



AN UNUSUAL CASE OF MULTIPLE SELF-INFLICTED STAB WOUNDS

Forensic Medicine

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ABSTRACT

Sharp force injuries have been and will remain a major cause of violent death and trauma. Fatalities from sharp force are mainly homicidal, as suicides by sharp force represent only 1.6–3% of all suicides and pose a challenge for the forensic investigators. In this study, we present a case of multiple stab wounds over abdomen with ambiguous alleged history. A 47 years old deceased was brought for medicolegal autopsy with multiple wounds by sharp weapon on the abdomen. As alleged by the police, the deceased first stabbed his wife and got himself injured in the scuffle. The deceased was admitted in a tertiary hospital for 12 hours before succumbing to the injuries. At autopsy, multiple horizontally placed stab and incised wounds were present on the abdomen and small intestine was perforated at multiple places. Manner of death was opined to be suicidal after examining the pattern of injuries. As a rule hesitation cuts are commonly present along with self-inflicted stab wounds. If the alleged history is obscure, their absence with suicidal wounds raises suspense regarding the manner of death. It is very rare to find multiple fatal self-inflicted wounds without hesitation cuts and interpreting such injuries is pivotal for the autopsy surgeon to guide the investigating authorities.

KEYWORDS

Self-inflicted, suicide, homicide, fatal, stab wound, hesitation cut.

Introduction

Suicide by stabbing is seldom seen, representing only 1.6-3% of all suicides.¹ However, multiple stab and incised wounds make up for only 0.5-0.75% self inflicted deaths.² It is an uncommon choice for suicide among both sexes and very dramatic appearing scene among causes of death. Often when presented with scenario, it is not immediately clear whether the death was suicidal or homicidal. To differentiate between homicide and suicide in questionable cases, several factors must be examined and considered.

Here we present a case of multiple suicidal (self- inflicted) stab wounds inflicted by a 47 year old man on abdomen with a kitchen knife after assaulting his wife with the same weapon following a dispute.

Case history

Body of a 47 years old male was referred to our institute for medicolegal autopsy with alleged history of death during scuffle with his wife. On perusal of inquest papers, it was revealed that the deceased had a quarrel with his wife and he killed her by stabbing with a knife in a fit of rage. He himself sustained multiple fatal wounds during the scuffle. Both of them were found unconscious in a pool of blood at their home (Fig. 1). His wife was declared dead on arrival at hospital and he was admitted for 12 hours in a tertiary care centre, where he was unconscious the whole time before succumbing to the injuries. The deceased underwent exploratory laparotomy with suturing of wounds in the hospital. Autopsy on the deceased's wife was carried out at a different institute. As stated by the relatives the deceased was not suffering from depression or any other psychiatric illness nor was he alcoholic.



Figure 1:- Crime scene showing deceased wife lying unconscious in pool of blood.

Autopsy examination

The deceased was looking pale, averagely built, lying in straight posture. Rigor mortis was well marked and generalised. The post-mortem lividity was present faintly over back and buttocks & was fixed.

A total of 15 sutured stab wounds (Fig. 2) were present on the abdomen (10 on right & 5 on left side). Amongst the 15 stab wounds, 13 were cavity deep and 2 were subcutaneous tissue deep. The wounds were mainly concentrated on the upper half of the abdomen (5 in hypochondriac, 7 in umbilical, 1 in epigastric and 2 in lumbar region).



Figure 2:- Multiple sutured stab wounds on abdomen.

On opening sutures, the length of wounds varied from 2.5 cm to 3.5 cm and edges of wounds were sharp (Fig. 3).



Figure 3:- stabs wounds after removing the sutures

One therapeutic wound for drainage was present on each side of the abdomen. One therapeutic exploratory laparotomy wound was present on the midline of abdomen. A sutured incised wound was present on ventral aspect of left index finger in middle 1/3rd region, of size 2cm x 0.3 cm x muscle deep (Fig. 4). Contusion was present on dorsal aspect of right & left hand of size 4 cm x 3 cm and 5.5 cm x 3 cm respectively. A contusion was present on the antero-lateral aspect of right arm in lower 1/3rd region of size 9.5 cm x 5.5 cm. All 3 contusions were red in colour.



Figure 4:- A sutured incised wound on left index finger

On internal examination, the small intestinal walls and mesentery was sutured at multiple places (Fig. 5). All other visceral organs were intact and pale. Opinion as to the cause of death was given as "Haemorrhagic shock following multiple stab wounds on the abdomen". Chemical analysis reports were negative for intoxicant.



Figure 5:- Multiple sutured perforations of small intestine

The alleged weapon, a kitchen knife, was recovered by the investigating authority from the vicinity of the deceased male at the crime scene. The knife had a steel blade, plastic handle and was without a hilt. The steel blade was smeared with blood. The total length of the knife was 26 cm with the blade measuring 16 cm. The maximum breadth of the blade was 3.5 cm at its base gradually tapering into a pointed tip; only one edge of the knife was sharp (Fig. 6). The dimensions of the knife corresponded with the wounds present on the body of the deceased.



Figure 6:-Alleged weapon found at the crime scene

Discussion

In the present case, the onus of deciding the manner of death was put on the autopsy surgeon. The factors in favour of self inflicted wounds were- presence of all stab wounds on accessible region; horizontal orientation of wounds, absence of defence wounds, presence of weapon at the scene of crime and no witness alleging the presence of a third person. Hence, it was concluded that the deceased first assaulted his wife and then committed suicide by stabbing. Presence of contusion on both hands and right arm along with incised wound on left index finger were attributed to the tussle that might have occurred while the deceased assaulted his wife.

Multiple self inflicted wounds by sharp weapons are often reported in the literature.^{3,5} In a case series by Aman B et al, 28% cases had multiple stab wounds on the abdomen.⁶ In another study of self inflicted stab wounds on abdomen the mean number of suicidal stab wounds per patients was 1.5.⁷

The localisation of wounds in upper half region of the abdomen in our case is consistent with the study by Abdullah, F et al.⁷ wherein right upper quadrant of abdomen was the most common location of stabbing. Comparing the orientation of wound axis between suicides and homicides, horizontal axis is more common in the former, as present in our study and correlated with various authors.^{2,8,9}

In the present case, a kitchen knife was used as a weapon of offence. It

is a commonly used tool by the suicides as it is handy and easily available. Reports from several authors correlate with the use of kitchen knife in self-stabbing.¹⁰⁻¹²

As a rule hesitation cuts are commonly present along with self-inflicted stab wounds. If the alleged history is obscure, their absence with suicidal wounds raises suspense regarding the manner of death. These were absent in our case and can be attributed to the abrupt nature of self harm caused, following the fatal assault on his wife.

Conclusion

In the absence of clear history, the burden of deciding the manner of death is often put on the autopsy surgeons. In the presence of multiple wounds by sharp weapons, which are most commonly seen in homicide, the task of autopsy surgeon becomes arduous when the wounds mimic suicidal pattern. Injury characteristics involving position, number, orientation, defence wounds along with the weapon of offence & crime scene must be thoroughly evaluated before arriving at a conclusion. However, though suggestive, these factors must never be considered conclusive and incorporated according to the individual case.

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