

third leading cause of death in the USA. When medical error is evident, it should be appropriately incorporated into the cause of death. For this purpose, medical error should be recognized as a unique entity by the ICD. Recognizing medical error as a possibility and appropriately documenting its contribution to the cause of death would be a way forward to prevent further occurrences. In conclusion, the preventability of death has to be considered when there is an allegation of medical error. This warrants a thorough analysis around the circumstances. The authors suggest that an extensive method of root cause analysis as a timely need.

## PP 88

### **Burkitt lymphoma with permanent neurological damage: A rare occurrence**

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**Introduction:** Burkitt lymphoma is a rare aggressive B cell lymphoma often diagnosed in young adults and children. There are three types, namely sporadic, immunodeficiency associated and endemic. Central nervous system involvement is a known complication and is associated with poor prognosis.

**Case Report:** A 31 year old previously healthy male presented to Accident and Emergency (A&E) unit with sudden onset bilateral weakness of the lower limbs with difficulty in walking. CT imaging showed an enlarged right axillary lymph node along with multiple thoracic paraspinal masses extending into the spinal canal and extradural soft tissue at the level of L5/S1. Magnetic Resonance Imaging confirmed the above findings. The patient underwent CT guided paraspinal mass biopsy and histology confirmed the diagnosis of Burkitt lymphoma which was further confirmed and staged by bone marrow examination, immunophenotyping and cytogenetics. Thus the final diagnosis was given as Burkitt lymphoma stage IVB with t(8;14). The patient was initially treated with radiotherapy for paraspinal masses and was started on the HYPER CVAD chemotherapy regimen (Cyclophosphamide, vincristin, daunorubicin, asparaginase, rituximab, methotrexate). During the course of the disease he developed asparaginase induced coagulopathy and frequent blood culture positive bacterial infections requiring support with fibrinogen, cryoprecipitate and antimicrobials. Repeat MRI following the full course of chemotherapy showed regression of the paraspinal masses. His haematological parameters improved but there was no improvement of his paraplegia even after physiotherapy.

**Discussion:** Paraspinal involvement is a rare but recognized complication of Burkitt lymphoma which shows a rapid response to chemotherapy. Therefore the requirement for surgical intervention is rare. However despite the rapid and satisfactory response of the haematological parameters and regression of the paraspinal masses the neurological deficit failed to improve which is unusual in this setting.

## PP 89

### **An unusual presentation of a fatal myocardial infarction**

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**Introduction:** Acute myocardial infarction (AMI) typically presents with retrosternal chest pain with or without sweating, nausea and vomiting. Less commonly, it can present with pain in the jaw, epigastric region or arm. However, headache at rest or on exertion could be the only presenting symptom of AMI on rare occasions, which is then termed "cardiac cephalalgia".