

Analysis of causes that led to toddler Steven Young's respiratory arrest, intracranial and retinal bleeding, bronchopneumonia, peritonitis, and death

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Abstract

Steven, a 25-month-old white male, suffered from respiratory arrest and was resuscitated and taken to St. Joseph's Hospital in Phoenix, Arizona. He was placed on mechanical ventilation and treated with epinephrine, IV fluids, antibiotics, ulcer prophylaxis, and sodium bicarbonate. No improvement in Steven's neurological condition was observed and he was pronounced dead 20 hours following admission.

An autopsy was performed and the medical examiner alleged that Steven died as a result of multiple blunt force injuries to the head and other regions of his body, and that the manner of death was homicide. Armando Castillo, Steven's caretaker was accused of killing Steven. He was arrested and indicted. A jury convicted him in May of 1999 and sentenced him to 27 years in prison for killing Steven.

My review of the medical evidence reveals that Steven was suffering from severe lymphocytopenia and immune depression, acute bronchopneumonia, bacterial infections, acute and chronic peritonitis, kidney infections, and liver damage. He had blood lymphocyte counts of 568-693 cells/ μ L, which is well below normal. Gram-stain study and blood culture of Steven's blood sample taken at 30 minutes following admission revealed the presence of Gram-positive cocci and Staphalococcus coagulase negative.

Steven suffered from septic shock and vomited after he ate and the vomit blocked his airways and caused respiratory arrest. His intracranial and retinal bleeding, other bleeding, and minor bruises were caused by infections, liver damage, and medications. The factual causes of Steven's illness, bleeding, and death were not revealed in court by the state and the jury convicted Armando based on a false theory.

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