

## PP 16

**Unusual cause of death in a case of assault**

Gunasekara I S

Senior Lecturer, Department of Forensic Medicine, University of Sri Jayewardenepura

---

**Introduction**

In a case of assault, death occurs as a consequence of single or multiple injuries. However, death can occur if a person is asphyxiated sufficiently after incapacitation due to alcohol intoxication and concussion.

**Case Report**

A 37yr old male went to play cricket with friends. Five bottles of arrack were consumed by them. Apparently, they had left the grounds at 6.30pm. However, the owner of a restaurant had seen the deceased drinking and singing with some people around 7.30pm. At 8.20pm a customer patronizing the restaurant had noticed a person fallen on the beach, face down. Immediately, police headquarters was informed. The relevant police arrived within 30minutes and rushed the person to hospital where he was pronounced dead.

At autopsy, 43 injuries were detected. They were mainly abrasions and contusions, predominantly on the head, face, neck, chest and abdomen. The upper and lower limbs were totally devoid of injuries. The only fracture that was present was of the nasal bone.

The body was covered with sand. The hands and feet had a moderate amount of wrinkled skin. The trachea had excessive amounts of sand. The primary bronchi too had sand but to a lesser degree. The secondary bronchi were devoid of sand or froth.

The face and neck were congested. Ecchymoses was evident in both eyes. All internal organs were congested. Lungs were markedly congested. There were petechial haemorrhages in both lungs, without hyper-inflation or emphysema aquosum.

Government Analyst's report indicated the presence of 308mg of Ethyl alcohol per 100ml of blood. Other common poisons were excluded.

**Conclusion**

The injuries, injury pattern and asphyxia features confirmed smothering and pressure on the neck as cause of death. Although there was evidence of contact with water, there was no conclusive evidence of drowning. However, attempted forced drowning could not be excluded.

Introduction

In a case of assault, death usually occurs as a consequence of a single or multiple injuries. However, death can occur if a person is asphyxiated sufficiently after incapacitation by alcohol and multiple blows.

Case Report

A 37 year old male received a call from a friend inviting him to play a cricket match. He left home around 12.30pm after lunch. The wife had called his mobile phone around 6.00pm. The phone was ringing but there was no response. She waited all night for him to return. One police station informed that a body had been found on the beach and was handed over to the mortuary of a tertiary hospital. She identified her husband's body at the mortuary.

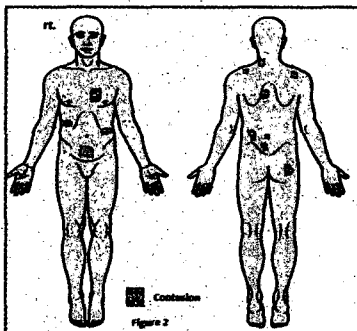
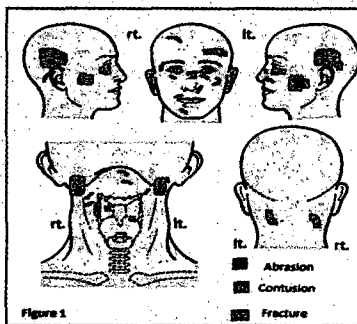
An owner of a restaurant on the beach had seen the deceased singing and drinking with 4 or 5 persons around 7.30pm. At 8.20pm a customer who came to patronize the restaurant had seen a person fallen on the beach, face downwards. They had immediately called the police headquarters, which had instantly got the local police, mobilised to the scene. On admission to hospital the person was pronounced dead.

Autopsy Findings

The body was covered with sand. The chest was bare. The deceased was in shorts and underwear. The underwear was covered with sand. The hands and feet had a moderate amount of sodden, wrinkled skin.

The face and neck were congested. Ecchymoses were evident in both eyes. There were bilateral peri-orbital haematomas as well.

At the autopsy 43 external and internal injuries were detected. They were mainly abrasions and contusions. The only fracture that was present was of the nasal bone (see Figure 1 & 2)



There were intra-abdominal contusions on the posterior surface of the pylorus, duodenum and the posterior peritoneal wall. The trachea had an excessive amount of sand. The primary bronchi had sand to a lesser degree. The secondary bronchi were devoid of sand or froth. Comparatively, the lungs were more congested than the other organs. There were petechial haemorrhages on both lungs. The lungs were not hyper-inflated or there was no evidence of emphysema aquosum. There was no macroscopic evidence of any natural disease that could have caused death.

The Government Analysts' report indicated the presence of 308mg/100ml of ethyl alcohol. Common poisons were excluded.

Discussion

The type, size, the location and the distribution of the injuries were very significant in the case. The large contusions on the target sites, which had the appearance of ante-mortem injuries, macroscopically, would have most likely resulted from repetitive fist blows or punching. These contusions were typically on pain sensitive areas. The severe, multiple blows on the head and face would have certainly left the deceased concussed. The large contusion on the supra-pubic region could have occurred due to kicking. The contusions on the back of the body may have been due to assaults or counter-pressure injuries, especially the small sized contusions.

The size and type of abrasions (on the face and neck) were highly compatible with those caused by finger nails. They were typically distributed around the nose and mouth. The contusions on the inner aspect of the mouth corresponding to the abrasions were significant. The contusions on the edge of the tongue were compatible with the tongue being bitten, which is specially seen in smothering.

The external and internal findings on the neck strongly suggested pressure on the neck. The injury pattern on the neck was consistent with the spectrum of injuries that could be expected in strangulation ranging from mild to severe<sup>1</sup>. The external appearance of congestion of the face and neck was also compatible with this. The presence of petechial haemorrhages and ecchymoses also favoured the opinion of asphyxiation.

Suffocation due to a mobile agent such as sand was also a possibility.<sup>2</sup> However, the nostrils and mouth were free of sand and the absence of sand in the secondary bronchi negated this opinion.

Although there was clear evidence of contact with water, drowning *per se* could not be established. It was not possible to rule out the possibility of forced or attempted drowning.

Conclusion

At first glance, the death seemed to be due to assault or subjected to blunt force trauma due to drowning. However, closer thorough examination revealed a totally different cause of death. Homicidal smothering is possible when the victim is incapacitated from alcohol, drugs and when a victim is stunned by a blow.<sup>3</sup> A meticulous autopsy and intense observational powers leads to accuracy in determining the exact cause of death. The cause of death was smothering and pressure on the neck.

References

1. Purdue B N. Asphyxia and related deaths: The Pathology of Trauma. 3<sup>rd</sup> Edition. Arnold; p241
2. Saukko P. Knight B. Suffocation and asphyxia: Knight's Forensic Pathology. 3<sup>rd</sup> Edition. Arnold; p358
3. Rao D. Asphyxia-Suffocation and Smothering. Forensic Pathology. E Book