

Case Report

A Case of Suicide or Accidental Death Due To Self Stabbing

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Abstract

A twenty-nine year old healthy male, software engineer by profession, had been married for the past three years. He had a strained relationship with his wife. On the fateful day he had an altercation with his wife in the evening on some issue. Subsequently, he came to the drawing room and started having liquor, while his wife was in the bedroom watching TV. After consuming few pegs of liquor he went to the kitchen and stabbed himself on his left thigh and came back to the drawing room and started having liquor again. After sometime his wife saw him lying unconscious in the drawing room. He was immediately taken to a nearby hospital, where he was declared dead on arrival. Cause of death was hemorrhagic shock due to femoral vessel injury.

Key Words: Stab injury, Haemorrhagic shock, Suicide, Femoral vessels

Introduction:

Self-injury by stabbing is uncommon in day to day experience, although it is well documented from ancient times. [1, 2]

Case Report:

A twenty-nine year old healthy male of average build and nourishment, a software engineer by profession, belonging to an upper middle socio-economic class, had a strained relationship with his wife. On the fateful day, Sunday a holiday, he had a verbal altercation with his wife in the evening.

After the altercation he came to the drawing room and started drinking hard liquor, while his wife stayed inside the bedroom in front of TV. After consuming some liquor, he went inside the kitchen. He took a long kitchen knife and stabbed himself on the left thigh, and came back to the drawing room and started having liquor again. His wife came to the drawing room after sometime and found her husband lying unconscious in a pool of blood with blood oozing from his left thigh. He was immediately rushed to a nearby hospital, but was declared brought dead on arrival.

Autopsy Findings:

The body was that of a twenty-nine year old male, with rigor mortis present all over the body.

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Faint post mortem lividity was seen on the back and dependent parts of the body except pressure points. No signs of decomposition were present.

Dried blood stains were present on the lower limbs. A stab wound of size 5 cm x 1.5 cm muscle deep was present on left thigh medial aspect, 21 cm below mid inguinal point. (Fig. 1)

Margins of the wound were clean cut. On dissection it was found that after piercing the skin, fat and muscles, the knife ended up penetrating the femoral vessels.

There were no other injuries on the body. All internal organs were pale. Stomach had about 150 gms of partially digested food material. Smell of alcohol was present. Mucosa of the stomach was healthy.

Discussion:

In most of the studies and case reviews on sharp force suicidal fatalities, stabbing of the chest is the commonest. [3, 4] However, in a study by Assuncao LA et al [5] neck was the anatomical region more often fatally wounded, and kitchen knife was the most commonly used object. Bizarre injury patterns in sharp force injuries are encountered in people suffering from depressive illness, schizophrenia and under the influence of drug and alcohol.

Ueno et al [6] in 1999 had reported a case of suicidal stabbing with a falling weighted dagger. Other unusual cases of suicidal stabbing include stabbing with a wood chisel [7], an iron chisel [8] and self-impalement on a piece of wood. [9]

Lingamfelter DC et al [10] had reported a rare case of suicide, where a man under the influence of cocaine and methamphetamine

used a car antenna to cause self-inflicted, intraoral penetrating trauma to the cervical spine and right vertebral artery. Edirisinghe and Busuttill [11] had reported a case of a 50-year-old male who died from exsanguination due to self-inflicted stabbing injuries to the groin and cut injuries to the neck. He was a medical doctor suffering from depression following treatment for cancer. Post-mortem examination revealed that stab injuries in the groin were directly over the femoral arteries where the femoral pulse is clinically palpated. The injury pattern of this suicidal stabbing is uncommon and the medical knowledge of this person may have well contributed to the choice of the site.

The case presented here differs from the common suicidal injuries by the absence of hesitation injuries and the uncommon and unusual location of the main injury. The main injury inflicted was to the upper part of thigh, which is a very uncommon site to choose, even for a layman, for ending one's life.

Though the deceased was a software engineer, it is unlikely that he was aware of the fact that the injury inflicted by him would lead to his death. He was probably suffering from depression due to regular altercation with his wife on petty issues.

It might be possible that the deceased may not have intended to commit suicide and the injury was inflicted in a sudden fit of anger or depression, the deceased being under the influence of alcohol could not judge the gravity of injury and later he would have become unconscious due to extensive hemorrhage from femoral vessels.

Conclusion:

Suicide by self-stabbing is not a common phenomenon. Very few literatures are available on this. Successful suicide by self-stabbing on unusual sites is extremely rare. The case presented here is unique as the deceased,

without medical knowledge had chosen an unusual site to harm him.

References:

1. Chadly A, Marc B, Paraire F, Durigon M. suicidal stab wounds of the throat. *Med Sci Law*. 1991; 31:355-6.
2. Start RD, Millroy CM, Green MA. Suicide by self-stabbing. *Forensic Sci inter*. 1992; 56:89-94.
3. Karlsson T. Homicidal and Suicidal sharp force fatalities in Stockholm, Sweden. *Forensic Sci. Inter* 1998; 93:21-32.
4. Oshima T, Kondo T. eight cases of suicide by self-cutting or stabbing: consideration from medico legal viewpoints of differentiations between suicide and homicide. *J Clin Forensic Med*. 1997; 4:127-32.
5. Assuncao LA, Santos A, Magalhaes T. Suicide by sharp force injuries- a study in Oporto. *Leg Med (Tokyo)*. 2009; 11:16-9.
6. Ueno Y, Asano M, Nushida H, Adachi J, Tatsuno Y. an unusual case of suicide by stabbing with a falling weighed dagger. *Forensic Sci Int*. 101: 229-36.
7. Karlsson T, Ormstad K, Rajs J. Patterns in sharp force fatalities- a comprehensive forensic medical study: Part 2. Suicidal sharp force injury in the Stockholm area 1972-84. *J Forensic Sci.*; 3(2); 448-61.
8. Rautji R, Rudra A, Behera C, Kulshrestha P, Dogra TD. An unusual suicide by stabbing; a case report. *Med Sci Law*. 43(2); 179-81
9. Reuhl J, Schuster R, Weiler G. Self-impalement after thoracic stab wound. An unusual method of suicide in psychotic symptomatology. *Arch Kriminol*;205(5-6): 152-61
10. Lingamfelter DC, Doddleston E, Quinton RA. An Unusual suicidal death by automobile antenna: a case report. *Diagn Pathol*. 2009; 24 (4) 40.
11. Edirisinghe PA, Busuttill A. Medical suicide -- groin stabbing. *J Clin. Forensic Med*. 2006 Feb; 13(2):92-5.

Fig. 1: Stab Injury over Thigh

