

Postmortem Examination

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Editorial

Postmortem examination or autopsy is specialized surgical procedure, which consists of an examination of a corpse in order to determine the cause and manner of death has occurred and to evaluate any disease which may be present.

Postmortem examination: An autopsy, or an examination of a human body after death. Also called a necropsy. An autopsy can include a physical examination, examination of internal organs, and specialized laboratory studies. Autopsies may be used to help determine the cause and manner of death. Postmortem examinations have been done for more than 2,000 years but during most of this time they were rarely done, and then only for legal purposes. The Roman physician Antistius performed one of the earliest autopsies on record. In 44 B.C., he examined Julius Caesar and documented 23 wounds, including a final fatal stab to the chest. In 1410, the Catholic Church itself ordered an autopsy ~ on Pope Alexander V, to determine whether his successor had poisoned him. No evidence of this was found. By the turn of the 20th century, prominent physicians such as Rudolf Virchow in Berlin, Karl Rokitansky in Vienna, and William Osler in Baltimore won popular support for the practice.

Postmortem Examination of Patients With COVID-19

Approximately 15% of people suffering from coronavirus disease 2019 (COVID-19) develop severe disease, and 5% to six are critically ill (respiratory failure and/or multiple organ dysfunction or failure).^{1,2} Severely ill and critically ill patients have a high deathrate, especially with older age and coexisting medical conditions. Because there are still insufficient data on explanation for death, we describe postmortem examinations during a case series of patients with COVID-19.

Between April 4 and April 19, 2020, we conducted serial postmortem examinations in patients with proven severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection who

died at the University center Augsburg (Germany). Autopsies were conducted consistent with published best practice. Specimens from lung, heart, liver, spleen, kidney, brain, pleural effusion, and spinal fluid (CSF) were assessed. Postmortem nasopharyngeal, tracheal, bronchial swabs, pleural effusion, and CSF were tested for SARS-CoV-2 by reverse transcriptase-polymerase chain reaction. This study was approved by the local institutional review board, and written consent was obtained from next of kin.

Regardless of the suspected explanation for death, a doctor or coroner's autopsy should be thorough and comprehensive, for deaths which come under the jurisdiction of this office are often extremely complex, dealing as they are doing mostly with instances of sudden and unexpected demise. The autopsy should be approached with a particular degree of suspicion of to her possible but hidden etiological factors. truth explanation for death could also be masked by the apparent findings. within the simpler cases, the precise explanation for death could also be accurately determined by any competent pathologist and even by an alert non pathologist physician. in additional complex cases, however, those without the trained or ingrained sense of suspicion of a forensic pathologist could also be misled by the apparent and should seek no further information beyond the apparent. the typical physician is usually either unaware of or features a rather lax attitude toward the potential medicolegal ramifications and significance of the autopsy report in coroner's cases. As an example, a history of attack shouldn't automatically cause the conclusion that a overtime was thanks to heart condition. Substance abuse or misuse could also be highly unlikely, but adverse reaction to therapeutic drugs may be a possibility which shouldn't be overlooked, especially in persons under intensive drug treatment of medical conditions. A nUInbel' of deaths due to drugs have probably been missed because of bias induced by the medical history of the deceased.

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