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**Selfie documentation of hanging: The first ever reported case in Sri Lanka**

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**Introduction:** Electronic data are now admissible in court of law in Sri Lanka under Evidence Special Provisions Act No 14 of 1995. Video recording or obtaining photographs is not a common finding among suicidal acts and they may perform such practices for multiple reasons. The case under discussion is the first ever reported case of a selfie documentation of his act of hanging.

**Case report:** A 19 year old male was found in complete hanging inside a closed room. The rope used to hang himself was firmly tied to a rafter and the suspension point was accessible. A mobile phone and a 'suicide' note were found at the scene. The scene was undisturbed. The post mortem examination revealed a ligature around the upper most part of the neck with a sliding knot in the back. There were no petechial haemorrhages in conjunctivae or face. The hyoid bone and the thyroid cartilage were intact. There were no evidences of incapacitation, intoxication or defense injuries. Toxicological reports were unremarkable. The mobile phone contained one bust photograph and three live photographs of the hanging incident.

**Discussion:** There were no evidences suggestive of homicidal hanging but it could be a suicidal hanging. However, there is a remote chance of being an accidental death while doing an experimental hanging in order to win the pathy of his girlfriend. This is the first ever reported Selfie documentation of a case of hanging.

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**A case report of two generations of Incontinentia pigmenti**

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**Introduction:** Incontinentia pigmenti (IP) or Bloch- Sulzberger syndrome is a rare X linked dominant genodermatosis with multiorgan involvement due to a mutation in NEMO gene. It mostly affects females as it could be lethal in males. Ectodermal in origin, this disorder gives rise to ocular, dental, skin and neurological manifestations. Landy and Donnai have introduced criteria for diagnosis of IP in 1993.

**Case Report:** We report a 2-year-old girl (index case) and her mother who fulfil the above criteria for IP. The child has had all four stages of cutaneous manifestations since birth while the mother had three. The girl also had characteristic dental and hair manifestations. She is developmentally and neurologically normal. The mother has ophthalmological, nail and hair changes of IP and suffers from seizures. Her dentition is normal. Maternal family history is insignificant. Index case is the only child and there were no miscarriages in the mother.

**Discussion:** Integrated multi-disciplinary management including genetic counseling arranged for both patients. This is the first Sri Lankan publication on IP in two generations with classic clinical features.

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**A neonatal death with two crucial issues: The identity of the child and whether there was any therapeutic mismanagement**

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**Introduction:** Every neonatal death causes much distress to parents making the ward-staff vulnerable to accusations of medical mismanagement. JMO was confronted with two main issues: the possibility of malicious exchange and whether the life would have been saved with early intervention.

**Case Report:** A 17 year old primi with a 36 week POA was admitted with dribbling on the same day. She was managed conservatively for three days. On the third day she developed a mild fever and a lower abdominal pain and went into spontaneous labour to deliver a severely asphyxiated baby girl of 2.5 kg. who died 7 hrs 30 mts after delivery. The parents were preoccupied with the gender of their unborn child preparing blue clothing anticipating a baby boy. The labour-room staff has clad the child with pink clothing for genuine reasons creating a grave suspicion in the bereaved mother of malicious exchange of her healthy boy for a sick girl. The medico-legal investigation concluded the cause of death as birth asphyxia (peripartum hypoxia) with intra-cerebral haemorrhages.

**Discussion:** Simple measures of effective communication such as showing the gender of the newborn to the mother at the time of delivery would certainly have prevented issues regarding wrongful identity. Birth asphyxia has numerous causes most of which cannot be established at a routine autopsy. Whether there was an element of chorio-amnionitis is a clinical decision beyond the purview of JMO. Serious consideration should be given to the fact whether the outcome could have been better if the baby had been delivered early through Caesarian section in the context of marginal prematurity, teenage pregnancy and possibility of uterine infection.

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### Acrometastasis as the initial presentation of Hepatocellular Carcinoma (HCC)

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**Introduction:** Acrometastasis occur infrequently, accounting for approximately 0.1% of all metastatic osseous involvement. Its presentation mimics infectious or inflammatory disease. Primary presentation of HCC as bone metastasis is rare. When present, they are mostly vertebral, rib or skull deposits. Primary manifestation of HCC as acrometastasis is extremely rare.

**Case Report:** A 59 year old alcoholic male was admitted with sudden onset profuse bleeding from an ulcer involving middle and proximal phalanx of left middle finger. This was a chronic wound following a road traffic accident. Patient underwent amputation of this finger for the clinical diagnosis of chronic osteomyelitis. Macroscopy of amputated finger showed a continuous lesion from skin to bone with evidence of bone destruction. Microscopy together with immunohistochemistry (HepPa 1 antibody) confirmed a deposit of a HCC with skin and bone infiltration. Follow up radiological investigations revealed two foci of hepatocellular carcinoma with background cirrhosis.

**Discussion:** HCC show a haematogenous spread usually via pulmonary circulation and vertebral circulation. Hence the mechanism of spread into bones other than the bones of the axial skeleton, bypassing the lung is not explained. Amputation, radiation, excision, and systemic therapy are the available treatment options. Radiotherapy is an effective and non-invasive treatment that improves patient's quality of life. When patients present with lytic lesions of the bone considering a deposit of a HCC despite the site will be helpful to complete the preoperative work up with a USS of abdomen. The presence of acrometastasis in patients with cancer helps staging the disease and usually indicates a very poor prognosis.

## PP 51

### First patient with *Scopulariopsis brevicaulis* onychomycosis in Sri Lanka

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**Introduction:** *Scopulariopsis brevicaulis* represents 1~10% of the non-dermatophyt onychomycoses.

We report the first patient with onychomycosis due to *Scopulariopsis brevicaulis* in Sri Lanka.

**Case Report:** A 35 year old patient was referred by a Dermatology Clinic to Department of Mycology at MRI with a typical distal and lateral subungual onychomycosis. He is a non-diabetic patient with no other identifiable precipitating factors. Nail scrapings were collected for fungal studies. Direct microscopic examination with potassium hydroxide revealed brown coloured septate fungal filaments. The sample was cultured on Sabouraud dextrose agar supplemented with chloramphenicol +/- cyclohexamide and incubated at specific temperatures for 2 weeks. On day 10, culture was positive for a mould. The isolate was initially white, expanding with a powdery