## **Case Report**

## Homicide Disguised By Suicide: A Rare Case Report

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### Abstract

Violent asphyxial deaths are of common occurrence and constitute large group in medico-legal autopsies. Death due to constriction of neck may broadly result due to hanging, strangulation with ligature material or manual strangulation i.e. throttling. Sometimes due to external post-mortem appearance of the ligature marks on neck, it becomes difficult for the autopsy surgeon to clearly state whether the constriction of neck is homicidal or suicidal in nature. So in these cases, the expertise & high index of suspicion by "an expert forensic surgeon" is warranted to unmask the murder in disguise. Here we are presenting a case of man who supposed to hanged himself with the help of a nylon rope as per statement given by his wife and fabricating a scene of incidence as hanging and also the preliminary investigation by police as narrated before autopsy both were same. But a meticulous autopsy revealed that, cause of death is throttling and ultimately police registered a criminal case of murder against the alleged accused i.e. on his wife.

**Key Words**: Homicide, Asphyxia, Throttling, Autopsy, Ligature mark

### Introduction:

Asphyxia is one of the common modes of death encountered in medico-legal practice. Asphyxial deaths by hanging and drowning are most common with varying percentage of other causes such as ligature strangulation, throttling, smothering, suffocation and traumatic asphyxia etc. Neck being a favored site of injury and a complex anatomical site, it requires enormous skills and expertise on the part of Forensic surgeon to arrive at correct diagnosis.

The hanging and drowning are commonly seen in suicidal cases while strangulation is usually homicidal.

It is highly essential to diagnose and differentiate between different asphyxial deaths, especially between hanging and strangulation by ligature and throttling.

The careful post-mortem can also help the investigator to arrive at the conclusion of manner of death.

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### Case History:

On 05/10/2013 a dead body was referred by police to mortuary of the Forensic Medicine Department of Govt. Medical College and Hospital, Aurangabad for autopsy.

As per statement given by his own wife to police and creating a scene of incidence like that the deceased hanged himself(suicidal hanging) with the help of a nylon rope in his own house and also the preliminary investigation by police as narrated before autopsy both were same. The alleged nylon rope used by deceased was taken from the cradle of his kid.

# **Autopsy Findings:**

### **External Examination:**

Male of 25 years, moderately built. Rigor Mortis well marked over whole body. Postmortem lividity fixed. No any signs of decomposition. The face was puffy and cyanosed. Both eyes were prominent and open with sub-conjunctival hemorrhages present.

Tongue within oral cavity without visible injury with no oozing from mouth, nostrils and ears. Cyanosis was present in finger nail beds of upper hands, ear lobules and lips.

Surface injuries on body were present as follows.

- 1) Multiple cresentric shaped abrasions (6 in number) of size varies from 0.3x0.2 cm over anterior part of neck and dark reddish in color at the level of thyroid cartilage. (Fig. 1)
- 2) A circular contusion of size 3x3 cm was present sub-mandibular region of left side of neck, dark reddish in color and 1.5 cm from

midline

3) A contusion of size 4.5cm x 2.5cm was present over medial aspect of right leg, 5.5cm above ankle joint, blue in color.

#### **Internal Examination:**

An oval shaped infiltration of blood in sub-cutaneous tissue of size 3x2 cm seen underneath the external contusion on neck, dark reddish in color. (Fig. 2)There was infiltration of blood within neck muscles & in the thyro-hyoid membrane of right side. (Fig. 3) Inward compression fracture of left superior cornu of hyoid bone with evidence of blood infiltration in edges was seen.

Petechial hemorrhages were present in the white matter of brain with congestion. No injuries seen over tongue, buccal mucosa and teeth. No imprint abrasion or any other injury suggestive of use of nylon rope.

Esophagus Mucosa congested. Larynx congested. Petechial hemorrhages found over laryngeal mucosa. Rest all organs congested. Dark fluid blood was present.

Stomach contains 60gms of semidigested dal and rice with abnormal smell perceived and mucosa congested.

Blood preserved for chemical analysis and which contains 117 milligram of ethyl alcohol per 100 milliliters.

**Opinion about cause of death:** "Asphyxia due to throttling with evidence of alcohol consumption".

### **Discussion:**

Asphyxial deaths, particularly due to compression over neck have always been a challenging scenario in Forensic practice.

Strangulation is defined as asphyxia by closure of the blood vessels and / or air passages of the neck as a result of external pressure on the neck. [1] It is subdivide into three main categories: hanging, ligature strangulation and manual strangulation.

The distinction between these three entities is attributed to the cause of the external pressure on the neck- either a constricting band tightened by the gravitational weight of the body or part of the body (hanging); a constricting band tightened by a force other than the body weight (ligature strangulation); or an external pressure by hands, forearms or other limbs (manual strangulation) which all practical purposes is always homicidal.

Hanging in its face goes in favor of suicidal in nature. In throttling, the upper part of the neck is mostly affected and the pressure is exerted there against the mandible.

The neck may be compressed from the front, back or from any side and one or both hands may be used. [2]

The situation and extent of bruised area over neck will depend upon relative positions of victim and assailant, manner of grasping neck and degree of pressure applied upon throat.

This linear or crecentric marks produced by the fingernails are occasionally present, if the finger tips are pressed deeply in to the soft tissue of neck.[3] On internal examination of neck,hemorrhages in sub cutaneous tissues and muscles underlying the nail marks are less as compared to that below skin contusion produced by finger pad.

According to Sirohiwal BL in one study [4] differentiating in between hanging and strangulation is an age old problem. Much depends on observations made by the investigating officer. An exhaustive examination of the scene of crime, ligature material, placement of ligature mark over the neck and other associated findings go a long way in deciding the issue. With a careful study of the ligature material, ligature mark, and their comparative study made it possible to conclude positively that it was a case of strangulation fabricated as a hanging in this study.

In this case, mis-leading history given by the deceased's wife and inconclusive preliminary investigation by police along with minimal injuries visible over neck, a homicide can be easily disguised over post-mortem suicidal hanging before post-mortem examination.

But findings, in this autopsy included cresentric abrasions, contusion over neck and hemorrhages in sub cutaneous tissues and muscles which strongly suggesting manual strangulation with subsequent immediate hanging of the dead body to create a scene of hanging.

As in post-mortem hanging, often a victim is killed by some other means and then hanged to simulate a suicidal death but there will be evidence of dragging of the body on the ground and friction at the point of suspension of the ligature material, as the ligature is first tied around the neck of the dead body and then the body is hanged but the actual cause of death and other circumstantial evidence will make the fact (post-mortem hanging) clear. [5]

This method is employed when the victim is an infant, a child or woman. Healthy adults can be throttled only when they are under the influence of drugs or other intoxicants, are stunned or the attack is sudden. [6] Also in this case, the wife later on admitted to the police

that, she killed her husband due to domestic violence on her by alcoholic addict husband.

In the cases of death due to violent asphyxia, sometimes there are fabricated or supposed allegations by the relatives of the deceased or, the investigating agencies register criminal case under pressure or on mere statement without prior investigation or, due to atypical nature and appearance of the ligature marks on the dead body, the autopsy surgeon is not in a state to clearly give opinion on postmortem examination.

Under such situations, the autopsy surgeons need not act in haste and must give ample time to the investigating agencies for complete and thorough investigation of the case and then only a final opinion should be given about the nature, mode and cause of death.

#### References:

- Sauvageau A., Boghossian E. Classification of asphyxia; The need for standardization; J. Forensic Sci.; 2010; 55; 1259-67.
- Bhullar D, Aggarwal K, Aggarwal A, Goyal A, Sangwan G. Death due to constriction of neck- A case report, Journal of Punjab Academy of Forensic Medicine and Toxicology; 2013;13(2),93-96.
- Modi's, Medical Jurisprudence and Toxicology, Twenty-third Edition 2005;p 578.
- Sirohiwal B. L., Paliwal P. K., Bharat Bhushan Yadav D.R. A Case Of strangulation fabricated as hanging. Anil aggarwal's internet journal of forensic medicine and toxicology,2001,Vol 2 No.2(July –December 2001)
- 5. **Nandy A.** Principles of Forensic Medicine, Edition 2005; p 319-327.
- Dixit P.C. Textbook of Forensic Medicine and Toxicology, Edition 2007 p. 294, 300

Fig. 1: Cresentric Abrasions and Contusion over Neck



Fig. 2: Infiltration of Blood under Contusion



Fig. 3: Infiltration of Blood in Soft Tissues of Neck

