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AUTOPSY REPORT

POST MORTEM REPORT NO:A290/21

Date of registration: 12/08/2021

Name: **YOUNG, GAIA**

Age : 25 years Sex: female Date of death: 22/07/2021 Date of autopsy: 28/07/2021

Clinician: Coroner for Greater London, Inner North London, St Pancras Coroners Court

M I C R O S C O P Y (S u p p l e m e n t)

STATEMENT OF WITNESS

(Section 9 Criminal Justice Act 1967 and Rule 1.62 Criminal Procedure Rules)

Statement of witness	Professor Safa Al-Sarraj, MB ChB, MSc, FRCPath
Age of Witness	Over 18
Occupation of Witness	Consultant Neuropathologist
Address	Department of Clinical Neuropathology King's College Hospital NHS Foundation Trust Academic Neuroscience Building Denmark Hill LONDON SE5 9RS

"I am Safa Al-Sarraj, MBChB, MSc, FRCPath Consultant Neuropathologist, Kings College NHS trust and Professor in Neuropathology and Director of the Brain Bank at Kings College London.

This statement is true to the best of my knowledge and belief. And I make it, knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything, which I know to be false or do not believe to be true.

I carried out a neuropathological examination on the brain of deceased **Gaia YOUNG (A290/21)**.

I am regularly consulted by Home Office pathologists to provide forensic and general neuropathology opinions, receive defence instructions and provide related expert witness opinions in Coronial, Crown Family and Court of Appeal Proceedings.

I understand that I owe an overriding duty to the Court to provide independent assistance, to the

Court, by way of unbiased opinion in relation to the matters within my expertise and that such evidence must be uninfluenced by the exigencies of the case. I have complied with, and will continue to comply with, my duty to the Court.”

I have received the following request from HM Coroner for Inner North London:

During the PIR the senior coroner identified what appeared to be a conflict of evidence with regard to the question of tonsillar herniation.

And:

Further to this enquiry, I have received the following response from Professor Mike Sheaff. For info of Professor Al-Sarraj

“Having looked at the documents there does seem to be a conflict, as you say. I note that I did not notice tonsillar herniation at the time of autopsy, and Prof Al Sarraj did not find it either. However, on reading the clinical history provided there appears to be good evidence that Ms Young did have radiological confirmation of tonsillar herniation during her admission and that this was a significant finding which seems to have contributed to the irreversible brain injury. I can only surmise that the treatment for her raised intracranial pressure may have relieved some of the pressure and herniation by the time of the autopsy but that the intracranial pathology progressed none-the-less.”

Comment

I have reviewed the brain examination, including examination of digital photographs conducted on external examination of the brain, as well as coronal sections.

As indicated in my previous report, there is evidence of brain swelling with flattening of the gyri. There is pallor of the cortex with dusky discoloration. Histological examination shows evidence of recent ischaemia mainly detected by β APP examination, indicating recent axonal damage, most likely due to ischaemia.

In my review I have focussed on examination of cerebellar tonsils. There is slight softening in the position of cerebellar tonsils but no evidence of necrosis or haemorrhage. There is no evidence of change in the colour of this region.

In general, cerebellar tonsillar herniation is better recognised in the neuro-imaging rather than in brain examination. In many cases of brain examination prominent cerebellar tonsils may be part of anatomical variation such to the extent that cerebellar tonsillar herniation can only be confidently recognised if there is necrosis or haemorrhages.

In this particular case, I would not be surprised if a degree of cerebellar tonsillar herniation is present in the neuro-imaging, based on presence of brain swelling and features in keeping with hypoxic-ischaemic damage and treatment in ICU setting.

The presence of cerebellar tonsillar herniation or what is termed as brainstem herniation in the available clinical history would not change the overall diagnosis of the brain which includes brain swelling and recent ischaemia.

Expert Witness Self Certification

I confirm that I have read guidance contained in a booklet known as Disclosure: Expert's evidence and unused material which details my role and documents my responsibilities, in relation to revelation as an expert witness. I have followed the guidance and recognise the continuing nature of my responsibilities of revelation. In accordance with my duties of revelation, as documented in the guidance booklet, I:

- a. Confirm that I have complied with my duties to record, retain and reveal material in accordance with the Criminal Procedure and Investigations Act 1996, as amended;
- b. Have compiled reports. I will ensure that the reports are updated in the event I am provided with or generate additional material;
- c. That in the event my opinion changes on any material issue, I will inform the investigating officer, as soon as reasonably practicable and give reasons.

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Professor S Al-Sarraj MB ChB MSc FRCPath
Consultant Neuropathologist
10/02/2022
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