

Analysis of causes that led to Charles Fleming's illness and sudden death

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Abstract

Charles (Chuck) Fleming's acute illness developed on June 12, 2000 induced by the ingestion of toxic doses of creatine monohydrate and high levels of propylene glycol (PEG). Chuck was taking several medications contained PEG that increased creatine bioavailability and caused acute renal failure, severe hypophosphatemia, and ketoacidosis. Chuck's serum phosphorous level was 0.1 mg/dL (normal range: 2.8-4.9 mg/dL) and his hypophosphatemia caused hemolytic crisis. Chuck's red blood cell count and hemoglobin levels on June 13th were reduced by 27% of those measured on June 12th.

The bleeding, edema, and necrosis observed in Chuck's brain were caused by the high doses of heparin and sodium bicarbonate given in the Hospital. Chuck developed acute cardiac dysfunction due to hypophosphatemia, hypokalemia, hypomagnisemia, metabolic acidosis, and metabolic alkalosis. Chuck suffered from cardiomegaly and pulmonary atrophy as a result of the chronic use of corticosteroid medications. Chuck's heart and right lung weights were 183% and 84% of normal average weight for age, respectively.

The treating physicians and the medical examiner did not measure formic acid in Chuck's blood, urine, stomach contents, or tissues. The blood methanol measurements reported on June 12th and 13th represent a false positive. It is likely that the four bottles of Gatorade containing methanol presented in court are not the same bottles of Gatorade that Diane and Chuck spiked with creatine monohydrate on June 11th. The commonwealth's allegation against Diane that she poisoned her husband with methanol is not supported by medical and scientific facts, which support Diane's innocence.

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