

Homicide Potrayed as Natural Death: A Case Report

Kandhimalla Ambica¹, Abhijit Subhedar²

¹Post graduate, ²Professor and Head, Department of Forensic Medicine and Toxicology, Osmania Medical College, Hyderabad, Telangana.

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Abstract

In any case of homicide, the primary evidence is the dead body of the victim bearing physical evidence of violence. Sometimes murderer tries to conceal the crime by secret disposal of the body or in certain instances by portraying it as a natural death. A meticulous medico-legal autopsy acts as a connecting bridge between the crime and the investigating authorities to reach the perpetrator. In this case victim is a 26-year-old pregnant female and the perpetrator- her husband who smothered her and tried to escape by employing the latter i.e., in the name of heart attack.

Key Words: Asphyxia, Head injury, Homicide, smothering.

Introduction

In any case of homicide, the primary evidence is the dead body of the victim bearing physical evidence of violence. Sometimes murderer tries to conceal the crime by secret disposal of the body or in certain instances by portraying it as a natural death. A meticulous medico-legal autopsy acts as a connecting bridge for the investigating authorities to reach the perpetrator. This is a case in which a combination of head injury and smothering was found on autopsy. Asphyxia by smothering is caused by blocking air entry into the lungs by simultaneous closure of the nose and mouth. They are usually homicidal, rarely suicidal and very rarely accidental^[1].

Case History

This is a case of a 26-year-old pregnant female, who died naturally due to heart attack as claimed by the deceased husband and in laws. The body has been

taken to the graveyard for cremation. Incidentally someone from the graveyard informed the police that there is some foul play happened in this case and the death is not due to natural cause. Even though relatives objected for autopsy in the name of natural death police confiscated the body and shifted it to Osmania general hospital mortuary. The case was filed under section 174CrPC. A Requisition and inquest have been forwarded to the forensic expert for post-mortem examination.

Autopsy Findings

On external examination deceased is a moderately built pregnant woman. Body is dressed in a blue colour cotton nighty which is soiled with dirt and dried leaves. Vermillion and turmeric powder present over the scalp hair and forehead with a Lilly garland around the neck and non- matching new clothes were present haphazardly along with the body indicating that the final rites were not performed properly in a

Corresponding Author: Kandhimalla Ambica, Post graduate, Department of Forensic Medicine & Toxicology, Osmania Medical College, Hyderabad, Telangana.

E-mail: ambica.geetha@gmail.com

hurry to dispose of the body. Face is congested. Blood stained-discharge is oozing from both the nostrils. Both the eyelids are bruised (Black eyes). Both the conjunctivae are congested(Fig.1).

Multiple abrasions of sizes 0.25cm x 0.25 cm are present over nasal bridge and tip of the nose. A contusion of size 0.5cm x 0.5cm is present over right side of the chin(Fig.2). Lips and finger nail beds are cyanosed(Fig.2 & Fig.3).



Fig. 1

Fig. 2

Fig. 3

Right upper central incisor tooth is absent with contused gum. Buccal mucosa around the frenulum is contused over the inner aspect of lower lip(Fig.4).



Fig. 4

Rigor mortis is passed off. Marbling is present over both the upper limbs, upper chest and inner aspect of both the thighs. Abdomen is distended with putrefactive gases.

An additional observation in this case is present i.e., partial post-mortem foetal extrusion (Fig.5). Coffin birth or post-mortem foetal extrusion is defined as expulsion of dead foetus after the death of a pregnant woman when maternal uterus is showing signs of putrefaction. Gases generated during emphysematous phase of cadaveric putrefaction may distend the uterus or due to increasing pressure of intra-abdominal gases over the uterus may cause partial or total expulsion of non-viable foetus^[2].



Fig. 5

On reflection of scalp, diffuse contusion is present all over the undersurface of the scalp. Both the temporalis muscles are contused(Fig.6) & (Fig.7). On opening of cranial vault, mild sub-dural haemorrhage is present over right temporal and parietal regions of the cerebrum(Fig.8).



Fig. 6

Fig. 7

Fig. 8

Generalised congestion and softening of the viscera is present. Toxicological analysis of the viscera is negative and histopathological analysis of heart is negative for the presence of any pre-existing or recent heart disease.

The approximate time since death is 36- 48 hours. The cause of death in this case has been opined as smothering associated with head injury.

Discussion

Homicidal smothering is the deliberate occlusion of the external airways, usually using the hands, pillows, or bedding^[3]. Bruises or abrasions on the cheeks, around the mouth, lips or lesions within the lips or mouth are the features of smothering^[4].

1. Extreme congestion of face and conjunctivae, cyanosed lips and finger nail beds is due to asphyxia. Absence of ligature mark around the neck, intact neck structures indicating no signs of compression on the neck.
2. Assailant could've hit victim's head on to a hard surface repeatedly resulting in non-lethal blunt head injury due to which she was unable to resist.

3. Nail scratchabrasions over the nose and right side of the chin, intra-oral bruising are pointing towards smothering. Absent right upper incisor with contused gum is pointing towards undue pressure applied over the nasal and perioral area.

The details revealed by assailant during psychological autopsy were contradictory to the findings on autopsy table. There was semi-digested rice inside stomach whereas we were informed that deceased didn't have any food the entire day as she was angry on her husband.

During the course of investigation perpetrator narrated the events to police that he and his wife quarrelled due to some property issues and in a rage, he hit her head on to a wall due to which she fell unconscious and he smothered her by using a pillow. He informed his family members and other relatives that she had chest pain and suddenly died due to heart attack.

Conclusion

Asphyxial deaths in the form of hanging, strangulation and drowning are common but a combination of smothering and head injury are rare. Absence of resistance, no defence injuries and the commencement of decomposition makes it very difficult for the forensic pathologist to come to a conclusion. A meticulous autopsy is needed in cases like this. Histological sampling of suspected injuries can be rewarding, even in the presence of severe post-mortem deterioration⁽⁵⁾.

In smothering cases involving a pillow, it's difficult to detect characteristic signs of asphyxia. Usually, there is absence of any characteristic marks

(e.g., congestion, abrasion or petechiae) unless the victim is able to defend him/herself from the assailant⁽⁶⁾.

In cases like that tracheal and bronchio-alveolar lavage can be sent for the analysis of fibres inhaled from the material used to smother.

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