




Coroner ME Hassell
HM Senior Coroner
Inner North London

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

	<p>THIS REPORT IS BEING SENT TO:</p> <p>1. [REDACTED] Medical and Research Director NHS Blood and Transplant 500 North Bristol Park Filton Bristol BS34 7QH</p> <p>2. [REDACTED] President British Transplantation Society Chester House 68 Chestergate Macclesfield SK11 6DY</p>
1	<p>CORONER</p> <p>I am: HM Assistant Coroner Sarah Bourke Inner North London Poplar Coroner's Court 127 Poplar High Street London E14 0AE</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 25 January 2019, HM Senior Coroner Mary Hassell commenced an investigation into the death of Tien Dong PHUNG (age 59 years). The investigation concluded at the end of the inquest which was conducted by me on 13 June 2019.</p>

	<p>The medical cause of Mr Phung's death was: 1a pulmonary strongyloidiasis 2 renal transplant (IgA nephropathy) and hypertension.</p> <p>I returned a narrative conclusion which is set out in Box 4 below.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>Mr Phung had a kidney transplant on 26 September 2018 and was given immuno-suppressant treatment to prevent rejection of the transplanted kidney. In December 2018, he attended the Royal London Hospital complaining of abdominal pain. He was initially treated for constipation then discharged. He returned to the hospital on 17 December and was admitted for further investigations. Investigations including CT scans, blood tests, ultrasound examination, blood and urine cultures were undertaken but the reason for Mr Phung's symptoms could not be identified. Mr Phung showed signs of infection on 20 December. He was given broad spectrum antibiotics and fluids for presumed sepsis. He became fluid overloaded and showed signs of chest infection. He had a cardiac arrest on the afternoon of 21 December. He was transferred to the ITU where he received supportive treatment. In addition, changes were made to his antibiotics and antivirals were prescribed to protect him against opportunistic infection. A CT scan was unable to identify the source of the infection. Mr Phung continued to deteriorate and treatment was withdrawn. Mr Phung died in hospital on the afternoon of 25 December 2018. On post-mortem examination, Mr Phung was found to have strongyloides stercoralis forms in his lungs. This is a parasitic infection which can persist for many years and is commonly identified through stool sampling which was not undertaken in this case. The disease is rare in the UK and is most prevalent in tropical and sub-tropical region. Generally, the disease is chronically asymptomatic. However, strongyloides hyperinfection syndrome can develop where a person's immune system is compromised, for example through the use of corticosteroids or immuno-suppressants associated with organ transplantation.</p>
5	<p>CORONER'S CONCERNS</p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <ol style="list-style-type: none"> (1) Strongyloides stercoralis forms are not routinely screened for prior to transplant surgery. If identified early, they are treatable (2) Strongyloides hyperinfection syndrome presents with non-specific symptoms such as abdominal pain, vomiting, intestinal obstruction, cough, wheezing and chest pain. It can evolve into respiratory distress and multi-organ failure.

	<p>(3) Strongyloidiasis is estimated to affect up to 300 million people worldwide. The infection is particularly prevalent in tropical and subtropical regions including a number of common travel destinations such as Thailand and Brazil. Mr Phung was born in Vietnam but had lived in the UK for many years.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you and your organisation has the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 14 August 2019. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:</p> <p>██████████ (Widow of Mr Phung)</p> <p>I have also sent it to ██████████ (Medical Director, Royal London Hospital) who may find it useful or of interest.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p style="text-align: center;">  </p> <p>Sarah Bourke HM Assistant Coroner 19 June 2019</p>