CODE: T3200 M2492
TX200 M4174

ID NOS: CENTRAL WEST PATHOLOGY.

DIAGNOSIS: HEART - FALLOT'S TETRALOGY.
BRAIN - CEREBRAL ABSCESS.

CLINICAL HISTORY: M/11. The patient had Down's syndrome with Fallot's tetralogy and atrial septal defect. Dental extraction a few months before death was followed by pyrexia, confusion and terminal fitting. At autopsy a left temporal lobe abscess (which grew Streptococcus viridian) was present.

MACROSCOPIC: Specimen consists of opened heart and portion of brain. The myocardium of the left ventricle is essentially normal. The right ventricle shows considerable myocardial hypertrophy. The origin of the pulmonary artery (seen on the front of the specimen) has been cut across to show the pulmonary stenosis. The aorta has been opened to show its origin overriding the right ventricle. The black arrows point to the quite large atrio-septal defect. There is also a ventricular septal defect just seen beneath the cusps of the mitral and tricuspid valves. The valves appear normal.
The reverse side of the brain shows the abscess cavity in the left temporal lobe.

MICROSCOPIC: No photomicrographs.

COMMENT: Fallot (in 1888) described the tetralogy as:(1) Stenosis of the pulmonary artery. (2) Communication between the ventricles. (3) Displacement to the right of the origin of the aorta. (4) Hypertrophy of the right ventricle. An atrial septal defect is not uncommonly associated with Fallot's tetralogy (this condition is sometimes termed Fallot's pentalogy).