

MEDICAL REPORT OF MOHTARMA BENAZIR BHUTTO

On 27-12-2007 at approximately 5.35 p.m. a female patient was brought in Accident & Emergency Department of Rawalpindi General Hospital, Rawalpindi. She was brought to the Resuscitation Room and was received by Dr. Aurangzeb Khan and Dr. Saeeda of Surgical Unit-II. This patient was identified as Mohtarma Benazir Bhutto.

Dr. Habib Ahmad Khan, Medical Superintendent RGH also arrived immediately.

The condition appreciated at the time of receiving the patient was as follows:-

The patient was pulseless and was not breathing. She was markedly pale. Her pupils were fixed, dilated and non reacting to light. A wound was present on the right temporoparietal region through which blood was trickling down and whitish material which looked like brain matter was visible in the wound. Her clothes were soaked with blood.

Immediate cardiopulmonary resuscitation was started. She was ventilated by Ambu bag and within a minute was intubated with endotracheal tube, blood mixed with secretions was noticed in the throat, that was suctioned out before intubation. External cardiac compressions were started. A cannula was passed in her right hand and intravenous fluids were pushed in. Inj. adrenaline was given.

No response was seen. Patient was shifted to emergency operation theatre while resuscitation was continued.

In operation theatre Dr Arshad, Anaesthetist joined the team. Prof Mussadiq Khan also joined the team at 5.50 PM. As external cardiac massage was not leading to any success therefore open cardiac massage was started via left antero-lateral thoracotomy. No blood was seen in the left thoracic cavity or the pericardium. There was no cardiac muscular activity seen.

Artificial assisted ventilation, internal cardiac massage and intravenous fluid resuscitation was continued. She was given intra cardiac adrenaline, calcium gluconate. These drugs along with sodium bicarbonate were also repeated intravenously.

Though no cardiac activity was seen but in order to treat fine ventricular fibrillation, electrical defibrillation was carried out. No cardiac response was seen.

Prof. Azam Yusuf and Dr. Qudsia had also joined the resuscitation team.

Pupils were fixed and dilated, no evidence of any cardiac or respiratory activity was observed. ECG showed no electrical activity.

At 6.16 p.m it was decided to stop resuscitation and patient was declared dead. The thoracotomy wound was closed. Fractured rib due to resuscitative thoracotomy was noticed.

Prof Arif Malik and Prof Saleem also reached by then.

malik 28/12/2008
Ayub

DETAILS OF THE WOUND AND ITS SURROUNDINGS

There was wound in right Temporoparietal region. Shape was irregularly oval, measuring about 5 x 3 cms, just above the pinna of right ear. Edges were irregular. No surrounding wounds or blackening was seen. There was a big boggy swelling around the wound. Blood was continuously trickling down and whitish material that looked like brain matter was seen in the wound and on the surrounding hair. Sharp bone edges were felt in wound. No foreign body was felt in the wound.

Wound was not further explored. Gentle aseptic dressing was used to cover the wound

Bleeding from both the ears was seen, more so from the right ear. Slight trickle of Blood was seen from right nostril also. Blood mixed with secretions was seen in the oral cavity also.

Detailed external examination of the body did not reveal any other external injury.

X-rays of the skull AP and Lateral views were done after she had been declared dead. Findings are as below:-

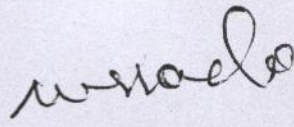
Comminuted depressed skull fracture involving right temporoparietal bone is observed with inwards depressed fracture fragment measuring approx. 35 mm (on-X-ray measurement). Depressed fracture fragment distant from intact bony skull measures 12 mm from outer to outer skull table & 12 mm from inner to inner skull table. Two to three tiny radio-densities underneath fracture segment are observed on both projections. Associated scalp soft tissue swelling & moderate degree of pneumocephalus is observed. Rest of the bony skull is intact. Radio-opaque dental fillings are evident.

CAUSE OF DEATH

Open head injury with depressed skull fracture, leading to Cardiopulmonary arrest.

Handwritten notes:
Muroela 28/12/2007
Ayaz
✓
D. ———
Ojji

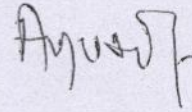
Prof. Mohammad Mussadiq Khan
FACS, DABS, FCPS
Principal/Professor of Surgery
RMC/Allied Hospital, Rawalpindi



Dr. Habib Ahmad Khan
Medical Superintendent
Rawalpindi General Hospital
Rawalpindi



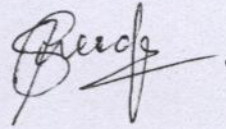
Prof. Azam Yusuf, FRCS, FCPS
Professor of Surgery
Head of Surgical Unit-II
Rawalpindi General Hospital
Rawalpindi



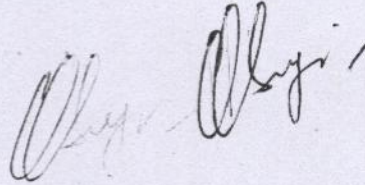
Dr. Aurangzeb Khan FCPS
Registrar S.U II
Rawalpindi General Hospital
Rawalpindi



Dr. Saeeda Yasmin
Post graduate Resident
Surgical Unit-II
Rawalpindi General Hospital
Rawalpindi



Dr. Qudsiya Anjum Qureshi FCPS
Anaesthetist
Rawalpindi General Hospital
Rawalpindi.



Dr. Nasir Khan FCPS
Assistant Professor Radiology
Rawalpindi General Hospital,
Rawalpindi.,

