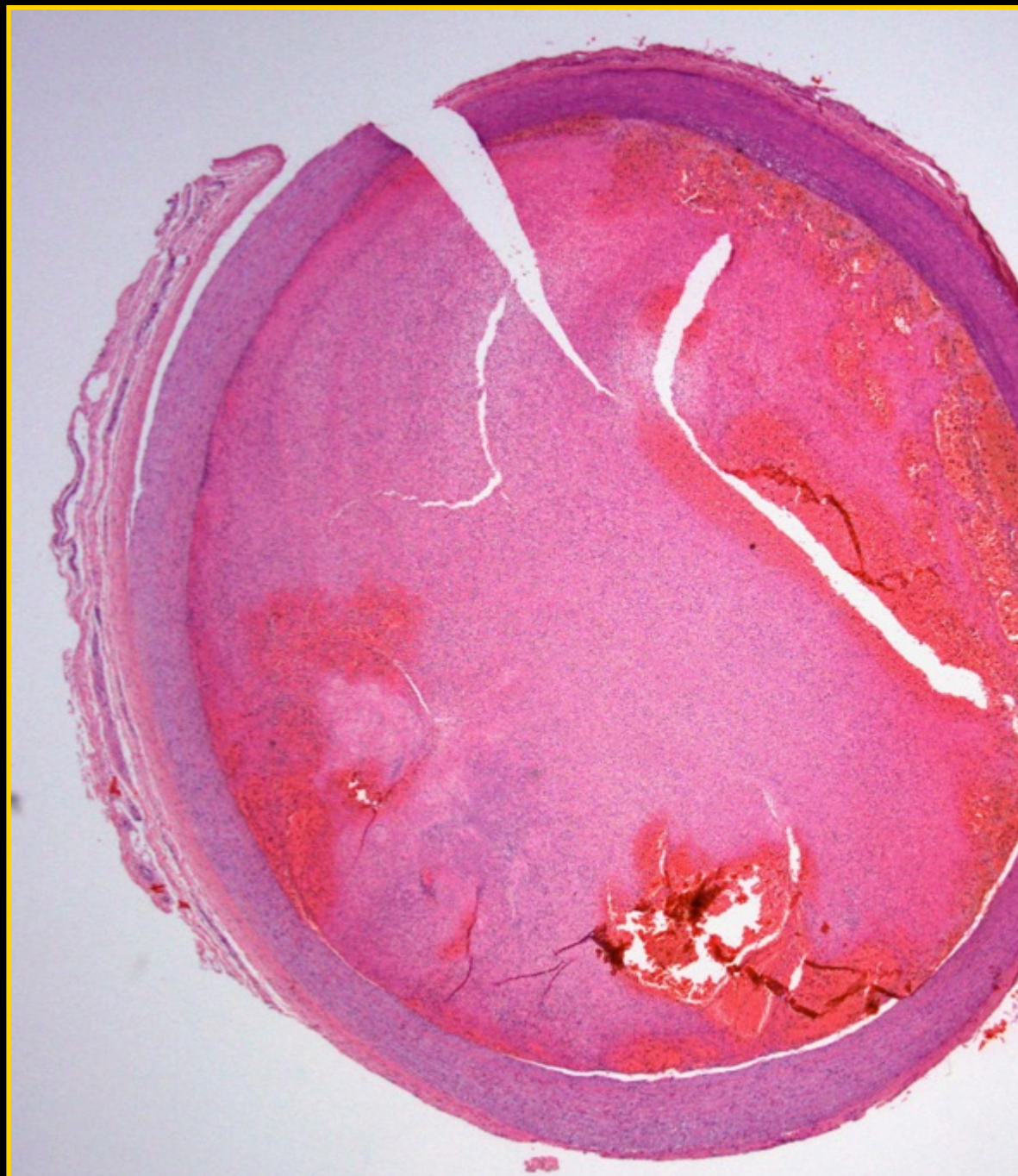

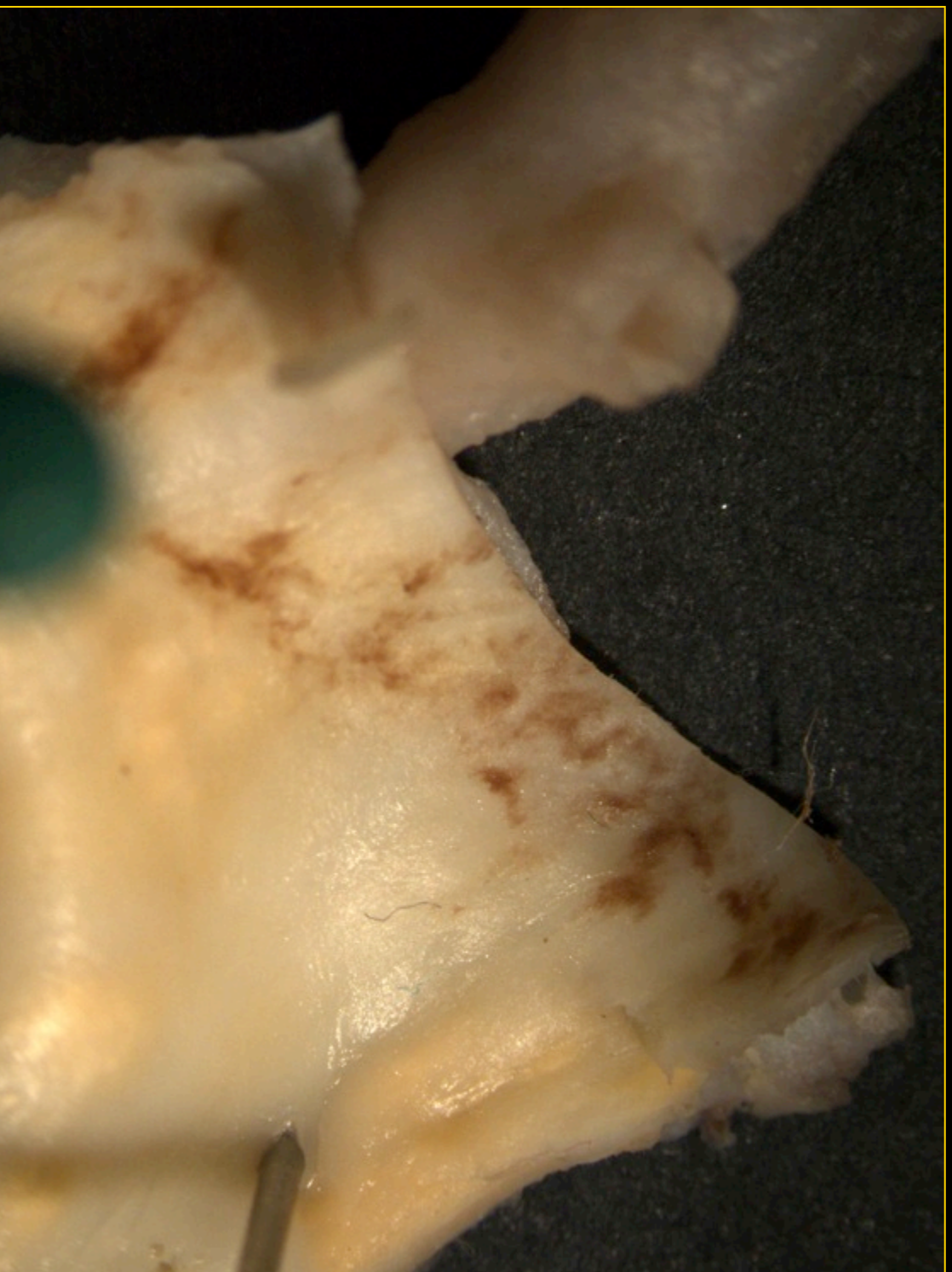

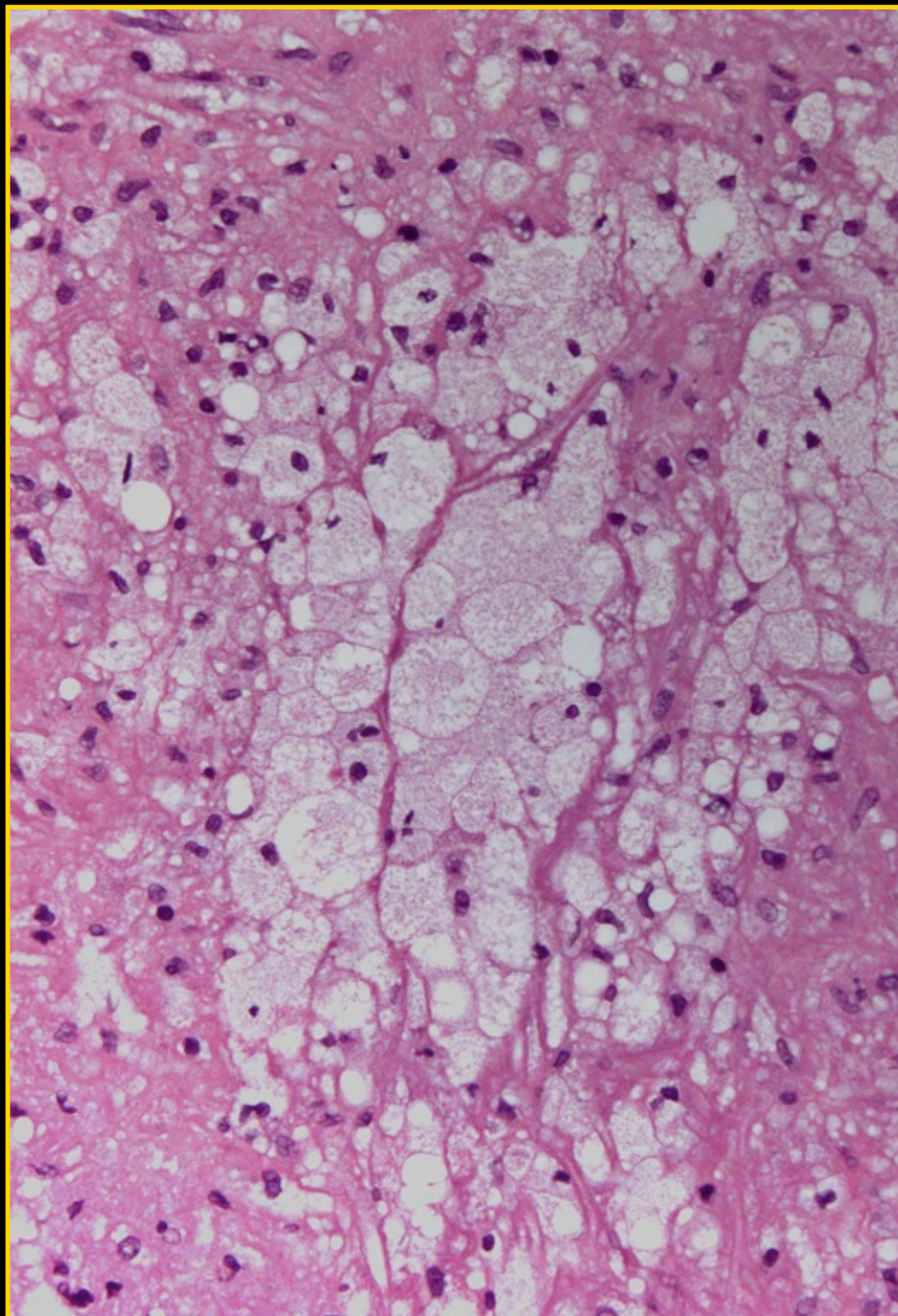

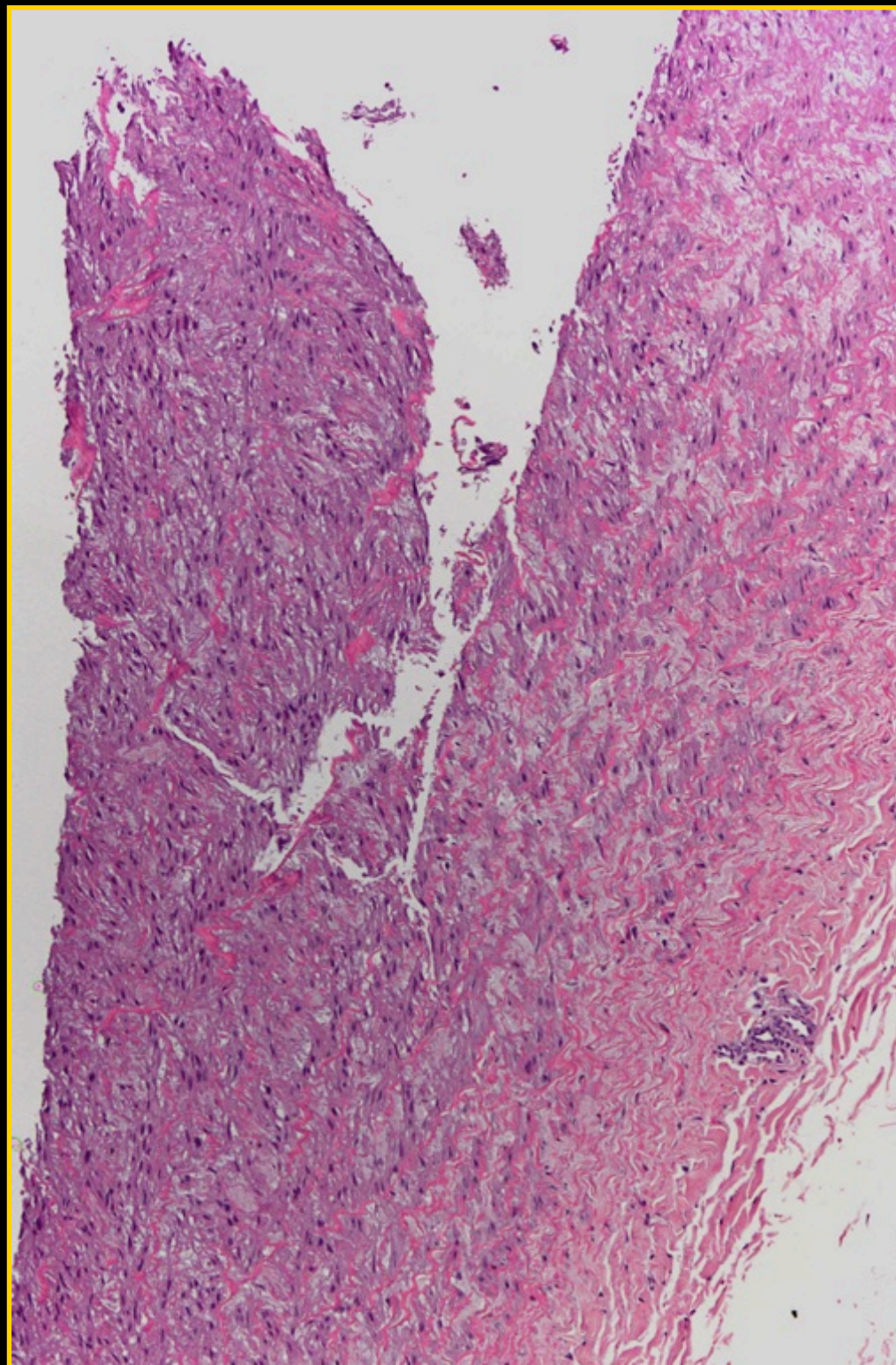

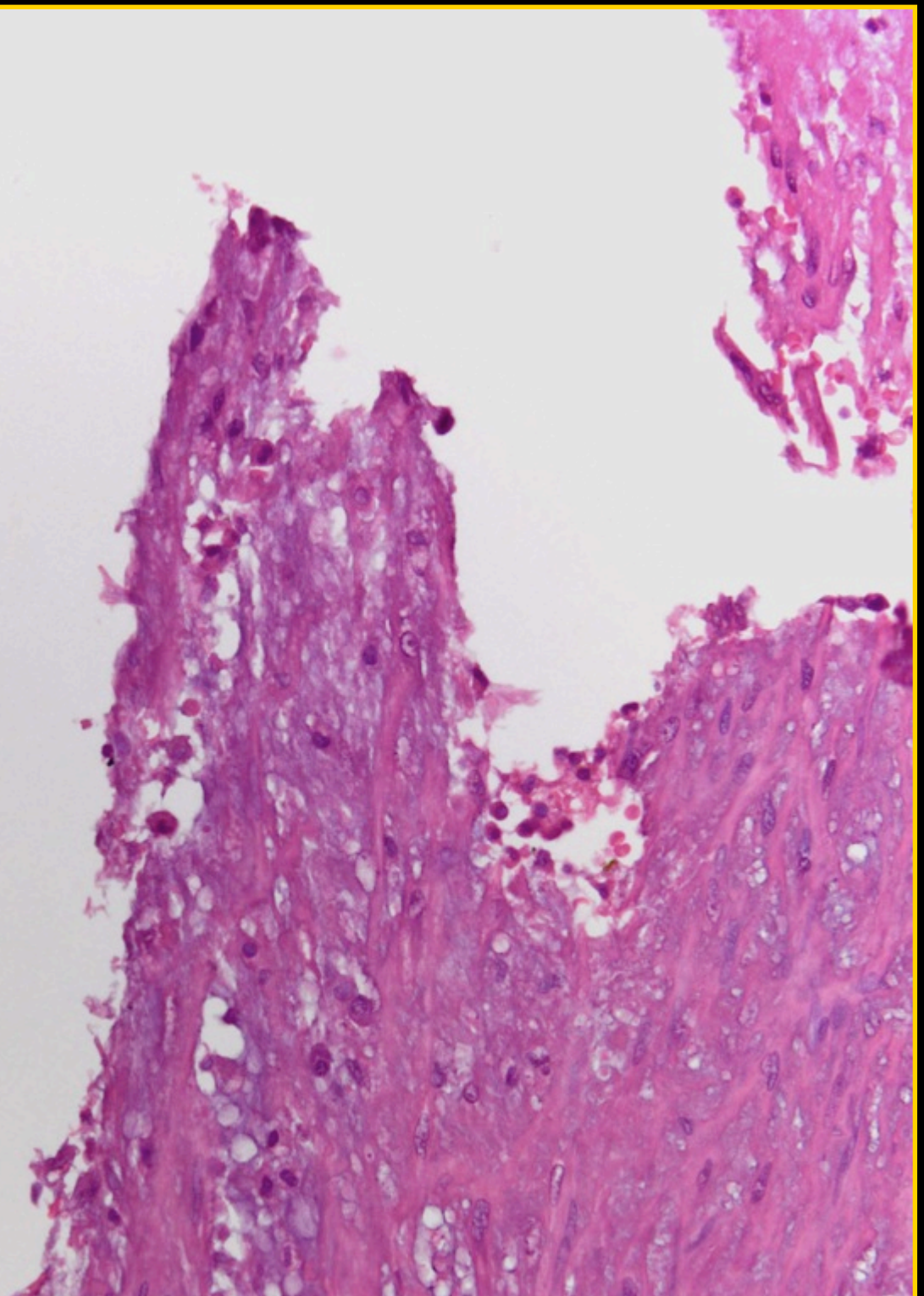
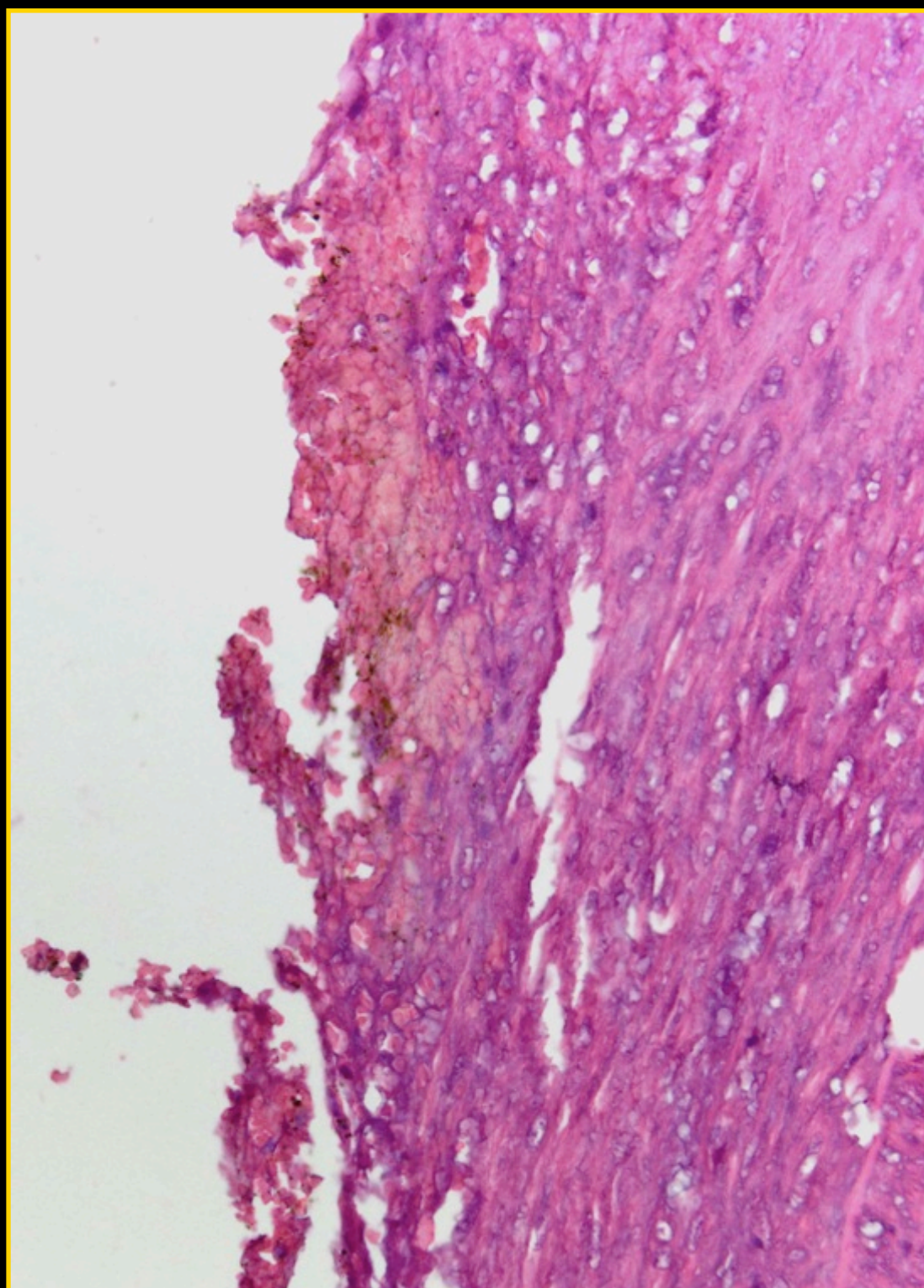

AUTOPSIA
EXAMEN INTERNO

- **Cavidad Torácica:**
  - Extracción de corazón para transplante.

- **Cavidad Abdominal:**
  - Extracción de riñones e hígado para transplante.
  - Extracción de bazo para pruebas de histocompatibilidad.

CONCLUSIONES

- Contusión cervical derecha por golpe con balón.
- Desgarro de la íntima de la art. carótida intern
derecha con trombosis secundaria.
- La trombosis continúa hasta porción intracraneal d
arótida interna y art. cerebral media derecha.
- Infarto isquémico en el territorio de la art. cerebra
media derecha.

J Trauma. 1994 Feb;36(2):265-72.

Nonpenetrating trauma to the carotid artery: seven cases and a literature revie

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enetrating carotid trauma is uncommon and frequently missed on initial examination. of seven patients seen over a period of 21 years are presented and 100 cases from recent literature are reviewed. Causes and mechanisms of injury, clinical presentatio rigations, management, and outcome are discussed. Causes of injury were three moto e collisions, two falls, one sports injury, and one blow to the face. Clinical presentati in four and delayed in three. The earliest symptoms and signs were a change in men s, headache, unprovoked fall, focal weakness, neglect, and dysphasia. Doppler studies eful in screening, but a definitive diagnosis is made with the help of angiography. Tw nts were treated surgically; one died, one with delayed symptoms from a pseudoaneu ered completely. Five patients were given anticoagulants; all survived with permanen ts related to their pretreatment neurologic status. The outcome in 100 recent cases terature has improved compared with previous reports. The overall mortality was 12% me in our seven cases supports recent trends toward a strategy of early anticoagul elective surgical treatment.

ischemia, and infarction following blunt trauma: two cases

J. Blanco Pampin,[1] N. Morte Tamayo,[1] R. Hinojal Fonseca,[2] J. J. Payne-James,[3] P. Jerreat[3]

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SUMMARY. Carotid artery dissection followed by cerebral infarction as a result of blunt trauma can occur number of forensically relevant situations. We describe two such cases. In the first case, a 19-year-old fe was involved in a road traffic accident, when her car crashed into the rear of another car. Initially, the yo woman presented a minor head injury without loss of consciousness and minor bruising to the left side o neck. After 48 h, she had developed confusion, speech difficulties, right facial nerve paralysis, and hemiplegia. CT scan and carotid angiography showed cerebral ischemia with infarction in the territory o middle left cerebral artery and complete dissection of the left carotid artery. In the second case, a 33-yea male with depression attempted to hang himself. The rope gave way and he fell down. He had also tak paracetamol, and a non-steroidal anti-inflammatory drug overdose. He did not lose consciousness but appe withdrawn and depressed. Approximately 6 h later, his conscious state deteriorated. A CT scan reve thrombosis of the left internal carotid artery, extending to the middle cerebral artery. The patient died. cases reinforce the need for full neurological assessment and review of any individual subject to blunt traum the neck, whether accidental or deliberate or where the history is incomplete. In the forensic setting, in ticular, RTAs, suspension by the neck, strangulation, and garotting are all instances when examination assessment must be thorough – and clear advice given – in the absence of any immediate signs or sympto that any new symptoms or signs require immediate and thorough neurological investigation. There shoul low threshold for prolonged neurological observation or further neurovascular investigations such as u

CASE REPORT

Carotid Artery Injury with Cerebral Infarction Following Head and Neck Blunt Trauma: Report of a Case

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Blunt injury to the carotid artery is rare but may produce a devastating outcome with long-term morbidity. Initial recognition by clinicians is often difficult because of the diverse clinical manifestations, the delay in presentation of symptoms, and the associated multi-organ system injuries that accompany carotid injury. Early diagnosis and successful management of traumatic carotid artery injury require a high index of clinical suspicion. We report herein a 20-year-old male victim of internal carotid artery injury induced by a motorcycle accident who initially presented with a clear consciousness and had normal computed tomogram (CT) of brain. Two days after injury, the patient suffered from left hemiplegia and coma. The follow-up brain CT showed acute infarction of right cerebrum and severe cere-

tensiva. 2009;33(7):353–357

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A CLÍNICA

ección traumática de la arteria carótida interna por el cint seguridad: descripción de dos casos

ópez-Sánchez*, M.A. Ballesteros-Sanz, A. Pérez-Ceballos, C. González-Fernán ópez-Espadas

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LESIONES CONTUSAS DE LA ART. CARÓTIDA

- Son muy raras. Hasta el 1% tras contusiones en el cuello
- Tasa de mortalidad del 5-43% y tasa de secuela eurológicas del 37-70%.
- Los síntomas suelen aparecer 12-24 h. después de rauma.
- Biomecánica: Desaceleración rápida con hiperextensión otación contralateral del cuello.

LESIONES CONTUSAS DE LA ART. CARÓTIDA

Estiramiento de la art. carótida interna sobre las apófisi
ransversas de las primeras vértebras cervicales lo qu
rovoca desgarro de la íntima y trombosis secundaria.

90% de las lesiones de carótida son extracraneales, a 1-
m de la bifurcación.

Mecanismos de producción:

- Acc. de tráfico (automóvil y motocicleta)
- Caídas
- Acc. Deportivos
- Peleas