

# 慶應医学会例会中止のお知らせ

下記の例会は、都合により中止となりました。何卒宜しく願い申し上げます。

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日時 2017年3月29日(水) 18:00

場所 総合医科学研究棟会議室4

演題 **Forensic Medicine -Topics in Myanmar Current Medico-legal practices in Myanmar**

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Current Medico-Legal system in Myanmar

Myanmar, formerly known as Burma, had been colonized by British Empire and the Empire of Japan for almost a century. So most of the legal systems in Myanmar bear closely resemblance to that of India. Myanmar medico-legal system mainly aims to support the laws, both criminal and civil, to the furthering of justice. In Myanmar, the specialists for medico-legal system are the medical practitioners who have been training with the post graduate courses. But Forensic specialists are so in shortage country-wide that the basic medical practitioners serving in government hospitals have to take responsibilities of forensic specialist. Current Medico-Legal system in Myanmar covers both clinical forensic medicine and forensic pathology. As clinical forensic physician, a medical practitioner is dealing with determination of age for medico-legal purposes, examination of injured or sexual assault cases, assessment of degree of permanent disabilities for compensation, psychiatric assessment and so on. Moreover we are responsible for providing expert reports as well as expert witness on technical and scientific subjects related to forensic medicine when required by the courts, Judges and the administration. As forensic pathologist, a medical practitioner is performing the autopsy to be finding the cause of death in sudden unexpected death and as a result of trauma under guidance of Ministry of Health; and interpreting the mechanism of injuries and giving medico-legal opinions. Forensic Science and toxicology branches are operating under Ministry of Home Affairs. So medico-legal system of Myanmar is quite distinct from other systems: Coroner and Medical Examiner system.

**Forensic Medicine -Topics in Myanmar Common Sudden Death at Yangon General Hospital in 2016**

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Common Sudden Death in Yangon General Hospital: Coronary Artery Disease

Among sudden death accounting for 3,000 - 4,000 deaths annually in YGH, most sudden deaths in non-communicable ethiology are cardiac. The most common structural heart disease leading to sudden death is ischemic heart disease. Coronary atherosclerosis is the common degenerative disease falls within the spectrum of ischemic heart disease. Narrowing of one or more major branches of coronary arteries by arteromatous lesions or one of the complications of instability of atherosclerotic plaques triggers to acute myocardial infarction. Development of clinical manifestation depends on the abruptness of onset and the completeness and duration of coronary occlusion. Rapidly occlusion of coronary artery can attribute to sudden unexpected death with being result of myocardial infarction. The autopsy diagnosis of early myocardial infarctions as a result of sudden coronary death may reveal recognized arteromatous lesions, whereas the myocardium may reveal normal or old healed infarction. Thus the lack of outstanding features at autopsy, the presence of unspecific lesions and the difficult detection of myocardial lesions by macroscopic examination and routine histological staining is a recurrent problem in forensic pathology. Sudden death in children and young adults are less reported with non-atherosclerotic coronary artery. So Autopsy diagnosis for sudden coronary death is only given after the complete detail post-mortem examination including coronary arteries, myocardium and exclusion other fatal conditions.

担当 法医学教室 教室

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以上



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