

Commentary On: Kovarik CL, Stewart D, Cockerell CJ, Barnard J. Forensic Dermatopathology and Internal Disease. *J Forensic Sci* 2005;50(1):154–8.

Sir:

I read with interest the article “Forensic Dermatopathology and Internal Disease” by Drs. Kovarik, Stewart, Cockerell, and Barnard in the *Journal of Forensic Sciences*, January 2005. I would like to share my observations concerning the status of autopsy skin pathology findings based on a recent quality assurance type review of over 2000 autopsy cases that were performed over several decades in several different states. These involved multiple differing hospital-based and medical/legal practice-based pathologists.

In general, as the authors described, skin examinations are commonly overlooked or given cursory examination during autopsy (or are just not recorded). Standard dermatology or dermatopathology descriptions were rarely, if ever, used. Skin

histologic examination was even more rarely performed, even those cases in which skin findings were described.

Cutaneous injuries and postmortem changes were recorded in detail in medical/legal-based examinations but rarely described in any detail in “hospital”-based autopsies. Microscopic examination of cutaneous injury sites was almost never performed.

Concerning tattoos: These were approximately ten times more common in medical/legal-based practiced cases than in hospital autopsy cases (30–40% vs. 4%). Again, there was great variability in the extent of documentation, apparent recognition of tattoo types, or exposure of photographs to document the findings.

These cases, however, usually did come to firm conclusions about cause and manner of death, extent of disease, etc., without formal comprehensive skin examinations. What findings or important data are being overlooked by lack of a detailed examination of the largest organ of the body?

Paul F. Mellen, M.D.
East Central Indiana Pathologists, PC
Muncie, IN 47303