

Brought Dead Cases in Tertiary Care Hospital in Central India

Sir,

The incidence of brought dead (BD) is high in tertiary care centers, but there is a lack of proper audit and relevant data of these cases. Although there are few studies regarding mortality pattern of children, none of them takes BD into account. We did a retrospective analysis of BD cases at the emergency room of tertiary care teaching hospital, over a year from January 2014 to December 2014. A patient was declared dead if there was neither pulse nor a response to stimulation and cardiopulmonary resuscitation was tried for a period of 20 min.

A total of 186 cases were recruited for the study. Neonatal mortality constitutes 40% of under-5 mortality and approximately 57% of infant mortality [Table 1].^[1] Most neonatal deaths (99%) arise in low- and middle-income countries and approximately half occur at home.^[2] In our study also, newborn constitutes nearly 35% of cases of BD. Unfortunately, the cause of death could not be revealed due to overlapping signs and symptoms in the lack of investigations and postmortem. Most cases are in the early age group, and infectious etiology including acute encephalitis syndrome (AES) and sepsis accounts for most of

them [Table 2].^[3] The provisional diagnosis of AES and sepsis was made on the basis of history obtained. In our study, AES constitutes maximum number of BD although it is a vague term including all etiologies of fever and altered sensorium such as bacterial meningitis, tubercular meningitis, cerebral malaria, and acute disseminated encephalomyelitis.

Road traffic accidents (RTAs) are common causes of BD in adults; however, we did not find it responsible for any of the case, it could be because of either less number of cases

Table 1: Age-wise distribution of brought dead cases

Age group	Number of cases	Percentage of cases
<28 days	65	34.9
1 month to 1 year	49	26.3
1-5 years	26	13.9
5-10 years	27	14.5
10-19 years	19	10.2

Table 2: Probable diagnosis of brought dead cases excluding newborns

Probable diagnosis	Number of cases	Percentage of cases
Sepsis	18	14.8
Acute encephalitis syndrome	75	61.9
Drowning	15	12.4
Scorpion envenomation	2	1.6
Snake envenomation	8	6.6
Electrocution	3	2.5

of RTA in children or all such cases were referred directly to surgical emergency room. Drowning is one of the most common causes of accidental deaths in children throughout the world. The World Health Organization reported the global burden of disease data that show that the global mortality rate from drowning is 6.8 per 100,000 person-years. Furthermore, over half of global mortality cases occur in children younger than 15 years. In our work also, it is the most common cause (15/28) of accidental death among BD children. Pediatric population accounts for nearly 28% of victims of scorpion envenomation.^[4] Snakebites cause considerable morbidity and mortality in Southeast Asia.^[5] In our work, both these envenomations together made 8.2% of BD cases. Electrocution is an uncommon cause of childhood death, making only 2.5% of cases in the present work.

Majority of BD victims are newborns. Non-road traffic accidental injuries account for the significant cause of death in the pediatric population, and AES is the leading cause of death on arrival. There is a need of proper education and awareness regarding preventable causes of death. Further work is needed in this area in a prospective manner with standardized recruitment of BD cases based on the appropriate definition of death using standard questionnaire with proper documentation.

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Conflicts of interest

There are no conflicts of interest.

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