

IT TOO HAPPENS: TWO UNUSUAL CASE STUDIES

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ABSTRACT

A 54 years male admitted to the hospital with history of illness and stomach ache. He died suddenly after 3 days. The autopsy findings were suggestive of fatal injuries. The viscera were found positive for phosphorus.

Second case was 32 years male admitted to the hospital with the history of vomiting, headache, stomach burning and constriction of chest. He expired on second day. The post mortem findings were suggestive of throttling. Viscera were positive for aluminium phosphide.

CASE-I

Deceased Bhagwan Singh aged 32 years was admitted to the hospital on dated 18.02.2002 with the complaint of vomiting, stomach ache, *gabrahat*, for which he was treated and at that time he remained conscious and added when he was asked that this complain started after taking tea and eating Ber. He also mentioned emphatically that he has not consumed any poison. The condition deteriorated after admission and the deceased died after 2 days.

Postmortem Findings: On external examination during postmortem evidence of cyanosis with sub-conjunctival hemorrhage in both the eyes with multiple abrasions and contusions on chest and neck were present. On internal examination petechial hemorrhage on internal organs with fracture of thyroid cartilage and ecchymosis of para-tracheal muscles were present. Moreover, left side ribs were found fractured with contusions of adjacent lung and intercostals muscles. The stomach finding revealed semi-digested food with reddish pasty material and Ber

seeds 2 in number. Mucosa severely congested and hemorrhagic. (Photographs 1 to 3)

Viscera Analysis: The preserved viscera was analyzed and found positive for Aluminium Phosphide.

CASE – II

Deceased Abdul Hafeej aged 54 years was admitted to the hospital in unconscious state with the history of ingestion of massage oil named 'Rogan Phosphorous' before three days of admission. On resuscitation he became conscious and narrated the same history. He died after 3 days.

Postmortem Findings: On examination both eyes were having sub-conjunctival hemorrhagic and patechial hemorrhagic on internal organs. The injuries were noted in form of multiple contusions, abrasion taking rail pattern on left deltoid region. Contusion on neck, right ear, with massive ecchymosis underneath the scalp on left temporo-parietal region as well as ribbon muscles of the neck (Para-tracheal) and right sternocleidomastoid muscle with right cornua of thyroid cartilage found



Photograph 1



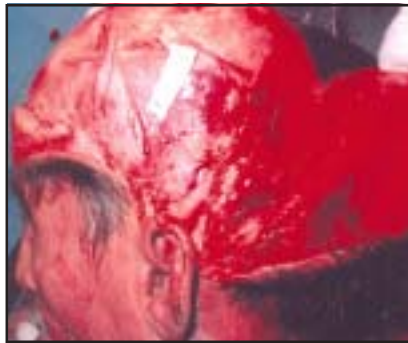
Photograph 2



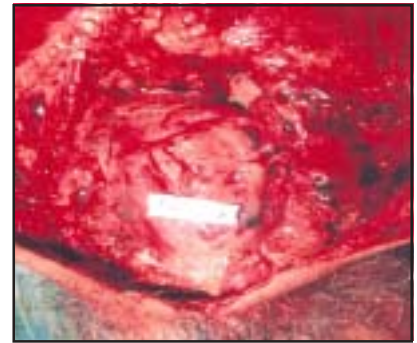
Photograph 3



Photograph 4



Photograph 5



Photograph 6

fractured. The stomach finding revealed bloody liquid about 20 cc with mucosa severely congested and hemorrhagic. (Photographs 4 to 6)

Viscera Analysis: The preserved viscera was analyzed in the department and found positive for phosphorous.

DISCUSSION

Both the cases are of similar nature having similar finding of cyanosis, asphyxia with multiple external and internal injuries on the body especially on trachea indicating throttling.

Similarly the stomach findings were of suspected poisoning which were confirmed on chemical examination.

Although the poisoning was confirmed in both the cases, the cause of death was ascertained as homicidal throttling based on the specific findings of violent asphyxial death. Subsequently the hospital record was reviewed but no injuries were found to be incorporated in the hospital record.

On subsequent query from the medical officers they did not refuse the possibility of injuries and admitted that they might have ignored these minor and simple looking injuries in view of the

patient's grave condition and started the treatment on the line of poisoning on the basis of history given by the victim and family members as well as on the associated sign and symptoms. Ultimately the patients succumbed to death.

CONCLUSION

Both the cases are unique in nature and very rarely seen. It is also found very unusual that the person dying also sometimes does not give the correct history. Such type of cases needs skillful vision and meticulous investigation to decide the cause of death.

Since the patient died during hospitalization and treatment a possibility is raised by the police and doctors that, can these type of injuries be sustained during resuscitation and endo-tracheal intubations or not?

This is the question to be discussed by the learned forensic experts otherwise it will be not possible to differentiate between homicide, suicide and accident.

So now, the paper is open for the discussion and to know the opinion of learned experienced and senior Medico legal experts.