The Autopsy: A Valuable Tool for Achieving Quality Patient Care
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Learning Objectives
Utilizing a recent example, discuss the benefits of autopsy for clinical diagnostics and optimal patient care.

Introduction

Autopsy can
- Unmask unexpected diagnosis
  Constant 5-8% discrepancy rate in literature
  Holds true across types of patients, diagnostic work-up, care settings
- Identify novel disease
- Evaluate effects of treatment
- Function as a teaching tool
- Provide epidemiologic vital statistics
  Used to focus resources for prevention, diagnosis and treatment of prevalent disease threats

Patient Presentation
A 53 year old male with long standing history of a non-ischemic cardiomyopathy presented with progressive right sided heart failure secondary to worsening pulmonary hypertension.

Additional past medical history:
- Non-invasive bladder cancer resected 3 years prior to presentation
- Diabetes
- Mild chronic obstructive pulmonary disease (COPD)
- Hypertension.

Disease Course and Management
- Invasive and noninvasive cardiac and pulmonary evaluation failed to determine etiology of pulmonary hypertension.
- Cardiac function declined, developed renal failure, death.

Final Autopsy Diagnosis
- Cause of death: Metastatic squamous cell carcinoma of uncertain primary.
- Pulmonary tumor emboli accounted for the peculiar pulmonary vascular dysfunction and pulmonary hypertension.
- Microvascular tumor emboli caused a nearby subacute right ventricle myocardial infarct. This in addition to a right ventricular endocardial thrombus contributed to worsening right sided heart failure.

Take Home Points
- Discovery of metastatic cancer where a primary lesion cannot be identified occurs in up to 4-5% of invasive cancers.
- Identification of cancer in these cases usually only occurs as a result of newly developed symptoms caused by the metastases.
- Microscopic pulmonary tumor embolism is a rare and underdiagnosed etiology of pulmonary hypertension.
- Autopsy is a useful resource for evaluating the quality of patient care in both diagnostically challenging and routine settings.

References