

AUTOEROTIC ASPHYXIAL HANGING- A CASE REPORT

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ABSTRACT

Autoerotic / sexual asphyxia is the induction of a state of oxygen deficiency to enhance sexual excitement and orgasm. The solitary activity is practiced almost exclusively by males. It has been practiced since centuries and there were many reports of fatalities from it as well. These cases pose serious difficulties to the forensic medicine experts to distinguishing it as homicidal, suicidal, or accidental. Lack of proper knowledge and investigation could result in erroneous interpretation of such cases. A case report of an apparently successful young man who was without any serious psychopathology publicly but manifest **paraphilia** personally is being discussed here.

KEYWORDS : Paraphilias, hypoxia, sexual asphyxia

INTRODUCTION:

In the practice of forensic medicine, the autoerotic asphyxia is very uncommon. These cases are actually deaths from mechanical asphyxia in which the neck is constricted with the purpose of achieving sexual gratification as a result of induced hypoxia. The hypoxia leads to alteration of central sexual inhibitor areas from hippocampus and limbic system. The main cause of such types of death is a sexual compulsion of the practitioner who seeks controlled hypoxia as a means to improve their sexual experience. In order to achieve this goal they try different methods to decrease their brain oxygenation e.g. mechanical asphyxia, electrocution, chemical abuse, overdressing, plastic bags, body wrapping, inhalation of noxious chemicals like butane , nitrous oxide etc. However the mechanical asphyxia by means of ligature around neck is most commonly used method. The practitioners are aware of the dangers this method of masturbation poses and take all necessary precautions by creating **self rescue** mechanism. Sometimes those protective measures failed to perform properly making them loose their consciousness and finally die. The chances of such death is more in aged persons, alcoholics, those with comorbidities like ischemic heart disease, or due to use of drugs e.g. potency pills(sildenafil). Previous studies reveal that a large majority of victims of autoerotic deaths were Caucasians males between 2nd to 4th decade of their life.

Seidl described 5 important components of autoerotic asphyxial deaths(AAD) as 1) accidental 2) solitary activity; room locked from inside 3) an escape mechanism 4) usually related to asphyxia; produced usually by partial hanging 5)masturbation . There is always a self rescue mechanism e.g. scissor to cut noose; but there is no cross dressing or homo sexuality. Neck is usually protected by padding the ligature which prevent development of mark due to their repeated act. It is also a good evidence against suicidal attempt.

CASE REPORT:

A dead body of 34yrs. old Hindu male was brought to the mortuary of dept. Of FMT; PMCH on 11/08/2019 at 10:30 am. As per inquest this was a case of suicidal hanging on 10/08/2019 at 9pm, subjected to confirmation by postmortem examination. The newspaper of the day (11/08/2019) also mentioned this as a clear case of suicidal hanging while playing PUBG.

As per prima facie, which was the Investigating Officer(I.O.)

himself, the man was partially hanging from the ceiling fan by means of a bedsheet and dhoti. The ligature was **padding** with the help of a pink towel and the **noose** was of running type. The other end of the bedsheet running through the fan and was tied to both ankles with buttocks resting on the bed. Weight of legs were used to control the pressure of ligature on neck. Both legs were flexed at knees and thigh, the extension of which tightened the noose around the neck inducing erotic or euphoric hallucination through controlled hypoxia. In front of him was a long mirror reflecting him in full height and alongside on the bed was a mobile phone which on investigation showed history of some **pornographic** site searches. He was completely naked in a masturbating position and the rigor mortis was fully developed. The room was locked from inside, was nicely arranged and showed no signs of trespassing. The subject was a medical representative and had a normal social life without any known history of masochist tendencies. No other material of pleasure or suicide note, was recovered from the room. There were evidences of self stimulation(closed fist by cadaveric spasm). Stains of saliva and semen were reported to present over bedsheet as mark of recent orgasm.



AUTOPSY FINDINGS:

On autopsy following external findings were present:- face congested, tongue **protruded**, stains of saliva over midline lower lip and a **ligature mark** measuring 12inch× 1/2inch at the upper part of neck, directed superiorly (obliquely) from front to back and interrupted there at back. Petechial haemorrhages were present on both the eyes. Stool and semen passed.



- 3) Vij K. Textbook of Forensic Medicine & Toxicology, 5th ed. El Sevier 2018 p115-117.
- 4) Hucker SJ. hypoxiphilia sexual behaviour, 2011 p1323-1326.
- 5) Kruger RB, Kaplan MS, paraphilia diagnosis in DSM-5, 2012, p248-254.
- 6) Shields LB, Hunsaker DM, autoerotic asphyxia, AMJ Forensic Medicine, 2005, p45-52.

Internal findings: skin below the ligature mark was pale red. No subcutaneous bruising or haemorrhages were present on the neck muscles. Laryngeal cartilages or hyoid bone were also intact. Trachea and oesophagus were congested. Both lungs were inflated, congested with petechial haemorrhages at places. Cervical vertebrae were intact. Heart contains blood in right chamber, viscera in general shows mild congestion, stomach contains semi-digested food 150 ml approx. Mucosa of stomach was mildly congested. Urinary bladder was empty.

The routine viscera were send for chemical analysis which reported alcohol level in blood and urine to be 0.75mg/ml and 0.45 mg/ml respectively.

On the basis of a comprehensive evaluation of the data it was proved that the death was **accidental** and was attributed to autoerotic asphyxia

DISCUSSION:

Fatal autoerotic asphyxiation refers to death during solitary sexual activity with self induced asphyxiation meant to be brief and reversible.

Mechanism of sexual asphyxia :- Ligature around the neck compresses the carotid artery→ hypoxia→ increased CO₂ retention→ feeling of giddiness/ light headedness→ induction of erotic hallucination→ creased sympathetic arousal further heightens pleasure. However an unexpected fatality result from the failure of the release mechanism apparatus.

Cause of death in these cases are usually asphyxia due to hanging but manner of death is always accidental. Mentioning this become more important as certain govt. Policies like life insurances cannot be availed if the manner of death is suicidal.

CONCLUSION:

Autoerotic asphyxiation is a secret pleasure with lethal outcome. Man who indulge in auto erotic asphyxial practices are rarely detected by people (not even by psychiatrists) during their lifetime. They came into light only after their accidental death which in turn make this a mysterious practice. Family members in such cases are reluctant to provide enough data surrounding the circumstances due to embarrassment. Further case studies over this might lead to greater understanding of the practice and will hence facilitates treatment.

REFERENCES:

- 1) Autoerotic asphyxial hanging – a case report by Capatina et al.
- 2) Reddy KSN, the essentials of FMT, 28th ed. Hyderabad, page343-344 – asphyxial deaths