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## From bedside to public health: autopsy in the XXI Century

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Non-forensic autopsy for some physicians and scientists is an “old-fashioned” way for teaching medicine. However, the opponents of autopsy as seminal tool for medical education do not present any evidence, only the fact that the number of autopsies are declining. This downward trend of autopsies is real, not an artifact. In our institution, the University of Sao Paulo with two referral community services associated to two main hospitals at the city of Sao Paulo and Ribeirão Preto it is true.

In contrast, the Hospital Universitario, a community hospital are performing more autopsies, but the most important is that a real integration between bedside physicians and pathologists is increasing week to week with overcrowded clinical rounds with undergraduate students, residents and the medical staff. It is a very nice situation for me, an internist who learnt a lot watching the autopsies from patients assisted at emergency care, internal medicine wards and intensive critical care units. The result of an autopsy sometimes is not nice for a physician who worked twelve hours with a teenager with a presumptive status asthmaticus, but that the autopsy revealed a rheumatic mitral stenosis. It was thirty-years ago during my junior year as medical resident. It was an unforgettable experience, and certainly, I was one physician much more concerned listening heart murmurs for patients with severe asthma and certainly ordering more echocardiography for them. Eight years ago, I was requested as director of the Hospital to acquire

nitric oxide for a 40-year-old woman with primary pulmonary hypertension who was admitted at our critical care unit from other service. My feeling was to doubt about the precision of the diagnostic of a rare disease considering that sequel of rheumatic heart disease is still present among Brazilians at middle age. Bingo! It was mitral stenosis and an emergency surgery was performed at same day. Unfortunately, she had an infective endocarditis in her damage valve. She passed way one month after the surgery due to renal failure, but not due to mechanical consequences of an obstructed heart valve.

I am sure that was only an anecdotal case of senior physician. However, I looked for combination of two words “autopsy” and “Brazil” at a bibliographic databank (<http://www.scopus.com>), and I retrieved 142 papers most of them with original data. Roughly, it is possible to differentiate from those papers two kinds of scientific contributions: first, description of cases and series reports addressing infectious diseases and second, validation studies of clinical diagnosis using autopsy as gold standard.

I will only stressed out, one from our University about the lung findings of patients who died due to influenza A (H1N1) infection in 2009.(1) This research was leading by Thais Mauad, M.D, Ph.D, faculty of our Department of Pathology with “only” 21 patients underwent autopsy. Certainly, it will be one of seminal paper to explaining this new infection. In-

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terestingly, other countries with more resources and cases did not publish a report with this quality. This fact shows that autopsy must consider not only a tool for quality assurance and medical teaching. I will add that the presence of facilities designed for nonforensic autopsies are central for a good public

health system. The Brazilian National Health System must consider spreading non-forensic autopsy facilities as one priority for quality assurance, teaching and disease surveillance.

## REFERENCES

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1. Mauad T, Hajjar LA, Callegari GD, et al. Lung pathology in fatal novel human influenza A (H1N1) infection. *Am J Respir Crit Care Med.* 2010;181(1):72-9.