This Month’s Question:

What is the relationship between Mortality, Pre-existing Heart Disease and Trauma?

MLPCLI Answer:

We were asked to consult on a case of a man who died very shortly after being involved in an auto crash which resulted in the man having several injuries including broken ribs, leg fractures and a partially amputated foot. It was the position of the insurance company the man died of a heart attack due to pre-existing coronary artery disease despite the fact the man died very shortly after the auto crash.

The client was airlifted to a local hospital and died of a heart attack in the emergency room. The county medical examiner did an autopsy and stated “The autopsy findings in this case reveal that the cause of death is consistent with heart failure secondary to coronary insufficiency due to severe atherosclerotic coronary artery disease and other coronary abnormalities. The automobile accident is a possible contributory factor.”

A much more likely explanation for this client’s sudden death after his auto accident is that due to the release of catecholamines (stress hormones such as adrenaline) that are released with physical trauma, the client’s compromised coronary arteries acutely constricted and due to severe arthrosclerosis his constricted vessels were temporarily occluded causing acute heart failure. In an article from the Institute of Forensic Medicine, University of Paris titled Stressful events as a trigger of sudden death: a study of 43 medico-legal autopsy cases Lecomte et al. state “In conclusion, it appears from our autopsy study that SSD (stress-related sudden death) occurs primarily in those individuals with severe heart disease, especially coronary heart disease.” This paper supports my opinion that the client’s auto accident is his predominant cause of death.

In a 2010 article in the Journal of Trauma titled The Relationship between Mortality and Preexisting Cardiac Disease in 5971 Trauma Patients Ferraris et al. state “We observed significant morbidity and mortality in patients with preexisting cardiac disease who suffer severe
traumatic injuries.” They go on to state “…patients with more than one preinjury cardiac risk factor have 5 to 10 times the mortality risk compared with those without cardiac risks.” Again, this paper supports the auto accident as the predominant cause of the client’s death.

Other articles in the medical literature also support this theory.

Stating the client died of heart failure due to coronary artery disease on the day he was involved in an auto accident in which he suffered massive trauma is like stating someone died of lack of oxygen and not mentioning they had drowned. Based on the circumstances of the auto accident, the client’s multiple injuries, his pre-existing coronary artery disease as well as supporting evidence from the medical literature was our opinion the predominant cause of death was the auto accident.

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