

A Rare Case of Homicide by Dual Method-Strangulation with Cut Throat: A Case Report

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ABSTRACT

Background: Homicide is killing of a human being by another human being. Various methods like strangulation, cut throat, stabbing etc may be used for homicide; however combination of two mechanisms is rare.

Case Report: hereby we present a rare case with unexpected appearance of two different mechanisms of homicide applied over same region, wherein body of a female was referred to us with history of cut throat. Body of the deceased was found near her house with cut throat injuries over front of neck, on examination cut throat injuries were present over neck along with ligature mark intermingling with them.

Conclusion: The present case represents an unexpected rare association of two methods of homicide, as in this case of strangulation followed by cut throat. Correct Interpretation of cause of death with its manner in such case is very important, which needs meticulous post-mortem examination along with proper correlation with other information.

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► *Implication for health policy/practice/research/medical education:* Homicide by Dual Method-Strangulation with Cut Throat

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1. Introduction:

Homicide means (Latin: *homicidium*, Latin: *homo* human being + Latin: *caedere* to cut, kill), the act of a human to killing another human, not always a punishable act under the criminal law (1). Homicide means killing of a human being by another. The reason for

homicide can be revenge, love failure, one sided love, property disputes, jealousy, infidelity, enmity etc. Thus, there are many ways available to commit homicide (2).

Determination of manner of death, whether suicidal, accidental or homicidal, is one of the most difficult tasks for a Forensic pathologist/autopsy surgeon or a Medical Examiner. In Indian legal system, the direction of any criminal investigation is decided by the police. But, due to experience and training, a Forensic Pathologist/autopsy surgeon plays a crucial role in assisting the investigating agency to take a particular path, while investigating a case of suspicious

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death; and help them to arrive at a certain conclusion regarding the manner of death (3). Also, in the early stages of death investigation his opinion may be crucial in initiating or aborting a homicide investigation-a decision which may have serious consequences; if wrong (4).

Homicides can be done with the help of sharp edged cutting weapons like knives etc which can cause Stab wounds, Slash and Chop injuries, Cut throat wounds etc. Patients with cut throat injury may present with airway compromise, aspiration, and acute blood loss with hypoxemia because of injury to airway and major vessels (5). Cut-throat injury caused by sharp- edged object is usually homicidal and very rarely suicidal (6).

Sometimes injuries around ligature mark may mislead the forensic pathologist/autopsy surgeon in drawing conclusions regarding nature of death, which can be produced by the victim himself during hanging or by an assailant during strangulation, which is explained by the others (7). Proper history, meticulous crime scene investigation and carefully performed autopsy are vital in ascertaining the manner of death in such cases (3).

In this case, cut throat injury was found in association with ligature mark over the neck, which was also confusing the nature of death. Therefore, explanation regarding the manner of death of the victim to a non medical person (Police) and solving controversies was a tedious and exhausting job which was countenance by autopsy surgeon in the present case.

2. Case Report:

Case history: Body of 15 year unmarried Hindu female was found about 100 meters away from her house in cotton farm with cut injuries over her neck. Chaos of thief's was present in the village on day of assault. Body was taken to nearby rural hospital where inquest was prepared by investigating officer without any mention of ligature mark over neck and submitted to medical officer on duty, where after seeing the body, Medical Officer removed the clothes except underwear and referred the body to our



Fig. 1. Injuries over neck & submandibular region.



Fig. 2. Injury over right forearm.



Fig. 3. Injury over right palm region.

department for post-mortem examination with reason C.M.O. not being competent enough for doing such sensitive post-mortem examination.

Clothes and articles: Mehandi coloured (Dark greenish) underwear having yellow green violet colour design print. Two old tears present over inferior aspect of underwear along the junction of lower stitch of length 8cm and 2cm. One red coloured hair band in hairs, in situ. One black coloured cotton thread present around left ankle.

On autopsy: Deceased was a well-built 15 year female having dentition 14/14 and Weight 61 kgs. Rigor mortis was well marked in the whole body and fixed post-

mortem lividity was faint, present over back of trunk, posterior aspect of upper and lower limbs except pressure areas, fixed. Dried blood stains were present over face, neck, upper part of chest, upper part of both arms and left forearm. Face was congested with petechial haemorrhage all over face. Eyes were closed with sub-conjunctival haemorrhages in both eyes. Lips were cyanosed. Mouth was closed and tongue was inside mouth. There was Blackish discolouration of the exposed part of trachea and neck muscles. External genitals were intact.

1) One continuous round of grooved ligature mark (pressure abrasion) of length 26 cm and maximum breadth 1.2 cm was present around neck at and below the level of thyroid cartilage, horizontally placed, more prominent on front and right side of neck, faint on left side and absent on nape of neck. Total neck circumference was 38 cm. On neck dissection, the tissues beneath the ligature were pale. The tissues above and below the ligature were congested. The underlying muscles showed haemorrhages at places.

2) Cut throat injury of size 14 cm x 06 cm x oesophagus deep, horizontally placed, present over front of neck extending towards both antero-lateral aspects of neck, just below injury no. 1). The lower border of ligature mark was intermingling with the upper edge of the injury. All underlying muscles, blood vessels, and larynx were clean cut at the level of upper border of thyroid cartilage. Tissues showed blood infiltration. Margins were clean cut, reddish and blood stained. Two rags of skin were present on right end of wound.

3) Cut throat injury of size 12 cm x 04cm x muscle deep was present on front and left side of neck extending from right to left submandibular gland region, obliquely placed with formation of one skin flap at left end and towards lower border of wound and another skin flap on lower border of right side, situated 04 cm below chin, 1.5 cm above injury no. 2). Underlying muscles and left submandibular salivary gland exposed. Margins were clean cut, reddish and blood stained.

4) Linear abrasion of size 03 cm x 0.1 cm was present over left submandibular region, obliquely

Placed, situated 0.5 cm above upper border of injury no. 3, reddish.

1) Linear abrasion of size 4.5 cm x 0.2 cm was present over antero-medial aspect of upper 1/3rd

Of right forearm, situated 8.5cm below elbow, obliquely placed, reddish in colour.

2) Contusion of size 5 cm x 3 cm present over thenar area of right palm, bluish.

On internal examination: There were no injuries under scalp, skull vault and base was intact. Meninges and brain was intact, congested. On cut section numerous petechial haemorrhages were present in white matter of brain. Buccal cavity was intact, no foreign body inside, mucosa pale. Stomach was intact and contained 150 cc of cream coloured semi-digested food material (Cereal and rice particles) having no peculiar smell, mucosa was pale. All organs were intact and pale. Uterus was intact, non-gravid.

On neck dissection: A horizontal dry, parchmentised, whitish band present beneath subcutaneous tissue underlying the ligature mark. Hyoid bone was intact. Thyroid cartilage cut along upper border of both laminae, corresponding to injury no. 2 mentioned above. Other laryngeal cartilages were intact. Major neck blood vessels transected corresponding to injury no. 2.

3. Discussion:

Cases of hanging and strangulation are commonly encountered in daily practice of forensic medicine. Hanging is a common method of committing suicide while strangulation usually considered as homicidal until unless proved otherwise (7). Homicidal wounds are usually more than 1 in number, all are quite deep, may be located anywhere on the body including self-unapproachable parts. Cut throat wound is usually homicidal and very rarely it is self-inflicted or accidental. In India, one of the most frequent ways of committing homicide is by inflicting injury as with a sharp cutting or stabbing weapon (2).

But sometimes the finding on autopsy is intermingled with each other or not so clear to opine regarding the exact nature of death as we have noticed in present case, where two deep incised wound were present over neck intermingling with lower margin of ligature mark present over the neck. Though ligature mark was unnoticed by the investigating officer due to blood stains present over neck it was very clear on meticulous examination of neck after cleaning blood stains. Other corroborative findings in form of abrasion and contusion present over hand suggestive of struggling were in favour of homicide.

At first sight such cases can mislead to investigating agencies as well as autopsy surgeon regarding nature of death and many times manner of death may be determined wrongly. Chances of error increases further when such cases are handled by medical officers, who may not have such knowledge, experience and expertise of medico-legal autopsy. When any injury is present over the neck region in association with ligature mark, it becomes necessary to differentiate their manner of production to reach right conclusion. The interpretation of autopsy findings in such confusing cases is a difficult task for autopsy surgeon.

4. Conclusion:

The present case represents an unexpected rare association of application of dual method for homicide. It was confusing for doctors for a long time that out of three major injuries, which injury took place first. After meticulous examination, all considerations and lot of discussions; the cause of death was opined as Ligature strangulation with cut throat injury, where

ligature strangulation was the first injury followed by cut throat injury; manner of death was homicidal. Time since death was approximately between 12 hours to 24 hours before commencement of autopsy and within four hours of last meal taken. In reply to queries and considering circumstantial evidence by investigating authority possibility of two or more assailants was given. Therefore, this case is unique because though homicide is committed by different methods over different parts, but application of dual method over the same region is a very rare phenomenon, which was encountered in this case.

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