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POSTER 106

Fatal incised and stab wounds – were they self-inflicted? (a postmortem case report)

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Resumo

Introduction: Although being a well-known suicide method, self-inflicted incised and/or stab wounds resulting in death are uncommon [1]. Certain features can guide the forensic pathologist in excluding a homicidal ethiology [1,2]. However, doubt may persist, especially in the presence of multiple and multifocal wounds, with considerable blood loss. **Objectives:** Case report description. **Methods:** male victim, 59 years-old, right-handed, with no relevant pathological history, namely of a psychiatric nature. He was found dead by his wife, naked in the bathtub of his house. There was an extensive amount of blood on the scene. A large knife and a razor blade were found next to the victim. Police report showed no signs of break-in or struggle. **Results:** on external examination we observed five incised injuries, one on the left side of the neck, and five on the upper limbs, all similarly parallel to each other, as well as four stab wounds in the upper quadrants of the abdomen. Upon internal examination, it was found that the cervical lesion did not damage any large-caliber vascular structures. As for the incised injuries on the

upper limbs, one resulted in the complete section of the right radial artery, and a second one was very superficial, not reaching the dermal layers of the skin (compatible with a hesitation lesion). On the abdomen we found the presence of hemoperitoneum and multiple incised wounds affecting the mesentery, intestines and the left kidney. Toxicology blood screen showed absence of detectable concentrations of ethanol and drugs (abusive and medicinal). **Conclusion:** when encountering fatal incised and/or stab wounds, several features allow the forensic pathologist to discard a homicide hypothesis [2]. Self-inflicted injuries are usually found on easily accessible and exposed anatomical areas [2]. They are often multiple and similar in shape and orientation, some of them being compatible with hesitation wounds [1-4]. Generally, no defensive wounds are observed [4]. Despite these characteristic findings, some suicides may result in atypical injuries [2]. Thus, when fatal sharp force injuries are present, forensic pathologists must perform a careful evaluation of all the components regarding the case, in order to differentiate suicide from homicide [2].

Keypoints:

- Some characteristic findings allow the identification of self-inflicted lesions. are several features which allow the forensic pathologist to discard a homicide hypothesis.
- However, some suicides with bladed instruments may result in atypical injuries.
- When fatal incised and/or stab wounds are present, a close analysis of the case is crucial in order to safely sustain a suicide diagnosis.

Keywords: incised wound; stab wound; suicide; self-inflicted

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POSTER 107

Asphyxiophilia as a predecessor of autoerotic death – a postmortem case report

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Resumo

Introduction: Autoerotic deaths are defined as accidental, resulting either from malfunction or unexpected effects of a device or substance that was being used as mean of manipulation of the own body in order to obtain sexual gratification, or from loss of consciousness before being able to interrupt the act [1-4]. Most autoerotic deaths result from asphyxia by hanging or ligature [2,3], aiming sexual arousal by oxygen deprivation (asphyxiophilia) [1,3,4]. Additional elements of fetishism, bondage and masochism are frequently present on these death scenes, as well as mechanisms that enable the practitioner to be released from any device that was being used to induce asphyxia [3,4]. **Objectives:** Case report description. **Methods:** 54-year-old male victim, found dead in a locked annex of his house. The corpse was found by his wife, hanging from the ceiling, with the tip of his toes touching the ground. He was wearing red women shoes and no underwear. There was a leather collar around his neck, attached to a rope, which was itself attached to a beam in the ceiling. On the floor there were two buckets, where the victim was previously standing, and a mirror,

allowing the victim to watch himself while hanging. Several chains were binding his wrists, genitalia and ankles. According to the victim's wife, he frequently performed this type of asphyxiophilic activities. **Results:** external examination of the corpse evidenced a continuous groove on the neck. While performing the autopsy, some classical signs of asphyxia were observed, such as visceral congestion and petechiae. On internal examination of the neck, the left sternocleidomastoid showed areas of haematic infiltration, and the right common carotid artery revealed an Amussat's sign. All these features were consistent with death due to hanging. **Conclusion:** when the suspicion of an autoerotic death arises, it is crucial to carefully consider various elements coming from a variety of sources, including the victim's psychological history, the constituents of the death scene, the information provided by family or friends, as well as the autopsy findings. Autoerotic asphyxiation is an extremely dangerous sexual practice, and its practice should be discouraged as means of achieving sexual gratification.

Keypoints:

- Autoerotic deaths are accidental in nature.
- These deaths involve a wide variety of lethal mechanisms that most often involve asphyxia.
- In case of a suspected autoerotic fatality, all components of the case should be careful and meticulously analysed, including an investigation of the location where it took place, a full autopsy with toxicological investigation, and collection of information from clinical records and relatives or friends of the victim.

Keywords: asphyxiophilia; autoerotic death; hanging; asphyxia