Analysis of causes that led to baby Ryan’s hemorrhagic pneumonia, cardiac arrest, intracranial bleeding, and retinal bleeding

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Abstract

Ryan George was two months old when he suffered from cardiac arrest 9 days after receiving his second injection of Hepatitis B vaccine (HBV). He was successfully resuscitated at Coney Island Hospital in New York. His chest X-ray and CT scan showed evidence of pulmonary edema, bleeding, and pneumonia. A CT exam of his head showed brain edema. He had a blood pH of 6.83 and a potassium level of 6.0 mEq/L. He was stabilized and transferred to Maimonides Medical Center (MMC).

Blood tests performed at MMC revealed that Ryan had an elevated band neutrophil count, hyperglycemia, hyperkalemia, hyperammonimia, hemolytic anemia, liver damage, hyperphosphatemia, and hypermagnesiumia. In addition, his PT, PTT, and INR were elevated. Ryan was treated with four types of antibiotics and other medications.

Ryan had an MRI head exam and an eye exam performed at 8 days and 9 days after admission, respectively. His MRI showed intracranial bleeding and his eye exam revealed retinal bleeding. Ryan’s father was accused of causing his son’s injuries by shaking him vigorously (Shaken Baby Syndrome).

My investigation indicates that infection with Streptococcus pneumoniae caused Ryan’s illness and led to the development of hemorrhagic pneumonia, hemolytic uremic syndrome, kidney and liver problems, hepatic encephalopathy, seizure, coma, and cardiac arrest. The likely causes of Ryan’s intracranial and retinal bleeding are liver damage, infections, vitamin K deficiency, and severe anemia. Hepatitis B vaccine increased Ryan susceptibility to infection. The allegation of child abuse in this case is false.

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Keywords: brain edema; hemolytic anemia; hemorrhagic pneumonia; Hepatitis B vaccine; hyperammonimia; hyperkalemia; hypermagnesiumia hyperphosphatemia; hepatic encephalopathy; intracranial bleeding; retinal bleeding; Shaken Baby Syndrome; Streptococcus pneumoniae; vitamin K deficiency