

**OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
1401 Lucerne Terrace
Orlando, Florida 32806-2014**

REPORT OF AUTOPSY

DECEDENT: ERECK PLANCHER **CASE NUMBER:** ME 2008-000363

MANNER OF DEATH: NATURAL **IDENTIFIED BY:** OFFICER ELLIOT,
UNIVERSITY OF CENTRAL FLORIDA
POLICE DEPARTMENT

AGE: 19 YEARS **SEX:** MALE
RACE: BLACK/AFRICAN AMERICAN **DATE OF DEATH:** 03-18-08

DATE/TIME OF AUTOPSY: March 19, 2008, at 9:15 a.m.



PERFORMED BY: Joshua D. Stephany, MD, Associate Medical Examiner

CAUSE OF DEATH: Dysrhythmia, due to
Acute exertional rhabdomyolysis with sickle cell trait

AUTOPSY FINDINGS

- I. 19-year-old black male with witnessed collapse following football practice drill.
- II. Past medical history significant for sickle cell trait (6-07)
 - A. Confirmed sickle cell trait (HbA1 55.4%, HbA2 3.6%, HbS 41%)
- III. Cardiovascular system:
 - A. Mild cardiomegaly (375 grams)
 - B. No acute myocardial inflammation
 - C. Mild ventricular hypertrophy

continued...

- IV. Bilateral pulmonary congestion and edema.
- V. Microscopic histologic sections:
 - A. Intravascular congestion and sickling of the red blood cells in all sampled internal organs: heart, lungs, liver, spleen, kidneys, pancreas, adrenal glands, and thymus

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body, and review of available medical records, microscopic sections, toxicology analysis, sickle cell electrophoresis, urinalysis, chemistry analysis, and cardiac pathology consultation, it is my opinion that the death of Ereck Plancher, a 19 year old black male who collapsed during college football practice, was the result of a dysrhythmia due to acute exertional rhabdomyolysis with sickle cell trait. He has sickle cell trait, which predisposed him to sickling of the red blood cells during periods of physical stress. Sickling of the red blood cells caused obstruction of the vasculature leading to decreased or absent blood flow to his muscles and internal organs leading to rhabdomyolysis (muscle breakdown), ischemia, dysrhythmias, and death.

No internal or external trauma was identified at autopsy. A toxicology analysis did not reveal any illicit drugs or toxins. Specific genetic testing for Catecholamine Polymorphic Ventricular Tachycardia (CPTV) and Long QT Syndrome (LQTS) did not reveal any mutations.

The manner of death is natural.

PLANCHER, ERECK
ME 2008-000363
PAGE 3

The autopsy of the body of Ereck Plancher is performed pursuant to Florida Statute 406.11 by Joshua D. Stephany, MD, Associate Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on March 19, 2008, at March 19, 2008, at 9:15 a.m.

IDENTIFICATION: The body of Ereck Plancher is identified by Officer Elliot of the University of Central Florida Police Department. The identification is made to M.E. Investigator Schonefeld over the phone on March 18, 2008, at 10:47 a.m., at the Orange County Medical Examiner facility. The body was identified to Officer Elliot at the scene prior to Emergency Medical Services transport, using ID card.

CLOTHING AND VALUABLES: At the time of examination, the decedent is dressed in a cut gray T-shirt, cut tan T-shirt, with the writing "UCF," and "28", cut tan shorts with the writing "28," cut tan underwear, white socks, and white and black cleats.

GENERAL STATEMENT: The body is that of a well-developed, well-nourished, 71 inch, 184 lb, adult black male consistent with the reported age of 19 years.

EXTERNAL EXAMINATION

The scalp is atraumatic and covered by less than 1 cm long, black hair. Facial hair consists of black hair on the chin. The irides are brown and the sclerae are white. The conjunctivae are congested and have no petechiae. The external nose has no trauma and the nasal septum is intact. The frenula are intact and the oral mucosa has no trauma. The teeth are natural and in good repair.

A 0.6 x 0.4 cm red ecchymosis is on the right anterior neck.

The torso has no injuries, congenital deformities, or tattoos. A 0.5 cm scar is on the inferior mid-back. The external genitalia are those of an uncircumcised adult male. The testes are in the scrotum. The anus is normal.

The extremities have no injuries, congenital deformities, or tattoos. Up to 3 cm scars are on the right knee. A 2 cm scar is on the inferior left thigh. Up to 3 cm scars are on the left knee. A 7 cm scar is on the left shin. The palms of both hands have healing blisters.

EVIDENCE OF MEDICAL INTERVENTION

An endotracheal tube and nasogastric tube are in the oral cavity. An intravenous catheter is in the right upper arm attached to a bag containing approximately 800 ml of normal saline. An intravenous catheter is in the right antecubital fossa. Bloody gauze overlying a recent puncture wound is in the left antecubital fossa. An intravenous catheter is in the dorsal left hand. A Foley catheter is in the urethral meatus attached to a collecting bag containing approximately 100 ml of cloudy urine.

INTERNAL EXAMINATION

The pleural cavities, pericardial sac, and peritoneal cavity have no excess fluid or adhesions.

CARDIOVASCULAR SYSTEM: The heart is 375 grams and has a normal distribution of epicardial fat. The coronary arteries are patent. The right coronary artery is dominant. The myocardium is tan-red, firm, and has no scars. The left ventricle is 1.5 cm thick and 4 cm in internal diameter. The right ventricle is 0.3 cm thick and 4.5 cm in internal diameter. The tricuspid, pulmonary, mitral, and aortic valves are thin, pliable, and have no vegetations. The aorta is elastic and has a smooth intimal lining.

See additional cardiac pathology consultation report.

RESPIRATORY SYSTEM: The right lung is 650 grams and the left lung is 950 grams. The pleural surfaces are tan-pink to dark purple, smooth, and glistening. The lung parenchyma is tan-pink to dark purple, focally congested. The larynx and trachea are patent and have tan, intact mucosa. The pulmonary vessels are patent.

HEPATOBIILIARY SYSTEM: The liver is 1900 grams and has a smooth, tan-brown, and intact capsule. The parenchyma is tan-brown and soft. The gallbladder contains approximately 10 ml of dark green, viscous bile and no choleliths. The gallbladder mucosa is dark green and velvety.

RETICULOENDOTHELIAL SYSTEM: The spleen is 150 grams and has a purple, finely wrinkled, and intact capsule. The parenchyma is dark red and soft. The cervical, mediastinal, and abdominal lymph nodes are not enlarged.

GASTROINTESTINAL TRACT: The tongue has no bite marks or hemorrhage. The esophagus is lined by tan, intact mucosa. The serosa of the stomach is tan-grey and glistening. The stomach contains approximately 100 ml of dark red fluid. The gastric mucosa is tan, has unremarkable rugal folds, and is intact. The external surfaces of the intestines are tan-grey and have no palpable masses. The vermiform appendix is tan-grey and glistening.

GENITOURINARY SYSTEM: The right kidney is 150 grams and the left kidney is 150 grams. The capsules are adhered to tan-red, smooth cortical surfaces. The parenchyma is tan-red and has well-defined corticomedullary demarcation. The ureters have a normal course and caliber. The urinary bladder is empty and has a tan, trabeculated, intact mucosa. The prostate gland is tan, firm, and not enlarged. The testes have tan parenchyma.

ENDOCRINE SYSTEM: The adrenal glands have well-demarcated, thin, golden yellow cortices, and brown medullae. The pancreas is tan and lobular. The thyroid gland is tan-red, uniform, and not enlarged.

NECK: The anterior muscles and surrounding soft tissue of the neck have no hemorrhage. The hyoid bone and thyroid cartilage are intact.

HEAD: The skull has no fractures. The brain is 1500 grams. Epidural and subdural hemorrhage is absent. The leptomeninges are thin, transparent and have no subarachnoid hemorrhage or exudate. The vessels at the base of the brain are normally formed and are patent. The cerebral hemispheres are symmetric and the gyri and sulci are unremarkable. Coronal sections of the cerebrum and transverse sections of the cerebellum and brainstem reveal no neoplasm or hemorrhage.

MICROSCOPIC EXAMINATION:

Heart: Six sections of the heart show intravascular congestion and sickling of the red blood cells, marked cellular hypertrophy, and no acute inflammation or fibrosis. Scant focal chronic inflammation and calcium formation is identified in the epicardial surface of the right ventricle.

Lungs: Six sections of the lungs show intravascular congestion, sickling of the red blood cells, and focal intra-alveolar blood.

Liver: Two sections of the liver show sinusoidal congestion and sickling of the red blood cells.

Spleen: One section of the spleen shows congestion of the red pulp with sickling of the red blood cells.

Pancreas: One section of the pancreas shows loss of nuclear and cellular detail consistent with autolysis and intravascular congestion with sickling of the red blood cells.

Kidneys: Two sections of the kidneys show intravascular congestion with sickling of the red blood cells.

Adrenal glands: Two sections of the adrenal glands show intravascular congestion with sickling of the red blood cells.

Thymus: One section of the thymus shows intravascular congestion with sickling of the red blood cells.

REFERENCES:

Eichner, ER. Sickle cell trait and the athlete. Sports Science Exchange 103. 2006; 19(4): 1-6.

Eichner, ER. Sickle cell trait. Journal of Sports Rehab, 2007; 16:195-201.

RUN DATE: 07/08/08
RUN TIME: 1019

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 1

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF
DISCHARGE DATE:
U #: 0001270530
REG: 03/20/08

Test	Result	Cutoff Conc mg/L
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OTHER

SPECIMEN TYPE
OTHER TEST

URINE

Drug Class	Result	Reporting Limit
Bolasterone	NONE DETECTED	1 ng/mL
Boldenone	NONE DETECTED	1 ng/mL
4-Chlorotestosterone	NONE DETECTED	1 ng/mL
Fluoxymesterone	NONE DETECTED	1 ng/mL
Furazabol	NONE DETECTED	1 ng/mL
Mesterolone	NONE DETECTED	1 ng/mL
Methandienone	NONE DETECTED	1 ng/mL
Methandriol	NONE DETECTED	1 ng/mL
Methenolone	NONE DETECTED	1 ng/mL
Methyltestosterone	NONE DETECTED	1 ng/mL
Nandrolone	NONE DETECTED	10 ng/mL
Norethandrolone	NONE DETECTED	1 ng/mL
Norethindrone	NONE DETECTED	1 ng/mL
Oxandrolone	NONE DETECTED	1 ng/mL
Oxymesterone	NONE DETECTED	1 ng/mL
Oxymetholone	NONE DETECTED	1 ng/mL
Stanozolol	NONE DETECTED	1 ng/mL
Probenecid	NONE DETECTED	1 ng/mL
Clenbuterol	NONE DETECTED	1 ng/mL
Specific Gravity	NORMAL	
T/E Ratio	NORMAL	6

Testosterone: 64.7 ng/mL
Epi-testosterone: 47 ng/mL
T/E Ratio: 1.3

**TESTING PERFORMED BY AEGIS SCIENCE CORPORATION
NASHVILLE, TN

Specimens were intact upon receipt. Chain of custody,
specimen security and integrity has been maintained.
Testing has been performed as requested.

Reviewed by: Juan R Adams Date: 7-8-08

** CONTINUED ON NEXT PAGE **

JUL 11 2008

RUN DATE: 07/08/08
RUN TIME: 1019

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 2

Patient: MEO08-363 PLANCHER, ERECK

#Q01167650

SSN #:

(Continued)

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE.

** END OF REPORT **

JUL 11 2003

RUN DATE: 04/14/08
RUN TIME: 1104
RUN USER: DE

Wuesthoff Memorial Hospital
SPECIMEN INQUIRY

PAGE 1

PATIENT: MEO08-363 PLANCHER, ERECK ACCT#: Q01167650 LOC: MEO U#: 0001270530
SSN#: AGE/SX: 19/M STATUS: REG REF REG: 03/20/08
REG DR: STEPHANY, JOSHUA M.D COPY TO: DOB :
CMT: COPY TO: COPY TO:
OFFICE ID: ROOM:

COLLECTED: 04/02/08-1054 SPEC #: 0402:SO00014R STATUS: COMP REQ #: 05550430
SUBM DR: STEPHANY, JOSHUA M.D
COPY TO:
ORDERED: MYOGLOBIN, URINE

Test	Result	Flag	Reference	Site
MYOGLOBIN, URINE	<1		0-1 mg/L	ARU
	<p><i>The pH of this sample is 6. Urine for myoglobin should have the pH adjusted to between 8.0 - 9.0, as myoglobin is unstable in urine. Results may not reflect the true status of the patient.</i></p> <p><i>INTERPRETATION: Myoglobin, Urine</i></p> <p><i>Patients with urine myoglobin greater than 15 mg/L are at risk of acute renal failure. Usual results are less than 1 mg/L. Results between 1 and 15 mg/L are associated with vigorous exercise, myocardial infarction, mild muscle injury and other conditions.</i></p>			

ARU - PERFORMED AT: ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS, INC
SALT LAKE CITY, UTAH 84018

** END OF REPORT **

APR 15 2008

RUN DATE: 03/25/08
RUN TIME: 0637
RUN USER: DE

Wuesthoff Memorial Hospital
SPECIMEN INQUIRY

PAGE 1

PATIENT: MEO08-363 PLANCHER, ERECK ACCT#: Q01167650 LOC: MEO U#: 0001270530
SSN#: AGE/SX: 19/M STATUS: REG REF REG: 03/20/08
REG DR: STEPHANY, JOSHUA M.D COPY TO: DOB :
CMT: COPY TO: COPY TO:
OFFICE ID: ROOM:

COLLECTED: 03/20/08-UNK SPEC #: 0320:SO00044R STATUS: COMP REQ #: 05526681
SUBM DR: STEPHANY, JOSHUA M.D
COPY TO:

ORDERED: HEMOGL EVAL*WBR

Test	Result	Flag	Reference	Site
<u>HEMOGL EVAL*WBR</u>				
HEMOGLOBIN A1	55.4	L	94.3-98.5 %	ARU
HEMOGLOBIN A2	3.6		1.5-3.7 %	ARU
	<i>Patients with the combination of iron-deficiency anemia and beta-thalassemia may clinically present with normal A2 level. An elevated HgB A2 cannot be used to screen for beta-thalassemia in these cases.</i>			
HEMOGLOBIN F	0.0		0.0-2.0 %	ARU
HEMOGLOBIN S	41.0	H	0.0-0.0 %	ARU
	<i>Positive solubility for Hemoglobin S.</i>			
HEMOGLOBIN C	0.0		0.0-0.0 %	ARU
HEMOGLOBIN E	0.0		0.0-0.0 %	ARU
HEMOGLOBIN OTHE	0.0		0.0-0.0 %	ARU
HGB ABN EVAL	ABNORMAL	*	()	ARU

ARU - PERFORMED AT: ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS, INC
SALT LAKE CITY, UTAH 84018

** END OF REPORT **

MAR 25 2008

RUN DATE: 03/25/08
RUN TIME: 0637
RUN USER: DE

Wuesthoff Memorial Hospital
SPECIMEN INQUIRY

PAGE 1

PATIENT: MEO08-363 PLANCHER, ERECK ACCT#: Q01167650 LOC: MEO U#: 0001270530
SSN#: AGE/SX: 19/M STATUS: REG REF REG: 03/20/08
REG DR: STEPHANY, JOSHUA M.D COPY TO: DOB :
CMT: COPY TO: COPY TO:
OFFICE ID: ROOM:

COLLECTED: 03/20/08-UNK SPEC #: 0320:SO00045R STATUS: COMP REQ #: 05526685
SUBM DR: STEPHANY, JOSHUA M.D
COPY TO:
ORDERED: MYOGLOBIN, SERUM

Test	Result	Flag	Reference	Site
MYOGLOBIN, SERUM	76252	H	28-72 ng/mL	ARU

ARU - PERFORMED AT: ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS, INC
SALT LAKE CITY, UTAH 84018

** END OF REPORT **

03/25/08

RUN DATE: 04/14/08
RUN TIME: 1704

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 1

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF
DISCHARGE DATE:

U #: 0001270530
REG: 03/20/08

Test	Result	Cutoff Conc mg/L
<u>BLOOD DRUG SCREEN</u>		
SPECIMEN TYPE	PERIPHERAL BLOOD	
GC/MS	NO DRUGS DETECTED	
LC/MS/MS	ATROPINE, CAFFEINE METABOLITE	
<u>IMMUNOASSAY SCREEN</u>		
AMPHETAMINES	NEGATIVE	0.100
BARBITURATES	NEGATIVE	0.100
BENZODIAZEPINES	NEGATIVE	0.100
CANNABINOIDS	NEGATIVE	0.050
COCAINE METAB	NEGATIVE	0.100
FENTANYL	NEGATIVE	0.001
METHADONE	NEGATIVE	0.050
OPIATES	NEGATIVE	0.050
TRICYCLICS	NEGATIVE	0.100
SALICYLATE	NEGATIVE	10.0
<u>VOLATILES</u>		
SPECIMEN TYPE	PERIPHERAL BLOOD	
VOLATILES	NONE DETECTED	

** CONTINUED ON NEXT PAGE **

APR 15 2008

RUN DATE: 04/14/08
RUN TIME: 1704

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 2

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF
DISCHARGE DATE:
U #: 0001270530
REG: 03/20/08

Test	Result	Cutoff Conc mg/L
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URINE DRUG SCREEN

SPECIMEN TYPE

URINE

IMMUNOASSAY SCREEN

AMPHETAMINES	NEGATIVE	1.000
BARBITURATES	NEGATIVE	0.200
BENZODIAZEPINES	NEGATIVE	0.200
COCAINE METAB	NEGATIVE	0.300
METHADONE	NEGATIVE	0.300
METHAQUALONE	NEGATIVE	0.300
OPIATES	NEGATIVE	0.300
PHENCYCLIDINE	NEGATIVE	0.025
PROPOXYPHENE	NEGATIVE	0.300
CANNABINOIDS	NEGATIVE	0.050
SALICYLATES	NEGATIVE	10.0
TRICYCLICS	NEGATIVE	0.300
MDMA/MDA	NEGATIVE	0.300
OXYCODONE	NEGATIVE	0.100

** CONTINUED ON NEXT PAGE **

APR 15 2008

RUN DATE: 04/14/08
RUN TIME: 1704

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 3

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF

U #: 0001270530
REG: 03/20/08
DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
<u>ELECTROLYTE PANEL</u>		
SPECIMEN TYPE	VITREOUS	
UREA NITROGEN	9.9	mg/dL
CREATININE	0.4	mg/dL
SODIUM	152.2	mEq/L
POTASSIUM	9.4	mEq/L
CHLORIDE	131.4	mEq/L
GLUCOSE	15.1	mg/dL

Glucose results from patients with gammopathies, in particular Waldenstrom's Macroglobulinemia may result in an abnormal reaction profile. Although the incidence of this occurrence is rare, glucose results from these patients should be interpreted with caution.

** CONTINUED ON NEXT PAGE **

APR 15 2008

RUN DATE: 04/14/08
RUN TIME: 1704

WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
Melbourne, Fl 32940

PAGE 4

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF

U #: 0001270530
REG: 03/20/08

DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
<u>GASTRIC DRUG SCREEN</u>		
SPECIMEN TYPE	GASTRIC	
GC/MS	NO DRUGS DETECTED	
<u>IMMUNOASSAY SCREEN</u>		
BARBITURATES	NEGATIVE	0.100
BENZODIAZEPINES	NEGATIVE	0.100
COCAINE METAB	NEGATIVE	0.100
METHADONE	NEGATIVE	0.050
OPIATES	NEGATIVE	0.050
TRICYCLICS	NEGATIVE	0.100
SALICYLATE	NEGATIVE	10.0

** CONTINUED ON NEXT PAGE **

APR 15 2008

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WUESTHOFF REFERENCE LABORATORY
6800 Spyglass Court
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PAGE 5

PATIENT: MEO08-363 PLANCHER, ERECK
SSN #:
REG DR: STEPHANY, JOSHUA M.D

ACCT #: Q01167650
AGE/SX: 19/M

LOC: MEO
STATUS: REG REF

U #: 0001270530
REG: 03/20/08
DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
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URINALYSIS

URINE COLOR	YELLOW	
APPEARANCE	CLOUDY	
SPECIFIC GRAVITY UR	1.023	1.005-1.025
URINE PH	6.0	5-7
PROTEIN URINE	1+	
GLUCOSE URINE	NEGATIVE	
KETONES URINE	NEGATIVE	
BILIRUBIN URINE	NEGATIVE	
OCCULT BLOOD URINE	NEGATIVE	
LEUKOCYTES URINE	NEGATIVE	
NITRITE	NEGATIVE	

Specimens were intact upon receipt. Chain of custody,
specimen security and integrity has been maintained.
Testing has been performed as requested.

Reviewed by: J. J. J. Date: 4/14/08

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE.

** END OF REPORT **

APR 15 2008