



IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2026 001110

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

Section 67 of the Coroners Act 2008

1. I, Coroner Sarah Gebert, having investigated the death of Susanna Curcio and without holding an inquest, make the following findings pursuant to section 67(1) of the *Coroners Act 2008*:
 - a) the identity of the deceased was Susanna Curcio, born 9 November 1972;
 - b) the death occurred on 25 February 2026 at Northern Hospital, 185 Cooper Street, Epping, Victoria from pneumonia and septic arthritis on a background of atypical parkinsonian syndrome; and
 - c) the death occurred in the circumstances described below.
2. Susanna was 53 years old at the time of her death and resided in shared supported living accommodation in Craigieburn with four other residents.
3. Susanna enjoyed spending time with her family and looked forward to family gatherings and visits. Her support staff described her family relationships as a significant source of happiness and emotional support. Susanna took great pride in her appearance, including hairstyling and makeup, and enjoyed collecting handbags, visiting cafes and restaurants, going to the cinema and listening to music.
4. Susanna's medical history included schizoaffective disorder, intellectual disability, relapsing paranoid schizophrenia, anxiety disorder and urinary incontinence. She received 24-hour ongoing support from disability support staff, including assistance with daily living activities, medication support and monitoring, attending appointments, and community access and

participation. Susanna attended regular appointments with a general practitioner, occupational therapist, dentist, psychiatrist, speech pathologist, podiatrist, physiotherapist, and neurologist.

5. In the years leading up to her death, Susanna experienced a significant progressive functional decline with worsening gait disturbance, instability and reduced mobility. By the time of her death, she was no longer able to mobilise independently and relied on a wheelchair and hoist transfers. She was reviewed by neurologists who were unable to find a definitive cause for her symptoms.

Circumstances of death

6. On 15 October 2025, Susanna presented to the Northern Hospital after five days of fevers, rigors, drowsiness, lethargy, reduced oral intake and decreased verbalisation. Her support workers reported she was significantly out of character, difficult to rouse and unusually compliant with hospital transfer. The neurology team reviewed Susanna and diagnosed an atypical parkinsonian syndrome in the context of longstanding antipsychotic use. Her olanzapine dose was subsequently reduced, resulting in some improvement in her parkinsonian features but no significant improvement in her mobility.
7. Susanna was admitted under the general medicine team, with investigations focused on identifying a potential infectious cause for her fevers and fatigue. She was initially treated with antibiotics and antifungals for a possible urinary infection and pneumonia, however blood cultures remained negative.
8. On 21 November 2025, a computed tomography (CT) scan identified a small effusion (build-up of fluid) on Susanna's right hip, and a CT guided biopsy of the hip was conducted. Susanna was reviewed by the orthopaedic team, who considered she did not meet the diagnostic threshold for septic arthritis. The orthopaedic team formed the opinion that there was no benefit in a surgical washout to preserve joint cartilage for a patient who no longer walks, unless it is for source control for overwhelming sepsis. Susanna was reviewed by the infectious diseases team and commenced on a prolonged course of intravenous antibiotics to treat possible septic arthritis.
9. From December 2025 to February 2026, Susanna experienced ongoing intermittent fevers. Repeat imaging demonstrated a progression of the right hip effusion that was concerning for septic arthritis, with features of secondary osteomyelitis. There were also features of a new left hip septic arthritis, progressing to bilateral hip collections. However, multiple attempts at

further CT-guided aspirations were unsuccessful and blood cultures remained negative. The radiological appearance and progression between scans were atypical for septic arthritis, and a definitive diagnosis could not be established on imaging alone.

10. Susanna was reviewed at two multidisciplinary meetings involving the general medicine, infectious diseases, rheumatology, orthopaedic and interventional radiology teams. The rheumatology team advised that the clinical picture was not in keeping with a rheumatological condition, and there was no sustained improvement in inflammatory markers following a trial of steroids. The infectious diseases team formed the impression that the underlying cause was unlikely infective¹ because Susanna had not responded to antibiotics and symmetrical bilateral hip abscesses are very unlikely. Ultimately, despite extensive investigations, the cause of Susanna's persistent inflammatory process could not be determined.
11. On 25 February 2026, Susanna experienced an acute respiratory deterioration, likely due to an aspiration event. In the context of her prolonged hospital admission, frailty, and poor overall prognosis, the decision was made to provide ward-based care only. Despite intravenous antibiotics, fluid resuscitation and high-flow oxygen therapy, Susanna continued to rapidly deteriorate and died later that morning. A chest x-ray subsequently demonstrated a new pneumonia.

Medical cause of death

12. Forensic Pathologist, Dr Paul Bedford, from the Victorian Institute of Forensic Medicine (VIFM), conducted an external examination on 26 February 2026 and provided a written report of his findings dated 2 March 2026.
13. The findings of the post-mortem examination were consistent with the reported circumstances.
14. Dr Bedford provided an opinion that the medical cause of death was "*1(a) pneumonia and septic arthritis on a background of atypical parkinsonian syndrome*" and was due to natural causes.
15. I accept Dr Bedford's opinion.

I convey my sincere condolences to Susanna's family and friends for their loss.

¹ Capable of causing, producing, or transmitting an infection.

Pursuant to section 73(1B) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

I direct that a copy of this finding be provided to the following:

Adele Corso, senior next of kin

Life Without Barriers

Senior Constable Kayla Katsaros, Victoria Police, Coroner's Investigator

Signature:



Coroner Sarah Gebert

Date: 14 October 2026

NOTE: Under section 83 of the ***Coroners Act 2008*** ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.
