

THE COMMISSIONER OF POLICE
D' DEPARTMENT (SCID)
MAK SMITH STREET, ABA-LAGOS

FORM 'E'

Section 27

SIGN _____

DATE _____

CORONER'S SYSTEM LAW

REPORT OF MEDICAL EXAMINER

Form to be filled in duplicate by Agencies for the Report of Death when forwarding a corpse to the Medical Officer for post-mortem examination.

(1) Date and hour of receipt of corpse at Mortuary.....

(2) Condition of corpse on arrival:.....

(3) Mode in which packed:.....

(4) Date and hour of holding examination: 14-12-2021
1705 hours to 2025 hours

(5) Name of Deceased (if known): ~~CSP RASAK OSENI~~
OROMONI SYLVESTER

(6) By whom identified: CSP RASAK OSENI

(7) Approximate Age: 12 YEARS

(8) Sex: MALE

(9) Height, Colour or hair, eyes, peculiar clothing and any other mark or means of identification: 1.56m, BLACK HAIRS, BLACK EYES, UNKLOTHED

(10) Probable date of death: 30-11-2021

(11) Medical Report: _____

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(Please attached detailed Medical Report)

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A 392 2007 No. 27

Coroner's System Law

I certify the cause of death in my opinion to be:

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- i.
- (a) Septicaemia
- (b) Lobar pneumonia with acute pyelonephritis
- (c) Pyomyositis of the right ankle

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Date: 21-12-2021

Signed: *[Signature]*

DR S.S. SOYEMI
(Name & Signature)

48661488/HC22TRST
CHIEF MAGISTRATE COURT



Sign: *[Signature]* Date: 19/01/2022
CASH OFFICE, EPE

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MBChB, FRCR, FRCR, FRCR, FRCR
Qualifications

ASST. CHIEF EXEC. OFFICER
AKA PAUL O.
COMMISSIONER OF DATA

POSTMORTEM REPORT ON SYLVESTER OROMONI JNR

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Name of Deceased: Sylvester Oromoni Jnr
Date of Birth: Not stated
Age at Death: 12 years
Sex: Male
Occupation: Student
Address: 8, Edah close, off Okere Ugborikoko road, Warri South
Hospital number: Not provided.
Place of Death: Warri, Delta state.
Time/Date of Death: 30/11/2021
Place of Autopsy: LASUTH Morgue
Time/Date of Autopsy: 5:05pm to 8:25pm on 14/12/2021
Autopsy Number: C282/21
Authorisation: Coroner
Cause of Death:
Ia. Septicaemia
b. Lobar pneumonia with acute pyelonephritis
c. Pyomyositis of the right ankle

Pathologist: Dr. S.S Soyemi

Report signed on: December 31, 2021

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INTRODUCTION

Sylvester Oromoni Jnr, a 12-year old student of Downen college, Lekki, Lagos reportedly died on November 30, 2021 in Warri, Delta State. It was alleged that the deceased was physically assaulted and poisoned in the school prior to death.

Following his demise, an autopsy was conducted on December 2, 2021 in Warri, Delta State by a Pathologist (Dr. Clement Vhritherhire). He stated the cause of death as "ACUTE LUNG INJURY DUE TO ??CHEMICAL INTOXICATION IN A BACKGROUND OF BLUNT FORCE TRAUMA".

A second autopsy was however ordered for by the Coroner and the body was brought to Lagos.

Prior to the commencement of the second autopsy, a total body radiograph was done. This is to find out any skeletal injury.

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RADIOIOLOGICAL INVESTIGATION

Total body radiographs reveal no fracture. See attached the report by the Radiologist.

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PREMIUM TIMES

CERTIFIED TRUE COPY DECLARATION

I Dr. S.S Soyemi, a Consultant Pathologist, hereby certify on Soul and Conscience as follows: On the instructions of the Coroner, I performed a second postmortem examination on the body of one Oromoni Sylvester Jnr at the LASUTH Morgue, on 14/12/2021, commencing at 1705 hours.

PERSONS IN ATTENDANCE

1. Dr. Uwom Eze (Consultant Pathologist from UCH representing Timile)
2. Dr. Badmus Kabiru (Consultant Pathologist from LUTH representing Downen School)
3. Dr. Nwigwe Chikodili Isabella (Consultant Pathologist from Military Hospital Yaba representing Edward Brown, Student of Downen School)
4. Dr. Clement Vhritherhire (Consultant Pathologist who performed the first autopsy representing the family of the deceased)
5. Dr. Musa Stephen Itopa (Consultant Pathologist from UPTH representing Michael Kasamu; student of Downen School)
6. Dr. F.E. Emiogun (Consultant Pathologist in LASUTH)
7. Dr. O.O. Kila Uvie- Emegbo (Consultant Pathologist in LASUTH)
8. Dr. O.O. Onayemi (Senior Registrar in LASUTH)
9. Dr. M. Salisu (Senior Registrar on autopsy posting in LASUTH)
10. Dr. A.C. Chima (Registrar from ABU on autopsy posting in LASUTH)
11. Dr. F. Emetomah (Registrar)
12. CSP Rasak Oseni; State CID Homicide department (Representing The Nigerian Police)
13. DSP Bamidele Olusegun; State CID Homicide department (Representing The Nigeria Police)
14. Sgt. Adeniyi Shola; State CID Homicide department (Representing The Nigeria Police)

IDENTIFICATION

Body is identified by CSP Rasak Oseni from State CID Panti, Lagos. Further identification is by means of name tags around the left ankle

CLOTHING

No clothing was found.

EXTERNAL EXAMINATION

The body is that of a young dark-complexioned male with physical appearances consistent with the stated age. The height is 1.56m. The weight is 36kg. The head hair is black in colour with a maximum length of 0.5cm. The eyebrows are moderate and black in colour. The eyes are natural and black in colour. There are corneal opacities. There is no arcus senilis present. There are no identifiable conjunctival petechiae. The ears have not been pierced for jewellery. The mouth contains a set of natural teeth in good state of repair. The finger nails are short, clean and well

kept. There is no identifiable nicotine staining of the fingers. The body is circumcised. The toe nails are also short, clean and well kept.

SCARS, TATTOOS AND OTHER MARKS

1. There is a midline incision from the chin to the mons pubis. This has been sutured continuously with a white thread. It measures 53.0cm in length.
2. There is a transverse incision across the inguinal region sutured continuously with a white thread. It measures 17.0cm in length. These two sutured incisions are that made at first autopsy.

POSTMORTEM CHANGES

Hypostasis (post mortem lividity) is difficult to evaluate due to skin pigmentation. The body has been embalmed with embalment site on the anterior part of the right thigh measuring 5.5 x 3.3cm and revealing the femoral artery that has been tied twice with a white fabric material. There is no external evidence of putrefaction.

OLD OR HEALING INJURIES

Nil present.

RECENT EXTERNAL INJURIES

HEAD

1. There is a C-shaped incision measuring 4.2cm in length and gapes maximally by 0.2cm on the right frontal region. There is no surrounding bruise or reaction around this injury. This is a postmortem incision and is due to attempt at removing the scalp during the first autopsy.
2. There are 3 fairly parallel marks on the chin measuring 3.5cm. It is worthy of note that there are no vital reactions around these marks suggesting a postmortem event.

LEFT LOWER LIMB

3. There is an area of induration with surrounding reddening at the inner part of the left knee. This induration measures 3.5 x 2.8cm. It is 7.0cm to the right of the midline of the limb and 43.0cm above the left ankle.

RIGHT LOWER LIMB

4. There is a fairly circular erythematous area (resembling bullae) on the outer side of the right ankle (lateral malleolus region). This area measures 7.5 x 6.0cm. Its lower end is 6.5cm above the side of the heel, 4.0cm to the right of the midline of the limb.

MARKS OF MEDICAL INTERVENTION

5. There is a reddening on the back of the left wrist (distal ulnar prominence region) It measures 1.3 x 1.0cm. It is 2.0cm to the right of the midline of the limb, 10.0cm above the tip of the little finger and 22.0cm below the elbow. This area is compatible with a venipuncture site.

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INTERNAL EXAMINATION

There is normal subcutaneous adipose tissue.

There is marked organ pallor.

On opening the body, the followings were discovered.

The entire cardiothoracic block is intact. The lungs have not been detached at its hilia.

The heart is also attached. It has not been severed from the lungs by the pathologist in Warri, Delta State.

The thoracic aorta as well as the oesophagus has also not been opened by the Pathologist in Warri, Delta state. Similarly, the remaining part of the trachea was not opened.

The sigmoid colon and rectum are still in-situ and not eviscerated. The gall bladder has not been detached from liver. It has also not been opened. Two vertical incisions have been made through the anterior surface of the liver. The abdominal aorta and urinary bladder are left in-situ and not eviscerated.

LEFT LOWER LIMB

6. There is a deep bruise in the upper outer quadrant of the left gluteal region measuring 3.0 x 2.0cm. (This is possibly a site of previous intramuscular injection)

RIGHT LOWER LIMB

7. Further exploration of injury #4 shows necrotic soft tissue with greyish exudates in this area. Sections have been taken for histology.

CARDIOVASCULAR SYSTEM

The epicardium is unremarkable.

The heart has been cut open into indistinct parts. The heart weighs 200gm, it is of normal size and shape, and it has a firm consistency. The tricuspid, pulmonary, aortic and mitral valves have circumferences of 10.5cm, 6.5cm, 5.0cm, and 8.0cm respectively. The coronary ostia occupy normal anatomic positions and are widely patent. The coronary arteries show normal distribution. They are widely patent with no significant atheroma and there is no coronary thrombosis or plaque haemorrhage. The atria and auricles are unremarkable. The left and right ventricles are 1.5cm and 0.4cm thick respectively, and one of the papillary muscles on the left side has an

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external diameter of 1.0cm. Serial sections of the myocardium show no evidence of old or recent ischaemic injuries. The mediastinum is normal.

The thoracic and abdominal aorta, carotids, venae cavae, pulmonary veins and arteries, and, the renal arteries are unremarkable. No thrombo-emboli are observed.

RESPIRATORY SYSTEM

The laryngeal cartilages, hyoid bone and soft tissues of the neck are uninjured. The trachea (wind pipe) was not opened and obviously not inspected in the first autopsy. This was eventually opened and shows no abnormality. The rest of the bronchial tree are unobstructed and free from disease. The pleural surfaces are smooth and shiny; however, the upper lobes of both lungs show consolidation. Sections from these areas were taken for histology. There is no fluid collection in the pleural spaces. The left and right lungs weigh 550gm and 700gm respectively. Some degree of anthracosis (carbon deposition) is present.

DIGESTIVE SYSTEM

The mouth, tongue, teeth, pharynx are unremarkable. The oesophagus has not been opened. This was opened and shows no abnormality. Sections were also taken for histology. The peritoneal cavity contains no excess fluid and there are no adhesions. The stomach has been cut open along the greater curvature short of the pyloric end. It has a healthy mucosa and wall. There are no areas of erosion, ulceration or perforation. Part of the jejunum has been cut open. It contains loose dark-greenish substances. It has a healthy mucosa and wall; no areas of haemorrhage. No mass or lesion seen. The duodenum, jejunum, ileum and colon are essentially normal; the bowel contents are normal and there is no bleeding. The ascending, transverse and part of the descending colon contain partly well-formed fecal materials. No haemorrhage seen. Sections from the bowel were taken for histology.

The liver weighs 1,850gm; it has a smooth reddish-brown surface and a firm consistency. Serial sections show brownish parenchyma with areas of pale yellow discolouration.

The gall bladder was not detached nor opened. It was eventually detached and opened. It contains clear bile and no gall stones are present. It has a wall thickness of 0.1cm and a greenish-yellow mucosa with a honeycomb appearance.

The pancreas weighs 100gm; it is 15.0 cm long, with, external diameter varying from 2.0cm at the tail to 3.5cm at the head. It has a yellowish lobulated surface with a rubbery consistency. Cut surface is unremarkable and the pancreatic duct is unobstructed.

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GENITO-URINARY SYSTEM

The capsule of the right kidney was left intact and was not bisected. This capsule strips with ease revealing a smooth brownish subcapsular surface. The capsule of the left kidney has been stripped off. The left kidney has been cut open. The left and right kidneys weigh 100gm and 150gm respectively. Sections show a cortical thickness varying from 0.8 to 1.0cm. The calyces, pelvis and ureters are unremarkable. Cut surfaces show moderate accentuation of the corticomedullary differentiation.

The urinary bladder has a wall thickness of 0.3cm and contains no urine.

The prostate gland is unremarkable. Both testes are present in the scrotum, and, are of normal size and shape. The external genitalia is unremarkable.

LYMPHATIC SYSTEM

The tonsils are unremarkable. The spleen weighs 200gm; it has a grey smooth capsule, and, a rubbery consistency. A single incision has been made through its short axis. A fresh section was made along its long axis; it shows no abnormality. No haemorrhage or evidence of recent trauma. The thymus is unremarkable. The cervical, mediastinal, mesenteric, para-aortic and other peripheral lymph nodes where exposed, are unremarkable. The vertebral bone marrow has not been examined.

ENDOCRINE SYSTEM

The parathyroids are unremarkable. The thyroid and adrenal glands are essentially normal. The pituitary gland is unremarkable.

CRANIUM AND NERVOUS SYSTEM

The meninges (brain coverings) are unremarkable; there is no epidural, subdural or subarachnoid haemorrhage. There is marked brain pallor. The brain weighs 1,200gm, there are no contusions or softening, and, the sulci and gyri are unremarkable. There is no significant uncal or tonsillar herniation. The cranial nerves where exposed are unremarkable. The cranial vessels have a normal anatomical distribution with no aneurysmal dilatation and no significant atheroma. Serial coronal sections of the cerebral hemispheres at 1.0cm intervals reveal no old or recent pathological changes. The cerebellum and brain stem appear unremarkable. The spinal cord has not been examined.

The middle ears are exposed but not opened; there is no apparent abnormality. The air sinuses have not been opened.

The peripheral nerves where exposed during routine dissection are unremarkable.

MUSCULO-SKELETAL SYSTEM

The injury on the right lower limb has been described earlier. It is worthy of note that the whole body was skinned to check for deep bruising. No evidence of blunt force trauma is seen on the body. Copious photographs and video recording was done to document our findings.

SAMPLES RETAINED

1. Brain
2. Heart
3. Lungs
4. Heart
5. Liver
6. Spleen
7. Kidney
8. Soft tissue of the right ankle with skin.
9. Oesophagus
10. Stomach
11. Small bowel.
12. Large bowel.

HISTOLOGY

BRAIN

Sections show moderate vascular congestion and perinuclear halo. The latter is reminiscent of cerebral oedema.

HEART:

Sections show syncytial arrangement of the cardiac myocytes. There is marked congestion and occasional areas of haemorrhage into the interstitium. Neutrophils are seen scattered within the interstitium.

LUNGS:

Sections of the upper lobe show aggregates and infiltrates of intra-alveolar neutrophils as well as intra-alveolar haemorrhage. Areas of infarction are also visible within the areas of inflammation. The interstitium shows marked vascular congestion and haemorrhage. Many alveoli contain alveolar macrophages. Also visible are disruption and proliferation of alveolar pneumocytes.

LIVER

Histological section shows congestion and dilatation of the sinusoids. Within these sinusoids are neutrophils. Moderate increase in resident lymphocytes is seen in the portal tracts.

SPLEEN:

Histological sections show loss of the normal architecture of the spleen. There is marked infiltration of neutrophils into the white and red pulp. Also visible are areas of haemorrhage and infarction. These features are compatible with a septic spleen.

KIDNEYS:

Sections show vascular congestion and haemorrhage in the interstitium. In addition, there are infiltration of lymphocytes and neutrophils within the interstitium. Slight proliferation of the mesangial cells is visible in the glomeruli.

SOFT TISSUE OF THE LEG

Sections show marked neutrophils aggregates and infiltrates as well as necrotic soft tissue.

TRACHEA:

Section shows vascular congestion of the mucosa.

OESOPHAGUS:

Section shows congestion of the mucosa. No erosion or ulceration seen.

STOMACH

Section shows vascular congestion of the mucosa. No erosion or ulceration seen.

SMALL BOWEL

Sections show vascular congestion of the mucosa

LARGE BOWEL

Sections show moderate vascular congestion in the mucosa

TOXICOLOGY: Toxicology samples no longer available.

ANATOMICAL/PATHOLOGICAL FINDINGS

1. Septic spleen.
2. Lobar pneumonia.
3. Pyomyositis.
4. Acute pyelonephritis.
5. Marked organ pallor.
6. Embalmed body

OPINION AS TO THE CAUSE OF DEATH

- a. Septicaemia
- b. Lobar pneumonia with acute pyelonephritis
- c. Pyomyositis of the right ankle

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COMMENTARY

Sylvester Oromoni Jnr, a 12-year old student of Downen college, Lekki, Lagos reportedly died on November 30, 2021 at a private hospital in Warri, Delta State. It was alleged that the deceased was physically assaulted and poisoned in the school prior to death. The first autopsy was done in Warri on December 2, 2021. Following an Order for a second autopsy, the body of the deceased was brought to Lagos for a second autopsy.

Our findings at the second autopsy include marked pallor of organs, pneumonia (infection of the lungs), infections of the liver and kidneys as well as the heart. These infections emanated from the ankle infection described earlier in the report. Microscopic sections also confirmed these findings.

Death was caused by Septicaemia following infections of the lungs and kidneys arising from the ankle wound. No evidence of blunt force trauma in this body. The findings in the oesophagus and stomach are not compatible with chemical intoxication. Death in this case is natural.

Soyemi
31-12-2021

Dr. S. S. Soyemi
MBChB, FMCPATH. FCPATH - ECSA
Consultant Pathologist.

48661488/HC22TRST

MAGISTRATE

CHIEF

COURT



Sign: *[Signature]* Date: 19/01/2022
CASH OFFICE, EPE.

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ASST. CHIEF EXEC. OFFICER
AKINDE PAUL O.
COMMISSIONER OF DATE

DEPARTMENT OF RADIOLOGY LAGOS STATE UNIVERSITY TEACHING HOSPITAL



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Date: 31st December 2021

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Dr. Olofinlade O.O.
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Intervention Radiology

FORENSIC RADIOLOGICAL REPORT FOR SYLVESTER O. OROMONI 12 YEARS OLD

- ❖ ALL RADIOGRAPHS ARE POST-PREVIOUS
AUTOPSY
- ❖ NO PRE-AUTOPSY RADIOGRAPHS ARE
AVAILABLE FROM THE PREVIOUS AUTOPSY

PRE-CURRENT AUTOPSY RADIOLOGICAL REPORTS

- IMMATURE SKELETON

SKULL

The skull image is a post-craniotomy image. Circumferential discontinuity and wide separation of the cortices of the frontal and parietal bones of the skull vault consistent with previous autopsy are noted, as well as defects in the soft tissue of the overlying scalp. The facial bones are intact. The right ethmoid sinuses are hazy. The left ethmoid, frontal and maxillary sinuses appear within normal limits. Unerrupted molars are seen in the mandibles and maxillae. Soft tissue swelling and enphysema consistent with post mortem changes are noted over the face.

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CHEST

Bony cortical discontinuities consistent with previous autopsy of the thorax are noted in the axillary portions of the ribs (1-9) bilaterally. Both clavicles show discontinuity with overriding of fragments on the right, and displacement of the distal fragment on the left. There is extensive soft tissue emphysema in the shoulder regions as well as accumulation of gas in the thoracic cavity, consistent with post mortem changes. The lungs are poorly aerated and the cardiac silhouette cannot be delineated. These are most likely due to previous autopsy.

ABDOMEN/PELVIS

Changes consistent with post-mortem examination and changes are noted in the abdomen. Heavy colonic fecal load and rectal fecal loading are noted. The pelvic bones are normal.

UPPER LIMBS

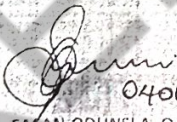
Acromio-clavicular widening is noted in both shoulder joints. The humeri, radii and ulnae are normal as well as the bones of the wrists and hands. No fracture line is noted. Subcutaneous and deep soft tissue emphysema is noted in the upper limbs. Note name tag string/tubing artifact on left thumb.

LOWER LIMBS

Genu Valgum is noted. The femora, tibiae and fibulae are normal in outline and configuration. No fracture line is noted. The soft tissue is normal. Note name tag artifact on the left ankle.

Feet

The bones are grossly normal. There is a subtle increase in the soft tissue density of the plantar region and part of the dorsum of the medial aspect of the right foot overlying the mid-calcaneus and extending toward the first metatarsal (? significance). Note string/tubing artifact on the left hallux.


040122
DR. FASAN-ODUNSI A. O.
CONSULTANT RADIOLOGIST

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48661488 / HC22785J

MAGISTRATE COURT



19/01/2022
Sign:  Date: 19/01/2022

CASH OFFICE, EPE

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CONSULTANT RADIOLOGIST
FASAN-ODUNSI A. O.

