



CONFIDENTIAL

Workorder 24090343  
Chain 24090343  
Patient ID 2023F-025

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## Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Acetaminophen This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.	Presump Pos	mcg/g	120	008 - Liver Tissue	GC/MS
Caffeine This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.	Presump Pos	mcg/g	0.60	008 - Liver Tissue	GC/MS
Diphenhydramine	3600	ng/g	1500	008 - Liver Tissue	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

## Reference Comments:

1. Diphenhydramine (Benadryl®; Ingredient of Benylin and Paradol; Nytol; Unisom) - Liver Tissue:  
Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects. Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias.

## Sample Comments:

- 001 Blood specimen required homogenization: 24090343-001
- 004 Tissue specimen required homogenization: 24090343-004
- 008 NMS Labs generated homogenized Tissue sample: 24090343-008
- 009 NMS Labs generated homogenized Blood sample: 24090343-009

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Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report, and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 24090343 was electronically signed on 04/09/2024 10:37 by:

*Meaghan R. Hessler*

Meaghan R. Hessler, M.S.F.S., D-ABFT-FT  
Forensic Toxicologist

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## Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 2062B - Ethylene Glycol, Blood - Unspecified Blood

Analysis by Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Ethylene Glycol	20 mg/dL		

**POSTMORTEM REPORT ON ALOBA PROMISE OLADIMEJI ILERIOLUWA**

Name of Deceased: Aloba Promise Oladimeji Ilerioluwa.

Date of Birth: 03/01/1997.

Age at Death: 26 years.

Sex: Male.

Occupation: Musician.

Address: 3rd Floor, [REDACTED]

Hospital number: Not applicable.

Place of Death: Lekki.

Time/Date of Death: 03:30pm on 12/09/2023.

Place of Autopsy: LASUTH (Autopsy room).

Time/Date of Autopsy: 1600 hours to 1900 hours on 21/09/2023.

Autopsy Number: C273/23.

Authorisation: Coroner.

Cause of Death: Ia. Unascertained.

Pathologist: Professor S.S. Soyemi / Dr. D.A. Sanni.

Report signed on: 29/04/2024.

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Asst. Dir. Admin. (H.R.)  
Magistrate Court, Ikorodu

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INTRODUCTION

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Aloba Promise Oladimeji Ilerioluwa, a 26-year-old musician, reportedly died on the 12<sup>th</sup> day of September, 2023. He was said to have sustained an injury on the back of his right forearm and had an injection by a supposed Nurse. He was noticed to have developed sudden onset of convulsion and died in transit to the hospital.

His body was initially buried on the 13<sup>th</sup> day of September, 2023. However, he was exhumed on the 21<sup>st</sup> day of September, 2023 for a postmortem examination, following the Order for Exhumation.

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TheCaption

## DECLARATION

I, Prof. S.S. Soyemi, a Consultant Pathologist, hereby certify on Soul and Conscience as follows: On the instructions of the Coroner, I performed a postmortem examination on the body of one Aloba Promise Oladimeji Ilerioluwa at the LASUTH Morgue, on 21/9/23, commencing at 1600 hours.

## PERSONS IN ATTENDANCE.

1. Dr. D.A. Sanni (Consultant Pathologist, LASUTH).
2. Dr. E.F. Emiogun (Consultant Pathologist, LASUTH).
3. Dr. A.I. Mgbeloma (Consultant Pathologist, LASUTH).
4. Dr. O.O. Onayemi (Senior Registrar, LASUTH).
5. Police officers from State CID, Pantl, Lagos, led by CSP Chris Onyeisi.

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## IDENTIFICATION

The body is identified by Aloba Blessing (Elder sister to the deceased).

CLOTHING: The body is covered with an off-white shroud.

The body is dressed in:

1. An off-white long-sleeved shirt.
2. An off-white matching pant.
3. A white pair of socks.
4. A white pair of gloves.
5. A white cap.

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## EXTERNAL EXAMINATION

The body is that of a dark-complexioned adult male with physical appearances consistent with the stated age. The height is 1.96m. The head hair is black in colour and braided with a maximum length of 21.0cm. The eyes are autolysed. The face is bearded. The ears have each been pierced once for jewellery. The mouth contains a set of natural teeth in good state of repair. The finger nails are short, clean and well kept. There is no identifiable nicotine staining of the fingers. The body is circumcised. The toe nails are also short, clean and well kept. There is no ankle oedema. No external evidence of significant natural disease is observed. There is wrinkling of the skin of both feet.

The thoracic and abdominal aorta, carotids, venae cavae, pulmonary veins and arteries, and the renal arteries are unremarkable. No thrombo-emboli are observed.

#### RESPIRATORY SYSTEM

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The laryngeal cartilages and hyoid bone are uninjured. Further exploration of the neck shows no soft tissue and skeletal injuries. The trachea (wind pipe) and the rest of the bronchial tree are unobstructed and free from disease. The pleural surfaces are smooth, there are no adhesions, and there is no fluid collection in the pleural spaces. The left and right lungs weigh 350gm and 400gm respectively and they have a flabby consistency. Cut surfaces of the lungs show congested appearance. Bits from the upper and lower lobes of both lungs sink in water. Some degree of anthracosis (carbon deposition) is present.

#### DIGESTIVE SYSTEM

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The mouth, tongue, teeth, pharynx and oesophagus are unremarkable. The peritoneal cavity contains no excess fluid and there are no adhesions. The stomach has a healthy mucosa and wall; it contains approximately 5mls of brownish fluid. There are no areas of erosion, ulceration or perforation. The duodenum, jejunum, ileum and colon are essentially normal; the bowel contents are normal and there is no bleeding. The appendix is present and unremarkable. The rectum and anus are essentially normal.

The liver weighs 850gm; it has a smooth reddish-brown surface and a flabby consistency. Serial sections are unremarkable.

The gall bladder empties readily into the duodenum; it contains clear bile and no gall stones are present. It has a wall thickness of 0.1cm and a greenish-yellow mucosa with a honeycomb appearance.

The pancreas weighs 50gm; it is 25.0cm long, with external diameter varying from 2.0cm at the tail to 4.0cm at the head. It has a yellowish lobulated surface with a rubbery consistency. Cut surface is unremarkable and the pancreatic duct is unobstructed.

#### GENITO-URINARY SYSTEM

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The renal capsules strip easily revealing brownish subcapsular surfaces. The left and right kidneys each weigh 150gm respectively. Sections show a cortical thickness of varying from 0.6 to 0.9cm. The calyces, pelvis and ureters are unremarkable.

The urinary bladder has a wall thickness of 0.3cm and contains no urine.

The prostate gland is unremarkable. Both testes are present in the scrotum, and are of normal size and shape. The external genitalia is unremarkable.

## LYMPHATIC SYSTEM

The tonsils are unremarkable. The spleen weighs 50gm; it has a grey smooth capsule, and a rubbery consistency. Cut surface shows a dark red wet appearance. The thymus is unidentifiable. The cervical, mediastinal, mesenteric, para-aortic and other peripheral lymph nodes, where exposed, are unremarkable.

## ENDOCRINE SYSTEM

The parathyroids are unremarkable. The thyroid gland and adrenal glands are essentially normal. The pituitary gland is unremarkable.

## CRANIUM AND NERVOUS SYSTEM

The scalp and skull are unremarkable. The meninges (brain coverings) are unremarkable; there is no epidural, subdural or subarachnoid haemorrhage. The brain weighs 1200gm; it is autolysed into a grey paste-like material.

## MUSCULO-SKELETAL SYSTEM

The spinal column, limb girdles, long limb bones, hands and feet, ribs and sternum are unremarkable visibly or on palpation. The muscles, where exposed during routine dissection, are unremarkable.

## SAMPLES RETAINED FOR HISTOLOGY

1. Heart. 2. Lungs. 3. Liver. 4. Spleen. 5. Adrenal. 6. Pancreas. 7. Kidneys.

## HISTOLOGY

Heart: Histological section shows moderate to severe autolysis.

Lungs: Histological sections show moderate to severe autolysis.

Liver: Histological section shows moderate to severe autolysis.

Spleen: Histological section shows moderate to severe autolysis.

Adrenals: Histological sections show moderate to severe autolysis.

Pancreas: Histological section shows moderate to severe autolysis.

Kidneys: Histological sections show moderate to severe autolysis.

**SAMPLES RETAINED FOR TOXICOLOGY**

1. Gastric content.
2. Blood.
3. Bone marrow aspirate.
4. Liver chunk.
5. Kidney chunk.
6. Lung chunk.

See attached the toxicology report.

**ANATOMICAL/PATHOLOGICAL FINDINGS**

1. Right forearm injury.
2. Multiple tattoos.
3. Exhumed body with moderate to severe decomposition.

**OPINION AS TO THE CAUSE OF DEATH**

Ia. Unascertained.

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Asst. Dir. Admin (H/R)  
Magistrate Court, Korodu

**COMMENTARY**

Aloba Promise Oladimeji Ilerioluwa, a 26-year-old male reportedly died after being injected by one supposed female Nurse on 12/9/2023.

The deceased allegedly sustained an injury on the back of the right forearm following which the Nurse was invited to treat him. Shortly after the injection, it was alleged that the deceased went into convulsive episode and was rushed to the hospital where he was pronounced lifeless same day.

It is noteworthy that the body neither had an autopsy not embalmed prior to interment on the second day.

Following the Order for Exhumation, the body was exhumed on 21/09/2023 (8 days after the burial).

Autopsy revealed moderate to marked decomposition of organs. Apart from the superficial injury on the right forearm, no significant gross finding could be attributed to death.

Against this background, samples were taken for toxicology. This is to determine if there was any anaphylactic reaction, substances of abuse, over dosage or common household poison.

Toxicology revealed positive finding of Diphenhydramine, an anti-histamine; however, this concentration was not in a fatal or lethal range. The other analytics were unremarkable.

In determining fatal anaphylactic shock, blood sample needs to be taken as quickly as possible. Unfortunately, this was prevented or made impossible by the burial of the deceased on the second day.

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In the light of the foregoing, cause of death could not be ascertained. However, the possibility of a fatal anaphylactic shock (drug reaction) could be considered in view of the absence of any significant post mortem and toxicology findings.



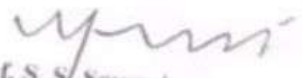
**Dr. O. Q. Onayemi.**  
MBBS  
Pathology Resident.

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**Dr. D. A. Sanni.**  
MBChB, FMCPATH  
Consultant Pathologist.



**Prof. S. S. Soyemi.**  
MBChB, FMCPATH, FCPATH-ECSA  
Consultant Pathologist.

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