

An Unusual Case of Cut-Throat Injury: a Medico-Legal Masquerade

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ABSTRACT

Background: Psychological autopsy is one of the most valuable tools in equivocal deaths.

Case Report: Hereby we present an unusual case of cut-throat injuries wherein an adult female was found dead in her house having single entry/exit which was locked from outside. On examination multiple incised wounds were found on the front aspect of the neck. Scene circumstances were equivocal.

Conclusion: Crime scene investigation and psychological autopsy plays a vital role in differentiating suicide from homicide in all cases of equivocal deaths.

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► *Implication for health policy/practice/research/medical education:* Cut-Throat Injury

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1. Introduction:

In our routine medico-legal practice we encounter many medico-legal masquerades. Many a time history does not match with crime scene findings, autopsy findings and other ancillary investigations which there by complicates such cases.

In such cases ascertaining manner of death will be a challenge for the autopsy surgeon. Error in determining the manner of death may arise from innate urge to brand any death under mysterious circumstances as homicidal, missing links in corpus delicti, prejudiced ideas leading to tunnel vision, incomplete investigation, shying away from

crime scene visit and inexperience of the autopsy surgeon. Suicide is one of the 10 leading causes of death in the world, accounting for more than 400,000 deaths annually (1, 2).

The incidence and pattern of suicide vary from country to country where cultural, religious and social values play some role in this regard. The common methods used for committing suicide in our country are hanging, burns, jumping from height, consumption of poison, drowning, firearms, and etc. Familial troubles, psychiatric illness, psychological stress and poverty are the triggering factors in a suicidal attempt (3).

The self-inflicted injuries are obvious with transection of the hypopharynx, larynx or tracheas and involvement of the other parts of the body in some occasions (4). In every case with fatal sharp weapon injuries, differentiation between suicide and homicide is always required. The classical criteria for

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discriminating suicide by self-cutting or stabbing from homicide are generally considered as follows: a) several (not multiple) injuries are observed on the possible sites of self-infliction. b) hesitation marks are present c) clothing injuries are absent. However, Madea and Schmidt reported suicidal cases with such unusual findings as multiple self-inflicted injuries, a single stab wound, no hesitation mark, or clothing injuries (4). An equivocal death is a death in which, it is not immediately clear whether a person committed suicide or not. In such cases, it is particularly important to obtain information on the psychiatric history of the victim and/or suspected assailant before or after autopsy. In this article, we present an unusual case of suicidal cut-throat injuries due to its rarity.

2. Case Report:

On a fateful day, at about 5pm, on break opening the single external entry of the house by the husband and neighbors, they found a 32-year-old woman dead in a pool of blood lying down in the kitchen. The woman was in supine position with right knee flexed (figure 1). The police was informed and the body was shifted to mortuary for postmortem examination. At first inspection multiple incised wounds were found in the front aspect of the neck (figure 2). During crime scene investigation by the police it was noted the absence of suicide notes, weapon of offence, housebreaking marks, bloodstain tracts and disturbance of the scene. There was no history of suicide attempt by her in the past as revealed by her husband.

At autopsy, on examination the dead body was that of an adult female, well-built and nourished. Rigor mortis was present in upper limb and absent in lower limbs (transportation artefact). Jaw was stiff. Post-mortem lividity was present on the back and was not fixed. Face was congested. Conjunctivae and oral mucosa were pale. Fingernails on both sides showed bluish discolorations. Clothes and jewelry were intact on the body.

External injuries were as follows:

1. An incised wound, obliquely placed measuring 1.5 cm x 0.1 cm x skin deep was present on the left side of neck, 5cm below the left angle of mandible.
2. A curvilinear incised wound with tailing towards right, measuring 8 cm x 0.2 cm x skin deep was present on the front aspect of the neck, 3 cm above the supra-sternal notch extending from right end of injury no. 1 to 5 cm below the right angle of mandible.
3. A curved incised wound, obliquely placed measuring 6 cm x 0.7 cm x subcutaneous tissue deep was present on the left side of neck, 0.3 cm above injury no. 2 (fat tissue was protruding out).
4. An incised wound, obliquely placed measuring 1.5 cm x 0.1 cm x skin deep was present on the left side of neck, extending from the left end of injury no.3.
5. An incised wound, obliquely placed measuring 3.5 cm x 0.1 cm x skin deep was present on the left side of neck, extending from the left end of injury no.3.
6. A incised penetrating wound with tailing towards right, measuring 2.5 cm x 1 cm x larynx deep was present on the front aspect of neck, 0.2 cm above the injury no.3 and 4.1 cm above supra-sternal notch. (further described under neck injuries on page no.3)
7. A curved incised wound, obliquely placed measuring 4.5 cm x 0.1 cm x skin deep was present on the front aspect of the neck, 0.4 cm above injury no.6 and 4.5 cm above suprasternal notch.
8. A curved incised wound, obliquely placed measuring 2 cm x 0.1 cm x skin deep was present on the front aspect of the neck, 0.2 cm above injury no.7, extending from the right end of the injury no.7 to mid-point of injury no.7.



Fig. 1. The deceased in supine position with right knee flexed.



Fig. 2. Autopsy findings: Picture showing the multiple incised wounds present on the front aspect of neck.



Fig. 3. Autopsy findings: picture showing the stab wound present on the right side of cricoid cartilage and trachea.

9. A curved incised wound, obliquely placed measuring 2.5 cm x 0.1 cm x skin deep was present on the left side of the neck, 0.2 cm above injury no.7, extending from midpoint of injury no.7 to left end of injury no.7.
10. A reddish linear abrasion, obliquely placed measuring 1.5 cm x 0.1 cm was present on the right side of the neck, 3.5 cm above injury no.2.
11. A reddish linear abrasion, obliquely placed measuring 1.5 cm x 0.1 cm

was present on the front aspect of left side of the neck, 1.2 cm above injury no.5.

Injury no.6 was the fatal injury and injury no. 1 to 9 are tailing towards right side.

The aforementioned injuries were fresh and ante-mortem in nature.

On internal examination of neck the injuries were as follows:

The stab wound directed downwards and inwards, measuring 0.9 cm x 0.2 cm was present on the right side of cricoid cartilage externally and internally the wound measuring 1 cm x 0.2 cm and was present just above the first tracheal ring on right side (corresponding to external injury number 6) (figure 3)

Death was opined as aspiration of blood into trachea as a result of incised penetrating injury to the right side of cricoid cartilage. Based on the pattern of injuries it was concluded that injuries were self-inflicted in nature.

3. Discussion:

Self-inflicted sharp force injuries of the neck are an uncommon but well recognized method in suicidal fatalities. The distinction between homicidal, suicidal and accidental injuries is not an easy task for forensic surgeons who need to evaluate neck injuries case by case. Although the classical criteria, much emphasis on the autopsy findings. Even the damage on clothes, scene investigation and psychological autopsy plays an important role in differentiating suicide from homicide.

In this case, during crime scene investigation, there was absence of suicide notes, weapon of offence, house breaking marks, bloodstain tracts, disturbance of the scene and no history of suicide attempt by her in the past as revealed by her husband. The facts which was favoring towards homicidal cut throat injury were absence of suicide notes, absence of weapon of offence and single external door which was locked from outside.

Psychological autopsy is one of the most valuable tools of research on completed suicide. The principal of psychological autopsy is based on the meticulous collection

of data that is likely to help reconstitute the psycho-social environment of the individual who have committed suicide and link it with the circumstances of death. This method is particularly useful to help the manner of death were ill-defined. The psychological autopsy in this case revealed that the victim was suffering from depression with paranoid feelings from past three years for which she was visiting the psychiatrist once in six month in her native place and there was marital conflict which was not revealed earlier by her husband. In self-inflicted/cut-throat injuries the presence of weapon used for the offence, suicidal notes or the past history of suicidal attempts are usually noted. This case was unique because there was absence of weapon, absence of suicide note and the single external entry/exit door which was locked from outside.

4. Conclusion:

Crime scene investigation and psychological autopsy plays a vital role in differentiating suicide from homicide in all cases of

equivocal deaths. It is necessary to obtain enough information from the crime scene and psychological autopsy for the better interpretation of unusual autopsy findings. We emphasize that homicide might be initially suspected in case of self-inflicted/cut throat sharp force injuries nevertheless the presence of characteristic features assists in correctly establishing the manner of death.

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