

Forensic pathology case study: the 13- year-old male

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Forensic pathology case study: " the 13- year- old male" Before I open the head and body, based upon the history we just heard, what is the most likely cause of this poor boy's death?"

The most likely causes of the death of the 7Th grader based on the Deputy Coroner's embrace injury, disease, or combination of the two besides utter neglect on the part of the victim. (Bilo, Robben & Rijn, 2010). The deputy coroner reported that, "the coach told him to lie still, but the boy insisted on getting up, adamantly stating that he was all right. He did stand up, had no apparent difficulty in walking, and proceeded out of the school grounds."

This would have been also aggravated by the possibility that the young man may have had a previous medical condition. The impact by the basketball on the boy's forehead might have triggered the manifestation of this other disease(s). This, combined with the effects of the impacts, may have made the injury very serious despite the fact that the young man failed to notice this earlier. The young man should have sought immediate medical attention. To attain his ordinary health stable status the young man should have gone for a medical check-up immediately the time he was hit by the ball, which was before 1550 hrs (Bilo, Robben & Rijn, 2010). Utter ignorance that prompted to the boy's death is evident by the report of another student contending that " he had seen the boy, who had been struck in the head, fall to the ground about 5 minutes before, and that he was now lying on a street corner, three blocks away, and could not be awakened." This was the time when he finally fell on the ground overwhelmed by the effects of the injury that he might have survived. According to the deputy coroner's report, it is after this that the boy was taken for Emergency Medical Services as

suggested by the paediatrician who was summoned by the boy`s mother. On a keen observation, we also notice that it took a long time from the time of the boy`s injury to the time he is finally taken for emergency treatment. This long period may also have given a chance for the impacts of the injury to take a greater effect on the boy`s body system, so that no matter the medical procedures carried on him, the damage was already and surely deemed fatal. The boy got hit at 1530hrs and finally reached the hospital at 1650hrs under the assistance of both his mother and the coach. At 1652hrs, the effects had taken their full control and effect and could not be controlled, hence the boy`s death. At 1652hrs, the boy suffered respiratory arrest, followed by cardiac arrest, and could not be resuscitated despite aggressive and prolonged effort (Bilo, Robben & Rijn, 2010).

2) " What is your best assessment of what happened to him, anatomically and physiologically?"

The best autopsy assessment that would be given about the real cause of the death of the decedent according to the deputy coroner`s background information would first of all be, a damaged right temple. This would be recorded after a keen study on the boy`s skull. This is evident when Deputy Coroner contended ``someone at baseball practice hit a ball that struck the decedent in the right temple``. The second observation that would be made encompasses slight superficial bruises on the skin of the young man`s corpse. Mainly, this is because falling on the ground sometimes after he had walked away from the school grounds a few blocks from the basketball pitch could have worsened through physical hitting of the ground evident from the student`s narration (Bilo, Robben & Rijn, 2010).

In addition, cardiac arrest that the boy suffered while at the Emergency Medical Service centre is among critical conditions that yielded to the boy's demise. However, in this case cardiac arrest emerges as a secondary agent or condition resulting from initial conditions after failing of proper action implementation meant to save the boy. Therefore, ventricular fibrillation, heart block and respiratory bruises are also likely examination reports to have after the autopsy assessment of the boy's cardiac and lung systems.

Reference

Bilo, R. A. C., Robben, S. G. F., & Rijn, R. R. (2010). Forensic aspects of paediatric fractures: Differentiating accidental trauma from child abuse. Heidelberg: Springer.