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Doctors: Unusual Circumstances Surrounded Actress' Death

LEE SIEGEL February 4, 1988

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LOS ANGELES (AP) — The death of 12-year-old “Poltergeist” actress Heather O’Rourke was “distinctly unusual” because she lacked prior symptoms of the bowel defect that reportedly killed her, gastrointestinal doctors say.

“I would have expected a lot of (digestive) difficulties throughout her life and not just to have developed a problem all of a sudden,” said Dr. Daniel Hollander, head of gastroenterology at University of California, Irvine, Medical Center.

Other specialists, also unconnected with the case, said Wednesday it was possible she died as the resulted of a birth defect, but added that the circumstances of her death were extremely unusual.

A private funeral was scheduled for Friday at Westwood Village Mortuary in Los Angeles for the blond youngster, whose character encountered ghosts and warned “They’re heeere 3/8” in “Poltergeist” and “They’re baaaack 3/8” in the sequel. Filming was completed on a third “Poltergeist” movie last June.

Terry Merryman, spokeswoman for Children’s Hospital of San Diego, said Heather died Monday of septic shock due to congenital stenosis of the lower intestine, or bowel. That means she died of shock caused by infection in the blood, which in turn was caused by a birth defect that made a section of her intestine abnormally narrow.

Such narrowing typically reduces bowel diameter to one-eighth inch instead of the normal half inch, impeding movement of food and fluid through the bowel. The defect usually is apparent at birth because it causes severe abdominal pain, vomiting and nausea, Hollander said, adding that it is very rare for the disorder to kill an older child who lacked prior symptoms.

Mike Meyer, the actress’ manager and lawyer, said Heather didn’t suffer chronic digestive problems, and the bowel narrowing wasn’t discovered until she underwent surgery and died on the operating table after suffering cardiac arrest en route to the hospital.

Hollander speculated that Heather’s bowel narrowing might not have been congenital but could have developed suddenly due to inflammation.

However, congenital bowel narrowing could cause sudden death after years without symptoms if infection caused the bowel to rupture or become perforated, said Dr. Frank Sinatra, head of gastroenterology at Childrens Hospital of Los Angeles.

Meyer said a section of Heather’s intestine burst after ballooning to 4 inches in diameter. She contracted an intestinal parasite last winter, probably from well water at her former home in Big Bear, and her doctors assumed the parasite inflamed the intestine, he said.

Moderate bowel narrowing at birth might not cause symptoms, but a lack of symptoms before age 12 “would be distinctly unusual,” said Dr. Paul Hyman, chief of pediatric gastroenterology at Harbor-University of California, Los Angeles, Medical Center.

However, as the intestinal muscle upstream of the narrowing is strained by trying to push material through the narrowing, “there may be more and more widening of the bowel tissue” so it becomes infested with bacteria and eventually perforates or bursts, Hyman said.

When intestinal narrowing is obvious, the defect is corrected by surgically removing the narrow section and connecting the normal sections on both sides, the experts said.

Hyman said congenital narrowing of the small intestine occurs in roughly one of every 50,000 live births, while such narrowing of the large intestine is about 10 times more rare.

“I cannot understand what precipitated the death because it’s usually clear when they’re born they have an important disease,” said Dr. Carlo Di Lorenzo, a University of Southern California pediatrician.

“It just doesn’t seem to quite make sense,” said Dr. Hartley Cohen, a USC gastroenterologist.

“It’s weird,” Meyer said. “She was completely healthy Saturday, they thought she had the flu on Sunday and she was dead on Monday.”

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