Forensic Autopsy Findings: A complex autopsy was performed at the Cuyahoga County Medical Examiner’s Office (CCMEO), Cleveland, Ohio.

It consisted of: External and internal examination of the body, medicolegal examination, toxicology and police investigation.

The body was that of a normally developed obese male. He was thirty years old 6’0” tall and 210 lbs in weight.

Autopsy findings included dilated cardiomyopathy with a 460 gram heart, cerebral edema and edematous lungs.

External and internal examination showed no significant findings.

Initial Toxicology Results:

- The heart blood was positive for: Amphetamine, methamphetamine, fenaltyn 2.0 mg/mL, norfenaltyn 0.44 mg/mL, acetaminophen, atropine, caffeine, cotinine, lisdacine and nicotine.

- 2-DPMP, DOC and fluoroamphetamine, were spectroscopically identified by GC/MS.

- Specimens were later sent to AIAT Laboratories for confirmation and quantification of 2-DPMP, DOC and the fluoroamphetamine, these were performed by TOF mass spectrometer and UPLC/tandem quadrupole detector (QTD) analysis.

- The femoral blood was not sufficient in volume for analysis.

- No anti-mematone admission blood samples were available for subsequent analysis.

- The inter-laboratory results from CCEM and AIAT Laboratories for the 2-DPMP in the cardiac blood, vitreous humor, liver and brain (medulla) were within 40%, 15%, 1% and 20% respectively.

Drug Chemistry Results: Testing from the submitted paraphernalia exhibits were performed by the State of Ohio Bureau of Criminal Investigation (BCI) and corroborated the post-mortem findings.

- 2-DPMP and DOC was found to be distributed among multiple matrices with varying ranges from: 0.236 to 1.0 mg/mL for 2-DPMP and 0.380 to 2.04 mg/mL for DOC.

- Tissues responsible for detoxification/excretion had higher prolactinogenic effects in the case of 2-DPMP.

- This new designer syndromes drugs produce “Amphetamine” like toxicity and added prolactinogenic effects in the case of 2-DPMP.

- This case was consistent with the suspicion that this was an acute drug exposure. The cause of death was ruled toxic metabolic encephalopathy due to mixed drug intoxication. The manner of death was ruled as accidental.

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