VOLUME - 15, ISSUE - 06, JUNE - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Forensic Medicine

SHARP FORCE OVERKILL HOMICIDE IN PREGNANCY: AUTOPSY EVIDENCE OF MATERNAL AND FOETAL LETHAL INJURIES

Abhishek Vimal	PG Junior Resident, Department of Forensic Medicine & Toxicology, ASMC, Firozabad
Dr. Umer Bin Abdul Aziz	Prof. & Head, Department of Forensic Medicine & Toxicology, ASMC, Firozabad
Dr Deepanshu	PG Junior Resident, Department of Forensic Medicine & Toxicology, ASMC, Firozabad
Dr. Anjesh Mittal*	Senior Resident, Department of Forensic Medicine & Toxicology, ASMC, Firozabad *Corresponding Author

ABSTRACT Sharp force homicide in a pregnant woman is among the most serious and medico-legally complex cases encountered at autopsy. Such deaths involve not one but two victims, and the forensic findings carry enormous weight in subsequent criminal proceedings. This is a case of 25-year-old married pregnant female who was brought dead following a homicidal assault with a sharp edged weapon. She had sustained thirteen sharp force injuries distributed over the head, face, right upper limb, chest, and abdomen. Notable findings included defense wounds on the right upper limb, a stab wound penetrating the heart, bowel evisceration through multiple abdominal wounds, and a penetrating stab injury to the head of the foetus at approximately 20 weeks of gestation. Death was caused by hemorrhagic shock. The injury pattern, taken as a whole, was consistent with a face-to-face assault carried out with a bladed weapon. This report documents the forensic findings systematically and discusses their medicolegal significance, with particular attention to injury pattern analysis, the interpretation of defense wounds, and the importance of foetal examination in such complex fatalities.

KEYWORDS : Defense Wounds; Cardiac Perforation; Foetal Injury; Evisceration

INTRODUCTION

Sharp force injuries are among the more commonly encountered wound types in homicidal autopsies. What makes them forensically valuable is that they carry inherent characteristics — wound margins, depth, tailing, track direction — that allow a trained examiner to reconstruct the nature of the weapon, the mechanics of the assault, and often the relative positions of the victim and the assailant at the time of attack. Incised wounds, stab wounds, and chop wounds each leave a recognizable pattern on the body, and when multiple wounds are present, their combined analysis can reveal the sequence and ferocity of the assault.

Homicidal deaths in pregnant women occupy a particularly grave position within forensic practice. The unborn child, lacking an independent existence outside the womb, may nonetheless sustain direct trauma during the assault. This raises difficult medicolegal questions regarding criminal liability for foetal death, questions that the forensic pathologist must help clarify through objective and complete documentation. In Indian forensic practice, these cases demand especially meticulous autopsy technique, not only to establish cause and manner of death, but to produce findings that can withstand close scrutiny in a court of law.

The case described here involves a 25-year-old pregnant woman who was killed by multiple sharp force injuries. The findings included craniofacial incised wounds, thoraco-abdominal stab wounds with cardiac perforation and bowel evisceration, defensive injuries on the right upper limb, and a direct stab wound to the foetal head at an estimated gestational age of 20 weeks. We document these findings systematically and discuss their significance in the context of available forensic literature.

Case Report

The deceased was a 25-year-old married woman, a resident of Firozabad, Uttar Pradesh. The body was received for medico-legal autopsy following a complaint registered at the local police station.inquest paper available at the time of autopsy indicated a homicidal assault using a sharp edged weapon. Identity was confirmed by police personnel and by relatives present at the time of examination.

External Examination

The deceased was a adult female in an advanced state of pregnancy. Postmortem hypostasis was present and fixed over the dependent aspects of the body. Rigor mortis was fully established in all four limbs. The abdomen was gravid, consistent with an intrauterine pregnancy. External examination revealed a total of thirteen sharp force injuries distributed across the head, face, right upper limb, chest, and abdomen.The head and face showed four incised wounds — over the right parietal bone, left temporal bone, right angle of mouth, and right cheek. The wound over the right cheek measured 4x2x2 cm and showed features of a forceful hot by weapon.Vital reaction was present in the surrounding tissue confirming their antemortem nature.Defense injuries were present on the right upper limb. Three lacerated wounds were noted, one over the dorsum of the right hand, one over the right forearm above the radius, and one above the right humerus. The location and morphology of these wounds fit in a pattern of defense taken by a conscious individual attempting to shield herself from an ongoing attack.

Multiple penetrating wounds were present over the thoracoabdominal region. A stab wound was located on the sternum, penetrating to the level of the heart. A 2nd stab wound below the left breast was associated with protrusion of bowel loops through the abdominal wall, constituting evisceration.

Internal Examination

The meninges showed laceration. Clotted blood present when the skull was opened beneath the bones. No fracture of the skull was identified. The pericardium was incised and cavity filled with blood. Both cardiac chambers were found empty. The right lung showed a penetrating wound. The pale appearance of both the lungs and the empty cardiac chambers indicating massive blood loss before the death.The peritoneal cavity was disorganized. Bowel loops were found protruding through the abdominal wounds consistent with the external finding of evisceration. The stomach contained pasty

food material. Intestinal loops contained semi-digested food material and gas. The liver, kidneys, and the spleen were all pale indication massive blood loss. The urinary bladder was empty.

Both the uterus and amniotic sac were ruptured by the penetrating injury which is consistent with external injury Gestational age was estimated at approximately 20 weeks based on foetal measurements. A stab wound measuring 2x1x1 cm was identified posterior to the left ear of the foetus indicating a direct penetrating injury to the fetus. This injury is consistent with deep penetration of the maternal abdominal wall and uterine cavity by the assault and carry significant medicolegal significance as direct evidence of foetal trauma.

Cause of Death

Death was due to hemorrhagic shock resulting from multiple antemortem injuries. The immediate and most critical fatal injury was the stab wound penetrating the heart.

DISCUSSION

The pattern of injuries observed in the present case, involving the head, face, thorax, abdomen, and upper limbs, reflects a sustained and violent assault. Chang et al.[1] identified homicide as an important cause of death among pregnant women and noted that penetrating injuries often involve multiple anatomical regions and are associated with high mortality. The extensive distribution of wounds in our case is in keeping with these observations and further highlights the severity of violence inflicted upon the victim.

Defence injuries over the dorsum of the right hand and forearm provided important insight into the circumstances surrounding the assault. DiMaio and DiMaio[2] described such injuries as typical manifestations of an individual's attempt to protect themselves from an attack. The location and configuration of the wounds in the present case suggest that the victim remained conscious during at least part of the incident and actively attempted to shield herself. Given the advanced pregnancy, it is also conceivable that these actions represented an instinctive effort to protect the gravid abdomen.

The penetrating cardiac injury was the principal fatal lesion identified at autopsy. Prahlow[3] has emphasized that stab wounds involving the heart are among the most lethal forms of sharp-force trauma because even a single injury can rapidly result in profound blood loss and circulatory collapse. The findings in the present case, including extensive internal hemorrhage, pallor of internal organs, and features of hemorrhagic shock, closely correspond with those reported in fatal cardiac stab wound cases.

Another notable feature was the presence of abdominal stab wounds associated with bowel evisceration. According to Spitz and Fisher[4], evisceration is generally encountered in severe homicidal assaults and reflects considerable force and depth of penetration. The extensive abdominal disruption documented in the present case supports this interpretation and indicates a clear intention to inflict life-threatening injury rather than merely cause bodily harm.

Perhaps the most remarkable finding was the direct injury to the foetus. Cliffe[5], in a review of pregnancy-associated homicide, highlighted that although maternal deaths due to violence have been widely documented, direct foetal injuries remain relatively uncommon in the literature. In the present case, the weapon traversed the maternal abdominal wall, uterus, and amniotic sac before causing a penetrating wound to the foetal head. This finding not only demonstrates the severity of the assault but also underscores the importance of thorough examination of the uterus and foetus in all violent deaths occurring during pregnancy.

The concentration of injuries over the face and abdomen is also noteworthy. Campbell et al.[6] observed that pregnant women exposed to severe interpersonal violence frequently sustain injuries directed towards the abdomen, a pattern often attributed to the assailant's awareness of the pregnancy. The abdominal targeting observed in our case is consistent with this phenomenon and may suggest intentional violence directed at both the mother and the unborn child.

Taken together, the findings in the present case are consistent with the characteristics of overkill described by Saukko and Knight[7], wherein the number, severity, and distribution of injuries exceed those required to cause death. Multiple wounds involving vital organs, associated defence injuries, and evidence of excessive force collectively support the conclusion that this was a determined and exceptionally violent homicidal assault.

CONCLUSION

This case highlights the forensic complexity that arises when a pregnant woman is the victim of a homicidal sharp force assault. The findings thirteen antemortem sharp force injuries, cardiac perforation, bilateral lung puncture, bowel evisceration, defense wounds, and a direct penetrating stab injury to the foetal head collectively establish the homicidal nature of death beyond any reasonable ambiguity. Systematic external and internal examination, including dedicated examination of the pregnant uterus and its contents, is essential in such cases. The individual findings must be correlated with the overall injury pattern before a medicolegal opinion is offered. This case serves as a reminder that thorough, methodical autopsy practice is not merely good clinical habit it is a direct contribution to the delivery of justice. The findings of the present case are consistent with existing Indian and international literature documenting sharp force homicide as a significant cause of pregnancy associated violent death systemic autopsy documentation and supported by Pan et al.(2026)[8] and the international review of Cliffe (2018) remains the foundation of medicolegal evidence in such fatalities.

Figure 1 Shows the Deceased with Multiple Injuries

Figure 2 Shows Multiple Facial Injuries

Figure 3 Shows Injuries Over the Trunk

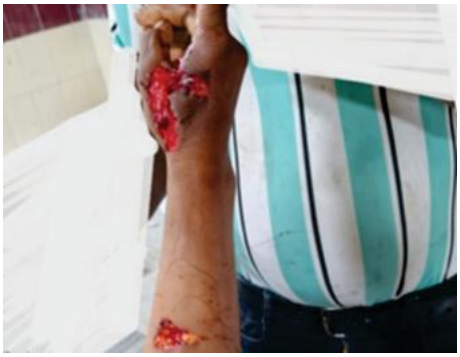

Figure 4 Shows Defensew Wounds

Figure 5 Multiple Perforated Wound Over the Trunk

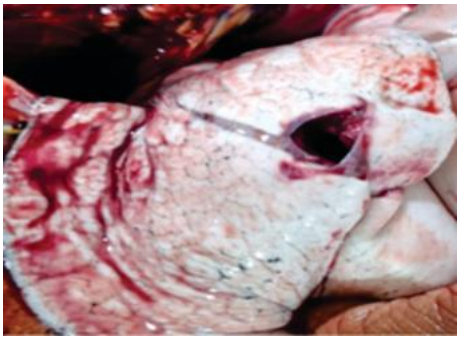

Figure 6 Shows Lung Puncture by Stab Wound

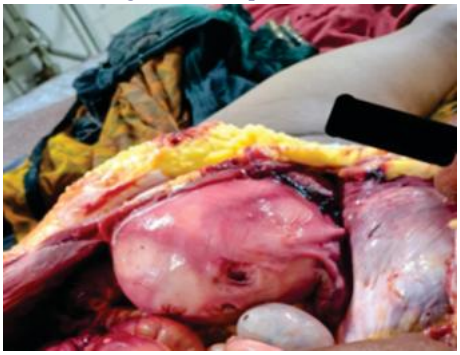

Figure 7 Shows Injury Gravid Uterus

Figure 8 Shoes Injury to Fetus Behind the Ear

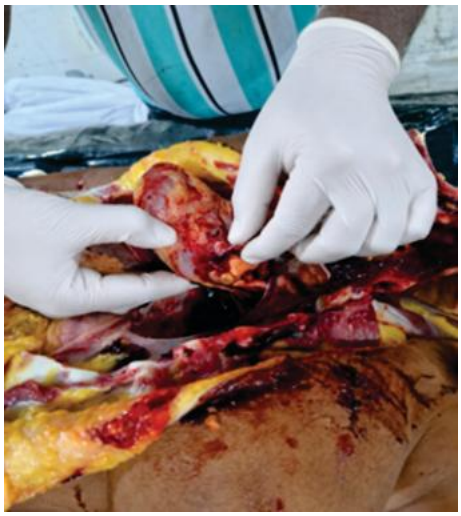

Figure 9 Shows Stab Wound Over Heart

REFERENCES

1. Chang J, Berg CJ, Saltzman LE, Herndon J. Homicide: a leading cause of injury deaths among pregnant and postpartum women in the United States, 1991–1999. Am J Public Health. 2005;95(3):471-477.
2. DiMaio VJM, DiMaio D. Forensic Pathology. 3rd ed. Boca Raton: CRC Press; 2021.
3. Prahlow JA. Forensic Pathology for Police, Death Investigators, Attorneys and Forensic Scientists. New York: Humana Press; 2010.
4. Spitz WU, Spitz DJ. Spitz and Fisher's Medicolegal Investigation of Death. 6th ed. Springfield: Charles C Thomas; 2020.
5. Cliffe C. Homicide in pregnant and postpartum women: a review of the literature. Universal Journal of Psychology. 2018;6(2):43-59.
6. Campbell JC, García-Moreno C, Sharps P. Abuse during pregnancy in industrialized and developing countries. Violence Against Women. 2004;10(7):770-789.
7. Saukko P, Knight B. Knight's Forensic Pathology. 5th ed. Boca Raton: CRC Press; 2024.5.
8. Pan AK, Prakash B, Raman S, Kohli K, Aggarwal KK. Analysis of deaths among married women: A ten-year autopsy-based retrospective study at a tertiary care centre in Ambala district of Haryana, India. Indian J Forensic Community Med. 2026;13(1):88–92.