cerebral vasculopathy in keeping with fibromuscular dysplasia (FMD).

Discussion: FMD is a rare group of non-atherosclerotic, non-inflammatory, non-amyloid arteriopathies first described in 1938.¹ The aetiology is likely multifactorial and is familial in up to 10% of patients. Common sites of involvement are the renal and cerebral arteries. There is a high incidence of vascular complications in FMD due to arterial dissection and aneurysm formation with rupture. Histopathologically FMD is classified according to which arterial wall layer is involved, with lesions often confined to short segments of one or two arteries.² Extensive blocking and histological examination of cerebral arteries should be considered in cases of unexplained subarachnoid haemorrhage in the setting of non-atherosclerotic aneurysms to exclude FMD.

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SUPRACHIASMATIC CYSTIC LESION. INCIDENTAL VS PATHOLOGICAL?

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Case report: A 45-year-old man was found deceased in bed with no cause of death readily evident from the given history or gross post-mortem examination. On macroscopic examination a 12 mm unilocular cyst was seen in continuity with the 3rd ventricle, inferior to the anterior commissure with compression of the adjacent optic chiasm. Histology of this cyst showed it to be a prominent optic recess of the 3rd ventricle with normal optic chiasm histology, representing an incidental autopsy finding.

Discussion: The optic recess of the 3rd ventricle was characterised anatomically by Retzius in 1900.¹ It is immediately adjacent to the optic chiasm. Cystic enlargement is most commonly secondary to hydrocephalus. This can compress the optic chiasm, presenting as bitemporal hemianopia with clinical effects. Optic chiasmal symptoms due to optic recess enlargement are related to the anatomical position of the chiasm and degree of recess distension. The differential diagnosis for a cystic lesion in this location includes a congenital/developmental cyst or acquired cyst of neoplastic or infective origin.² The anatomical relationships of the optic recess, the causes of enlargement and the differential diagnosis for a cystic lesion at this location are discussed.

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CASE REPORT: CRANIAL ERYTHROID HYPERPLASIA IN A PATIENT WITH CHRONIC ALCOHOLIC LIVER DISEASE MIMICKING TRAUMATIC HEAD INJURY

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Erythroid hyperplasia (EH) represents an increase in red blood cell (RBC) precursors in bone marrow and reflects a response to peripheral RBC loss or ineffective erythropoiesis. EH is usually seen chronic anaemias or intrinsic bone marrow disease. Less commonly, chronic hypoxaemic states or rarely erythropoietin-producing tumours can produce EH.

We present a 42-year-old female with decompensated alcoholic cirrhosis, portal hypertension and chronic normochromic normocytic anaemia. She was found dead 5 days following an alleged assault. At autopsy for suspected homicide, she was noted to have scalp bruises and bilateral bluish discolouration over the parietal skull. Neuropathology revealed no evidence of complications of trauma to the brain. Histopathology of the parietal skull revealed EH. Death was due to complications of cirrhosis.

Bilateral EH of the parietal marrow is not recognised by the vast majority of forensic pathologists; a related condition, porotic hyperostosis is recognised by forensic anthropologists.

This case demonstrates an unusual entity, cranial EH in the setting of long-standing normochromic normocytic anaemia, related to chronic alcoholic liver disease, and also introduces the symmetrical nature of the parietal erythroid hyperplasia that may cause confusion at autopsy.

VIOLET AND BLUE ALTERNATIVE LIGHT SOURCES ENHANCE VISIBILITY OF BRUISES IN CADAVERS

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Bruising is frequently documented in cases of violence for use as forensic evidence. However, bruises can be overlooked if they are not visible to the naked eye. Alternative light sources have been used in an attempt to reveal the presence of bruising that is not otherwise apparent. There is, however, a significant gap in knowledge surrounding this technique, as it has not been validated against histology to confirm that bruising is genuinely being enhanced. This is the first study evaluating the ability of alternative light sources to enhance visibility of bruises by employing histology to confirm bruising. Embalmed and non-embalmed cadavers were studied. Bodies were scanned with light sources, and enhanced regions not apparent under white light were sampled. Images were assessed using the program Fiji to measure enhancement in terms of bruise size. Photography results were compared with histology to confirm bruising. Violet and blue light sources produced the greatest enhancement, both $p < 0.0001$ for embalmed and non-embalmed cadavers. Regions that were not bruises also enhanced with light sources in this study, indicating that alternative light sources are not specific. This suggests that the use of alternative

light sources to enhance the visibility of bruising should be undertaken with caution.

CAN TRENDS IN CORONIAL POST-MORTEM EXAMINATIONS BE DETERMINED FROM THE NCIS DATABASE?

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There have been changes to Coronial Acts in some States to allow limited examinations or promote the minimum examination necessary to determine a cause of death. Has this impacted on Coronial autopsy numbers and the proportion of partial or external only examinations? An answer to this question was sought using the National Coronial Information Service (NCIS) database. However, this service does not code post-mortem examinations as external, partial or full. An automated method to extract the data using key phrases was devised and tested. However, it was only possible to apply this data extract technique to two States. The trends over ten years will be shown and the data discussed.

KAWASAKI DISEASE: A REVIEW OF 2 CASES OF SUDDEN DEATH

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Kawasaki disease is a febrile, usually self-limited illness of childhood, which commonly starts with an arteritis. We will present two cases of Kawasaki disease leading to sudden death; one in the acute phase and one 22 years after the initial illness. The first case was a 5-month-old infant who presented to a tertiary hospital with a febrile illness, conjunctivitis and erythema of the skin of the hands. Kawasaki disease was considered in the list of differentials, however as he responded to antibiotic treatments he was discharged home. At autopsy the deceased was found to have a haemopericardium with a ruptured coronary artery aneurysm. He had widespread arteritis.

The second case was that of a 22-year-old man who collapsed whilst playing football. He had been diagnosed at 6 months of age with Kawasaki disease complicated by left and right coronary artery aneurysms.

Autopsy findings (gross and histological) and PM CT images will be presented in these cases along with a review of current guidelines into diagnosis.

SUDDEN CARDIAC DEATH WHILST PLAYING AUSTRALIAN RULES FOOTBALL: A RETROSPECTIVE 14 YEAR REVIEW

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Australian Rules football (AFL) is a sport unique to Australia. It is played and followed widely in most states of Australia but particularly in Victoria. The death of a player during a professional or recreational game of AFL is usually widely reported and affects not only the family but the whole club, often raising questions about whether more can be done to ensure that sudden cardiac deaths don't occur in these settings. Pre-participation screening is often discussed as a way to avoid sudden cardiac deaths at least at a semi-professional level.

A good understanding of the autopsy findings in young men who die during particular sport will help to add to the discussion on whether testing will help to decrease the incidence of these deaths occurring.

This paper will examine 14 cases where sudden cardiac death has occurred whilst playing AFL over a 14 year period in the state of Victoria in young males. This cohort demonstrates a wide variety of cardiac findings both expected and unexpected.

There will be a discussion on the variety of autopsy findings which range from possible anatomic causes of death, to genetic finding and other causes (such as commotio cordis).

The contribution of anatomical or genetic findings alone as the cause of death will also be explored.

Given the wide variety of causes of death in this cohort it is probable that pre-participation screening may have been able to detect a small number of cases but most would have gone undetected.

VEHICLE ASSISTED LIGATURE STRANGULATION

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This is a case report of an unemployed young adult male with a history of substance abuse and recent domestic dispute that committed suicide by vehicle assisted ligature strangulation (VALS). VALS is a rare method of suicide in which a motor vehicle is used to apply pressure to the neck by a ligature, which is fixed to a structure outside of the vehicle. There are only a handful of cases previously documented in the literature. The findings in these cases are varied and show one of three patterns of injury: complete decapitation, lethal injury to the internal structures of the neck or sustained pressure to the neck. This case showed a combination of findings with both significant injury to the internal structures of the neck and features of sustained pressure to the neck. Review of the literature showed that some of the variation in pattern of injury seen could be attributed to the intactness of the ligature. It is likely that other factors also play a role including the force applied by the motor vehicle and the characteristics of the ligature used such as material and width. Further case reports are required to further our understanding of this rare mechanism of suicide.

FATAL ARACHNOPHOBIA

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