CODE: T3301 M5472/6

ID NOS: HX93799 A12318

DIAGNOSIS: MYOCARDIAL INFARCTION

CLINICAL HISTORY: M/63. There had been increasing dyspnoea and some precordial pain on exertion for three to four months. Whilst in hospital he developed severe retro-sternal pain radiating to both arms and an ECG demonstrated a recent myocardial infarct. Two days later partial hemiparesis appeared. Death ensued after another five days during which time there was considerable cardiac arrhythmia.

MACROSCOPIC: There is striking pallor of the anterior ½ of the circumference of the left ventricular wall (lower portion) and also of a papillary muscle. Mural thrombosis is to be seen on the right and can be compared with a dark post mortem clot in the centre of the chamber. The descending branch of the left coronary artery was occluded by a red thrombus. Hemiparesis resulted from a cerebral embolus, arising from the mural thrombus.

MICROSCOPIC: Necrotic myocardial fibres are seen (left). At the edge of the infarct, most of the polymorphs have been replaced by histiocytes but organisation has not yet commenced (right).