



Cafe Coronary Syndrome - A Case Report

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Abstract

Café coronary syndrome is a medical term which denotes sudden death of an apparently healthy person while having a meal in the absence of any signs of asphyxia or any respiratory distress. Important risk factors are old age, alcohol intoxication, poor dentition, dementia or psychiatric disorders. As there is an absence of asphyxial features, people suspect sudden myocardial infarction. Because of this, there can be wrong history leading to delay in diagnosis and treatment leading to the death of the person. Due to this, questions may arise of medico-legal litigation against the treating doctor. Here in this case report we discuss the clinical and medico-legal aspects of Café Coronary Syndrome.

Keywords: Cafe coronary syndrome, Asphyxia, Sudden death

Introduction

It is a term used to describe a sudden collapse of healthy subjects during meals in the absence of any signs of asphyxia, respiratory distress or neurological symptoms. This condition may be seen in a grossly intoxicated person who is starting a meal, suddenly turns blue, violently coughs, collapses & dies.¹ It generally occurs without much fuss. So, death appears to be due to a massive heart attack.^{1,2} At autopsy there will be a large piece of poorly chewed food or sometimes a piece of meat obstructing the larynx or pharynx.^{1,3} Sometimes, the bolus food can be very large, like a whole pancake, masses of meat, fruit or vegetable, etc.^{2,4} Because of the high blood alcohol level there is diminished gag reflex and so a bolus food mass easily slips into the respiratory tract. But instead of causing choking, it causes reflex vagal inhibition of the heart leading to the sudden death of the person.¹

Case Report: -

On 28/07/2022, body of a 45-year-old male was brought to the Department of Forensic Medicine & Toxicology, Patna Medical College & Hospital, Patna with an alleged history as per inquest as - “achanak tabiyat kharab hui, ilaaj hetu P.M.C.H. laane ke kram mein mrit ghoshit kiya gaya (there was sudden health problem and he was declared brought dead while bringing for treatment at P.M.C.H.” According to the people accompanying the deceased, by that time he was having lunch at a programme where he suddenly started violent coughing, became unconscious, fell down and collapsed. He was rushed to the Patna Medical College & Hospital for treatment but doctors declared him as brought dead. According to the family members the deceased had no history of any chronic disease ailment, alcohol intoxication, or psychiatric disorders.

Post-Mortem Findings: -

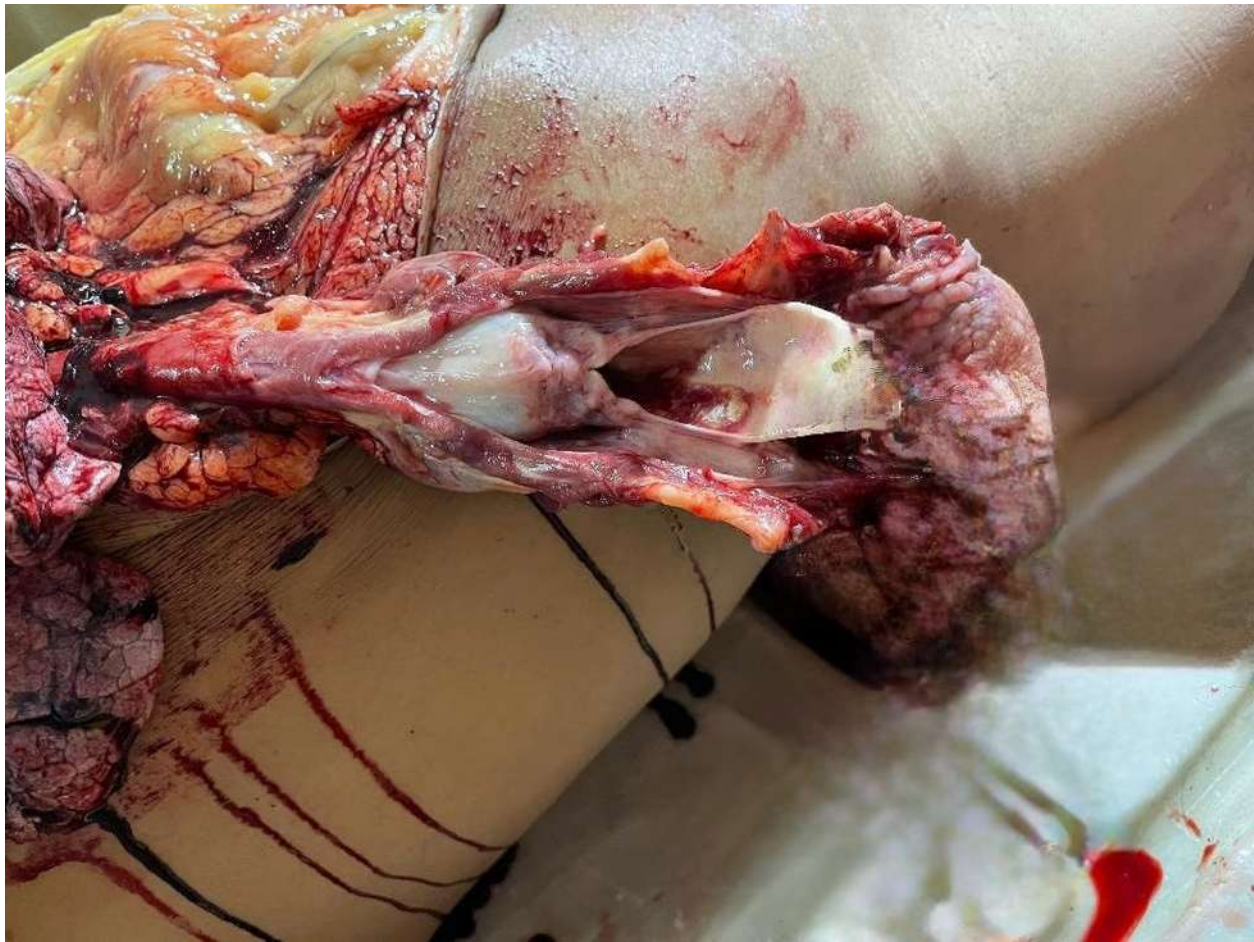
An identified dead body of a Hindu male of about 45 years old was brought for medico-legal autopsy. The body was covered with a white bed sheet. The worn clothes were one cream colour half shirt, half sleeve baniyan, black colour pants and brown colour underwear. The body was of average built and cold in temperature. Both eyes and mouth were closed and all other natural orifices were normal in appearance without any purging. Dentures were normal. Face was slightly congested without much features of cyanosis. Post mortem staining was well developed and fixed on the back side of the body. Rigor mortis well developed in the whole body.

The whole body was examined for any possible injury. The three major body cavities namely the

cranial cavity, thoracic cavity & abdominal cavity were also opened. The dissection of the lungs and bronchi revealed a bolus of food in the lower portion of the trachea before the bifurcation into the right and left bronchi (Pic No.1). The bolus food was mixture of rice and daal of about 20gms. Both lungs and bronchi and bronchioles were normal in appearance. The stomach showed presence of about 500 ml semi-solid food material with usual smell. Stomach mucosa was mildly congested. No smell of alcohol or any atypical smell was observed during autopsy. Other post mortem findings were within the normal limit.

Pic No.1 (Bolus of Food in lower Trachea)





Discussion: -

An integrated approach in regard to clinical & medico legal aspects of cafe coronary syndrome to be adopted. It is essential to examine & develop the characteristic features of fatal food asphyxia during autopsy. It is commonly seen in middle or elderly age group and the risk increases in cases of intoxication, use of sedative drugs, use of poorly fitted dentures, etc.^{1,4,5} This may also occur in persons who are suffering from parkinsonism & prolong illness.^{6,7,8} However, in the present case there was no relevant history of any past illness and drug or alcohol consumption. There was no history of psychiatric illness too. At that time, he was having lunch along with his colleagues in an official party. This being a very rare case of Café Coronary Syndrome, as there were no signs of intoxication and he did not suffer from any psychiatric disorder.

Conclusion: -

Whenever there is sudden collapse and death during or shortly after a meal we must always think the possibility of Café Coronary Syndrome. During the

autopsy examination should not only be limited to demonstrating a bolus of food in the respiratory tract only but also rule out other possible neurological conditions. Such cases may raise issues concerning adequacy of care and appropriateness of medication. The diagnosis of café coronary syndrome can only be made with confidence after the clinical history and circumstances of death have been clearly established, impacted material has been demonstrated in the airway at autopsy, risk factors have been identified and other possible causes of death have been excluded.

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