



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYEES' COMPENSATION COMMISSION

4th& 5th Floors, ECC Building, 355 Sen. Gil J. Puyat Avenue, City of Makati
Tel. No. 899-4251; 899-4252 • Fax. No. 897-7597 • E-mail: info@ecc.gov.ph • Website: http://www.ecc.gov.ph



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MELANIE B. AROLLADO,
Appellant,

-versus-

ECC CASE No. SM-19490-0104-16

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

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D E C I S I O N

This appeal seeks to review the decision, dated October 27, 2015, of the Social Security System (SSS), denying appellant's claim for death benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for the death of her husband due to Coronary Artery Stenosis due to Traumatic Injuries of the Abdomen (Liver Rupture) secondary to Blunt Abdominal Trauma. The claim was denied on the ground of no causal relationship.

From February 16, 1995, until his death on January 6, 2014, the deceased, Ronald A. Arollado (SSS No. 09-1037531-7), 53 years old at the time of his death and a former resident of Cabuyao City, Laguna, was employed as Machine Operator at the Powder Coat Area of Rapid Forming Corp., Cabuyao City. The actual duties and responsibilities of the deceased are not included in the records that were elevated by the SSS to this Commission.

On January 3, 2014, at around 11:35 AM, the deceased was brought to the Calamba Doctors' Hospital when he fainted after he experienced abdominal pain while he was carrying a sack of 20 kilograms (kgs.) of coating powder at his work-place. He underwent surgical operation due to ruptured hepatic mass. He had also lost 3.8 liters of blood. On January 5, 2014, he was discharged from the said hospital against medical advice. On January 6, 2014, he was rushed to the Philippine General Hospital but he died along the way.

Based on the Death Certificate, which was signed by Dr. Leila C. Bondoc, Medico-Legal Officer, City of Cabuyao, the deceased died due to the following causes:

Immediate cause: Cardiorespiratory Arrest

Antecedent cause:	Traumatic Injuries of the Abdomen (Liver Rupture)
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Underlying cause: Blunt Abdominal Trauma

The remains of the deceased were subjected to Post-Mortem examination which yielded the following findings:

“Pertinent External Findings:

“No abrasions and hematoma seen; presence of sutured wounds (staple wire) from the epigastric to the umbilicus area

“Pertinent Internal Findings

“The liver is avulsed including the parenchyma; there is tear in the broad ligament and falciform ligament; OS 4 x4 seen around the liver (used for hemostasis)”

On September 3, 2015, the SSS Calamba City Branch (Branch) wrote a letter to the appellant informing her of the denial of the claim for EC death benefits on the ground of no causal relationship between the claimed incident at the work-place of the deceased and his cause of death. On September 8, 2015, the appellant wrote a letter to the Branch requesting for reconsideration of the denial of her claim.

On October 28, 2015, the SSS-Medical Operations Department (SSS-MOD) sustained the denial of the EC claim on the same ground.

On December 18, 2015, the Secretariat received the records of the case from the SSS for review purposes.

On January 13, 2016, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The Committee decided to elevate this case to the Commission with a recommendation to grant EC benefits on the ground that the exertion of the deceased in carrying a sack of 20 kgs. of coating powder caused the manifestation of his Liver Rupture which, eventually, led to his death. Further, there is no showing that he had been suffering from a liver ailment prior to his death.

The appeal is meritorious.

Rule III, Section 1 of the Amended Rules on Employees' Compensation enumerates the grounds for compensability, as follows:

"Sec. 1. Grounds – (a) For the injury and the resulting disability or death to be compensable, the injury must be the result of accident arising out of and in the course of the employment.

"(b) For the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease listed under Annex "A" of these Rules with the conditions set therein satisfied, otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions."

xxx

Medical findings provide the etiology of Blunt Abdominal Trauma in this manner, to wit:

BLUNT ABDOMINAL TRAUMA

"Blunt abdominal trauma is a leading cause of morbidity and mortality among all age groups. Identification of serious intra-abdominal pathology is often challenging; many injuries may not manifest during the initial assessment and treatment period.

"Intra-abdominal injuries secondary to blunt force are attributed to collisions between the injured person and the external environment and to acceleration or deceleration forces acting on the person's internal organs. Blunt force injuries to the abdomen can generally be explained by 3 mechanisms.

"The first mechanism is deceleration. Rapid deceleration causes differential movement among adjacent structures. As a result, shear forces are created and cause hollow, solid, visceral organs and vascular pedicles to tear, especially at relatively fixed points of attachment. For example, the distal aorta is attached to the thoracic spine and decelerates much more quickly than the relatively mobile aortic arch. As a result, shear forces in the aorta may cause it to rupture. Similar situations can occur at the renal pedicles and at the cervicothoracic junction of the spinal cord.

"Classic deceleration injuries include hepatic tear along the ligamentum teres and intimal injuries to the renal arteries. As bowel loops travel from their mesenteric attachments, thrombosis and mesenteric tearing with resultant splanchnic vessel injuries, can result.

The second mechanism involves crushing. Intra-abdominal contents are crushed between the anterior abdominal wall and the vertebral column or posterior thoracic cage. This produces a crushing effect, to which solid viscera (e.g. spleen, liver, kidneys) are especially vulnerable.

"The third mechanism is external compression from direct blow or from external compression against a fixed object (e.g. lap belt, spinal column). External compressive forces result in a sudden and dramatic rise in intra-abdominal pressure and culminate in rupture of a hollow viscous organ (i.e.) in accordance with the principles of Boyle law).

Reference:

Blunt Abdominal Trauma, authored by Eric L. Legome, MD; / Chief Editor: John Geibel, MD, DSc, MSc, MA, et. al., for Practice Essentials, Emedicine.medscape.com/article/1980980-overview

SPONTANEOUS RUPTURE OF A LARGE NON-PARASITIC LIVER CYST

“Simple non-parasitic hepatic cysts are congenital and are supposedly triggered by chromosome 16 (9). They are lined by cubodial epithelium and arise as an aberration of bile duct development in utero. Although they are generally solitary, there may also be a simultaneous presence of more than one (“several solitary”) cyst even if polycystic liver disease is absent.”

Reference:

Lazaro Miliadis, et al., *Spontaneous Rupture of a Large Non-parasitic Liver Cyst: A Case Report*, *Journal of Medicine Case Reports*. 2010; 4: 2.

SPONTANEOUS RUPTURE OF HEPATIC HEMANGIOMAS

“Hepatic hemangionas are congenital vascular malformations, considered the most common benign mesenchymal hepatic tumors, composed of masses of blood vessels that are atypical or irregular in arrangement and size. Hepatic hemangiomas can be divided into two major groups: capillary hemangiomas and cavernous hemangiomas. These tumors most frequently affect females (80%) and adults in their fourth and fifth decades of life. Most cases are asymptomatic although a few patients may present with a wide variety of clinical symptoms, with spontaneous or traumatic rupture being the most severe complication. In cases of spontaneous rupture, clinical manifestations consist of sudden abdominal pain, and anemia secondary to a haemoperitoneum. Disseminated intravascular coagulopathy can also occur. Haemodynamic instability and signs of hypovolemic shock appear in about one third of cases. As the size of the hemangioma increases, so does the chance of rupture...”

Reference:

Marcelo AF. Rebeiro, Jr., et al., *Spontaneous Rupture of Hepatic Hemangiomas: Areview of the Literature*, *World Journal of Hepatology*, 2010 Dec 27; 2 (12): 428-433.

Contrary to the findings of the SSS, this Commission believes that there is substantial evidence on the causal connection between the act of the deceased in carrying a sack of coating powder and his death. The incident should have been considered as compensable because an employment accident occurred which ruptured the liver of the deceased causing him to bleed out 3.8 liters of blood.

This Commission believes that the exertion of the deceased in carrying a sack of 20 kilograms of coating powder was the proximate or responsible cause that set in motion an unbroken chain of events leading to the manifestation of his Liver Rupture. The phrase ‘proximate cause’ was illustrated by the Supreme Court in the following manner, to wit:

“The proximate legal cause is that acting first and producing the injury, either immediately or by setting other events in motion, all constituting a natural and continuous chain of events, each having a close causal connection with its immediate predecessor, the final event in the chain immediately effecting the injury as a natural and probable result of the cause which first acted xxx.” [*Belarmino v. ECC*, G.R. No. 90204, May 11, 1990]

In substance, the Highest Tribunal is saying that a supervening event flowing from a work-related injury is also considered as compensable. Thus, the Court stated in several cases that:

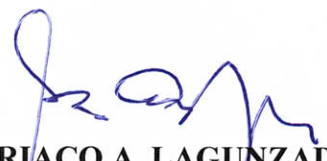
*“The right to compensation extends to disability due to disease supervening upon and proximately and naturally resulting from a compensable injury. Where the primary injury is shown to have arisen in the course of employment, every natural consequence that flows from the injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to claimant's own negligence or misconduct. Simply stated, **all medical consequences that flow from the primary injury are compensable.**”* [emphasis supplied, *Belarmino v. ECC, ibid*, citing *Enriquez v. ECC*, G.R. No. L-42640, September 28, 1979, 93 SCRA 366, 372; reiterated in the case of *GSIS vs. Baul*, G.R. No. 166556, July 31, 2006]

In the absence of any proof showing that the deceased had been suffering from a liver illness prior to his death or any independent intervening cause attributable to the negligence or misconduct of the deceased, this Commission could reasonably conclude that the injury suffered by the deceased while he was performing his duty was the primary injury that arose in the course of the employment. Hence, all the medical consequences flowing from the said injury are compensable.


WHEREFORE, the appealed decision is **REVERSED** and the SSS is ordered to **GRANT** EC death benefits to the qualified beneficiaries of the deceased in accordance with Art. 196 (a) of P.D. No. 626, as amended.

SO ORDERED.


**CITY OF MAKATI,
January 29, 2016.**



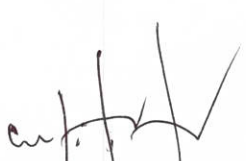
CIRIACO A. LAGUNZAD III
Chairperson – Alternate
Department of Labor and Employment



BRENDA P. VIOLA
Member-Designate
Social Security System

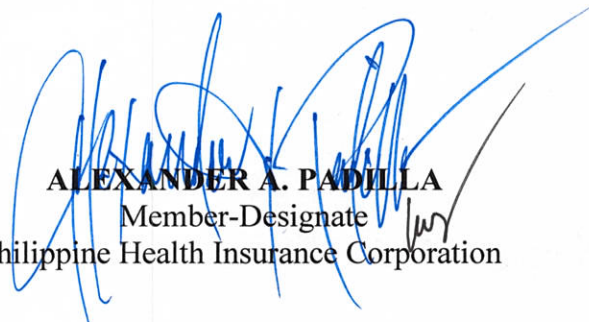


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Member-Designate
Government Service Insurance System



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Employees' Sector

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Member
Employer's Sector



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Philippine Health Insurance Corporation

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Member-Designate
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STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission
Secretariat

