

Case Report

Fatal Cut-Throat Injury Labeled as Suicide after Meticulous Autopsy: Case Report

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Abstract

Dead body of a male aged about 25 years was brought for post mortem examination in the mortuary of Medico-legal Institute and Gandhi Medical College, Bhopal, with the history of injury over the neck. On autopsy, a cut - throat injury was seen. Cut - throat wound is usually homicidal and very rarely it is self inflicted or accidental. Pattern of cut-throat injury, its direction and associated injuries were reconstructed during the autopsy examination. Detailed history regarding the circumstances of the case was obtained from the police and the relatives of the deceased. The Forensic Pathologists did meticulous crime scene examination. Past medical records of the deceased were probed thoroughly, which revealed that deceased was suffering from Schizophrenia. The entire exercise helped the investigating agency to arrive at a conclusion regarding the manner of death. The detailed circumstantial evidences of this case along with post mortem findings have been discussed in this case report.

Key Words: Suicidal cut - throat injury, Suicidal incised wound, Self inflicted wound

Introduction:

Determination of manner of death, whether suicidal, accidental or homicidal, is one of the most difficult tasks for a Forensic pathologist or a Medical Examiner.

Unlike medical examiner system, in Indian legal system the direction of any criminal investigation is decided by the police. But, due to his experience and training a Forensic Pathologist plays a crucial role in assisting the investigating agency to take a particular path, while investigating a case of suspicious death; and help them to arrive at a certain conclusion regarding the manner of death.

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. [1] Cut-throat injury caused by sharp- edged object is usually homicidal and very rarely suicidal. [2] Proper history, meticulous crime scene investigation and carefully performed autopsy are vital in ascertaining the manner of death in such cases.

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This paper describes a rare case of fatal cut-throat injury which was labeled as suicide after meticulous autopsy.

Case History:

Dead body of a young male aged about 25 years was found lying in the pool of blood on the floor of his room. His father saw the dead body and called the police. Dead body was lying in supine position. Clothes were completely soaked with blood. A deep cut - throat wound was present. Initial impression was suggestive of homicide.

On interrogation father told the police that he was watching television in the nearby room at that time. He also told police that his son was suffering from schizophrenia and was on medication for the last 5 years. He was a school drop-out and used to assist his father in his abattoir.

Crime Scene Examination:

House was situated in a slum area, having 2 rooms of size 15x10 feet each. The room in which dead body was found had 2 doors. Body was lying supine on the floor. There was pooling of blood just below and along the sides of the body. There was spurting of blood on the floor at a distance of 1 to 2 feet away from the site where the body was lying.

A knife having iron blade and handle of length 20 cm was found at a distance of 35 cm from the right hand of the deceased. All the things were properly arranged in the room and there were no signs of struggle. Moreover, there

were no grossly visible foot prints or any trail of blood, ruling out the entry of any outsider into the room. [Fig. 1]

Autopsy Findings:

All clothes were intact, having no cuts or tears. Clothes were soaked with blood particularly on the front aspect. Both hands were partially clinched. There were no defense injuries on the hands or forearms, which are very common in cases of assault caused by sharp edged object. Rigor Mortis was present all over the body and hypostasis was over back. Old scars, 4 in number, varying in size from 3x1cm to 2x0.5 cm were present horizontally over the left side of chest.

A cut - throat injury in the form of deep gaping incised wound was present over front aspect of neck, cutting through the skin, superficial fascia, platysma, sternocleidomastoid muscle on left side, left jugular vein, left common carotid artery and anterior and lateral wall of trachea. Length of the wound was 10.5 cm and maximum width of the wound was 5 cm in the center, depth of wound was 4 cm near the left angle and 1 cm near the right angle. (Fig. 2)

On careful examination of cut throat injury, three very superficial incised wounds of size varying from 0.8x0.2cm to 0.5x0.2cm were found near the left angle of the main wound, suggestive of hesitation cut marks. (Fig. 3)

The hesitation cuts were so superficial that they could be identified with the help of a magnifying glass only. No other external injuries were present over the body. Internal examination revealed that all organs were pale. Stomach was empty.

After overall considerations, cause of death was opined as **“shock and hemorrhage as a result of self-inflicted cut throat injury caused by hard and sharp edged object.”**

Discussion:

As per the data provided by the national crime records bureau, the so called “Soft method of committing suicide” such as hanging (37%) and poisoning (29.5%) are most commonly adopted means of committing suicide in India. “Hard methods” like self-cutting, self-stabbing, are very rare, being employed in only 0.4% of suicides and having a male predominance. [3, 4]

There are certain characteristic specifically associated with self-inflicted sharp force injury. These injuries are commonly seen on accessible parts of the body such as wrist, elbow and rarely over the neck and are usually superficial. For a right handed person self-inflicted injury is seen over the left side of the

body, directed from left to right, with greater depth on the left and tailing off to the right. [5, 6]

In the present case, injury was present over the neck and also it was very deep extending up to posterior wall of trachea, which makes this case very unique. Biagio Solarino et al, have reported 3 such cases in Italy and Germany, but in none of the cases, depth of the wound was as deep as seen in the present case. [7]

Another important characteristic of Self-inflicted sharp force injuries is the presence of hesitation cuts. “Hesitation cuts” also known as “Tentative cuts” are multiple superficial cuts present around the commencement of the main wound. These cuts indicate the divided state of the mind of the person, as it is normal human instinct to preserve life. [5, 6]

Hesitation cuts have been described in 60-80% of such cases. [8] On the contrary, Shetty BS et al have reported a case of ‘Atypical Suicidal cut throat injury’, in which no hesitation marks were found. [9]

In the present case hesitation cuts were seen, which were so superficial that they could have been very easily missed by an inexperienced person. Also, there was no defense injury, a fact which strongly supports the hypothesis of self-infliction. [2]

A 2005 report from the National Association of State Mental Health Program Directors found a mortality gap of 25 years between schizophrenia patients and the general population; and concluded that 40% of the excess mortality was related to suicide and other unnatural causes. Self-mutilation is a common finding in schizophrenics. [10, 11]

In the present case deceased was known schizophrenic with evidence of previous self-inflicted injury over chest.

In conclusion, we emphasize that homicide might be initially suspected in cases of self-inflicted cut-throat injury; because for a lay person it is very hard to understand that somebody could slit his throat to commit suicide. But proper history, crime scene investigation and meticulous autopsy assist in correctly establishing the manner of death in such cases.

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Fig. 1: Dead body lying in the Pool of blood along with Spurting of Blood



Fig. 2: A Deep Cut-Throat Wound



Fig.3: Hesitation Cuts near the Commencement of Cut-Throat Wound

