

## Identifying a Gastrointestinal Bleed at a Scene

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## Learning Objectives

- Review the common causes of gastrointestinal bleeds
- Apply knowledge of the decedent's medical history and medications to what is observed at the scene
- Discuss effective communication strategies with other investigative agencies

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## Common Causes of Gastrointestinal Bleeds

- Upper gastrointestinal bleed
  - Peptic ulcer (can be caused by a bacterium, regular use of aspirin or nonsteroidal anti-inflammatory medications or other prescribed medications)
  - Mallory-Weiss tears (tears in the esophagus, can be caused by excess alcohol consumption)
  - Esophageal varices (can be caused by excess alcohol consumption or liver disease)
  - Esophagitis

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## Common Causes of Gastrointestinal Bleeds

- Lower esophageal bleed
  - Diverticular disease
  - Inflammatory bowel disease
  - Benign or malignant tumors of the gastrointestinal tract
  - Colon polyps
  - Hemorrhoids
  - Anal fissures
  - Proctitis



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## Set the Scene

- On 10/25/17 around 1727 hours, a welfare check was requested for a 71 year old female who did not show up for her scheduled work shift, which was reported to be unusual. The decedent was last seen earlier that morning around 0130 hours when her work shift ended.
- Local law enforcement responded to the decedent's residence (a single level modular home). Upon arrival, the decedent's residence was secure and law enforcement gained entry through a front living room window.
- The decedent was found unclad and in a prone position on a bed in the back bedroom of the residence in an obvious state of death (rigor mortis).
- Blood was observed in multiple areas of the residence including the kitchen, bathroom, and bedroom.
- Responding officers notified a detective and JCME.

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## Past medical history

- A preliminary search of the decedent's medical records revealed a past medical history including hypertension, hyperlipidemia, myocardial infarction, rheumatoid arthritis, osteoarthritis, tobacco use (1 pack of cigarettes per day for 26 years), and occasional alcohol use (2 beers per week).
- Prescribed medications included enteric coated aspirin, acetaminophen, and methotrexate.
- The decedent was last evaluated by a physician in September 2017 for a routine visit to rheumatology. During that visit, the decedent reported taking 2 grams of acetaminophen daily for arthritic pain.

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## Scene Investigation

- Law enforcement indicated there was no signs of forced entry and the decedent was not previously known to them.
- Law enforcement stated concerns with the amount of blood present.
- The residence was clean and organized.
- The decedent's medications were present and appeared to have been taken appropriately.
- Cigarettes were present at the residence, no evidence of alcohol use or illicit substance use was noted.

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## Scene Investigation

- A red substance, consistent with blood was present in the kitchen.
- A trail of blood was observed leading into a back bedroom and bathroom of the residence.
- Blood was observed in the bathroom sink and toilet.
- The decedent's clothes were observed on the bathroom floor with blood present.
- A trail of blood led from the bathroom to the bedroom.

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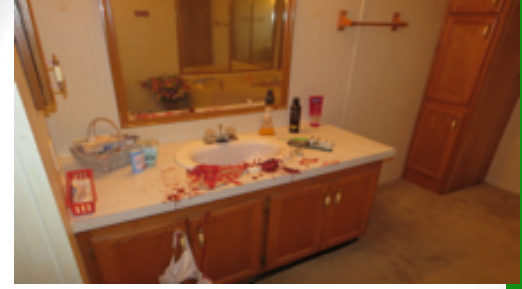
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## Scene Investigation

- > The decedent was found unclad lying in a semi-prone position turned toward the right side perpendicular to the bed with a pink nightgown underneath.
- > Blood was present in numerous areas on the decedent and the bedding.
- > The decedent was cool to the touch and rigor was observed, livor was blanched with firm pressure.
- > Blood clots were present in the decedent's nose and mouth.
- > The decedent's abdomen was distended and firm.
- > No obvious external trauma was observed.

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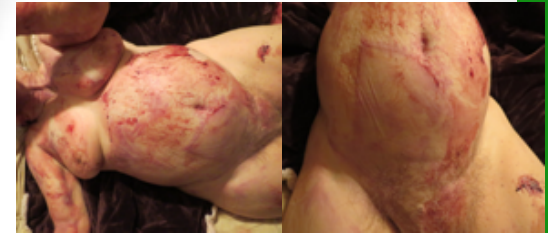
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## Conclusions

- There was no indication of suicide, family indicated the decedent did not have a history of depression, suicidal ideation, or attempts.
- There was not an indication of trauma, the decedent was found in her secured residence, the decedent was not previously known to law enforcement and did not have a history of physical altercations.
- Additional investigative information revealed the decedent had an episode of bloody discharge after taking ibuprofen in the past.
- The decedent had a history of prescribed methotrexate use as well as the decedent reported taking 2g of acetaminophen daily-a side effect of both medications is possible gastrointestinal bleed.
- The decedent had a history of occasional alcohol use, which can lead to peptic ulcers, esophagitis, or esophageal varices.

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## Conclusions

- Law enforcement reiterated concerns regarding the amount of blood present.
- The medical examiner (ME) was consulted regarding the death and informed of law enforcement concerns. The ME determined the manner of death to be natural and the cause of death to be acute upper gastrointestinal bleed due to undetermined etiology, an autopsy was not ordered.
- In consultation with the ME, I was able to provide medical education to law enforcement while acknowledging and addressing their concerns (no signs of trauma or foul play, no indication of suicide, the blood present at the scene appeared to follow a progression, the decedent's prescribed medications, previous report of blood emesis after ibuprofen use, and occasional alcohol use-all of which could have contributed to a GI bleed).

Updated: June 10, 2011

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## Questions?



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