non-winter seasons. This case documents a hypothermic death in a setting of morbid obesity and subsequent liver failure and cardiomegaly where widespread Wischnewsky lesions and slightly elevated beta-hydroxybutyrate were noted, with non-elevated blood sugar levels. In this rare case, the only identifiable predisposing factor to hypothermia was metabolic derangement resulting in altered energy metabolism.

BLACK DUODENUM – A ‘NEW’ ENTITY GONE UNNOTICED. FURTHER EVIDENCE OF SHARED PATHOPHYSIOLOGY BETWEEN BLACK OESOPHAGUS, WISCHNEWSKY SPOTS AND, NOW, BLACK DUODENUM

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We report a case of ‘black’ oesophagus / acute necrotising oesophagitis (ANE)-like ‘black’ duodenum / acute necrotising duodenitis in a man who died from diabetic ketoacidosis (DKA), which has not been previously reported in the literature. The morphological and histological features of this ‘black’ duodenum resemble closely ANE and erosive gastritis / Wischnewsky lesions of the stomach (WLs). The pathogenesis of this finding, given the similar location and manifestation, as well as the similar local blood supply, may be the same as AEN and WLs, but atypically manifested in the duodenum. In addition, we present further information on an additional four cases of black duodenum detected in the department since first recognising the entity, suggesting that this newly described entity may be missed at autopsy, where the duodenum is not closely inspected.

RARE OCCURRENCE OF CEREBRAL METASTASES IN A YOUNG FEMALE WITH ADRENOCORTICAL CARCINOMA: FORENSIC PRESENTATION

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Aim: Adrenocortical carcinoma is a rare primary malignancy arising from the adrenal cortex. Metastases show predilection for the kidney, liver and abdominal viscera, with only rare reports of cerebral metastases in the literature. The aim of the study is to describe the atypical presentation of a non-secretory adrenocortical carcinoma.

Method: We reviewed the case of a young female with an adrenocortical carcinoma, initially presenting to the hospital with adrenal capsular rupture and abdominal pain. She passed away

eight years after the initial diagnosis at home, following the excision of a scalp lesion. Forensic autopsy examination and imaging was performed.

Results: At autopsy, there were two previously uncharacterised metastatic lesions and multiple pulmonary metastases in the left parietal lobe and multiple pulmonary metastases. Internal examination also showed moderate mitral valve prolapse. The final cause of death was due to raised intracranial pressure because of the tumour mass effect.

Discussion: Cerebral metastasis is an uncommon presentation in patient with adrenal cortical carcinoma. The patient presents with a sudden death following a procedure and the post-mortem imaging and autopsy internal examination was crucial in unravelling the cause of death in this unusual situation.

THE COMPOUNDING EFFECTS OF HEPATITIS C INFECTION WITH LIVER CIRRHOSIS, HEPATOCELLULAR CARCINOMA, AND BUDD-CHIARI SYNDROME IN FATAL GASTROINTESTINAL HAEMORRHAGE

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This case study reports a patient with hepatitis C infection with advanced liver cirrhosis, and undiagnosed hepatocellular carcinoma, who presented with acute Budd-Chiari syndrome and fatal gastrointestinal haemorrhage. Budd-Chiari syndrome is defined as hepatic venous outflow tract obstruction, and can present with signs of acute liver failure, including nausea and vomiting, abdominal distension, jaundice, coagulopathy, and abnormal liver function tests, and may progress to multiorgan failure and death. Budd-Chiari syndrome can arise in the setting of malignancy, via direct compression or invasion of vascular structures, with hepatocellular carcinoma most commonly described. The majority of hepatocellular carcinomas arise in the setting of liver cirrhosis, with chronic viral hepatitis (hepatitis B and C) a leading cause. Liver cirrhosis may result in portal hypertension, which promotes the development of oesophageal and gastric varices. Liver disease can also affect the production of clotting factors, which may increase the risk of potential haemorrhage. This case highlights the combined effects of potentially reduced clotting factors, oesophageal varices, and disseminated intravascular coagulation, and how their overlapping aetiologies may increase the risk of developing potentially fatal spontaneous gastrointestinal haemorrhage.

AUTOIMMUNE PULMONARY ALVEOLAR PROTEINOSIS WITH CONCURRENT PULMONARY CRYPTOCOCCUS GATTII INFECTION

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This case study reports a patient with autoimmune pulmonary alveolar proteinosis (PAP), pulmonary cryptococcosis, and disseminated cryptococcaemia, and the associated histopathological findings. Autoimmune PAP is an uncommon condition characterised by excessive accumulation of surfactant within