

A Case Report of Complex Suicide in a Pregnant Female

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Abstract

Planned complex suicide constitutes a very rare mode of suicide. They are highly likely to be mistaken for murder. We report a case of a 22-year-old female that was brought dead to RIMS mortuary after being reported dead at her home. An Autopsy conducted showed a ligature mark which was suggestive of hanging. Greenish-colored fluid in the stomach with wall congestion at places with erosions and bleeding suggestive of Copper Sulphate poisoning (paint ingestion). An in-utero dead fetus was also found when the enlarged uterus was thoroughly examined. Suicides and suicide attempts are a big public health problem that have progressed in the last two decades and are ever increasing since then. Planned complex suicides, therefore indicate the mental dropout of individuals and social failure. Role of depression hovering around people nowadays cannot be denied. When people die committing such suicide, surviving family is left with shock, anger, grief, symptoms of depression and anxiety and may even experience thoughts of suicide themselves.

Keywords: Suicide, Hanging, Poisoning

Introduction

Suicide is among the top 10 leading causes of death in individuals of all ages. In 1974, Marcinkowski et al. suggested a general division of suicide patterns, namely Simple versus Complex.¹ Complex Suicide is defined as a combination of methods used to achieve death. Complex suicides are categorized into -Planned and Unplanned. In planned complex suicides, previously planned 2 or more methods with high mortality rates are used at the same time to ensure death even if one of the methods fails. Most of the cases of complex suicides mimic homicide.² So, proper history, meticulous crime scene investigation and carefully performed autopsy are vital to ascertain

the manner of death. Genetics and early environment challenges are linked to suicidal behavior and increased attitudes toward death. The combination of corrosive substance intake and hanging is unique, unusual, and potentially more fatal as both are sufficient to cause death individually.

Case Report

In the present study, a 22-year-old married female victim, was brought to the Trauma Centre emergency room of RIMS, RANCHI, Jharkhand from her in-law's house. She was declared brought dead and the body was kept in RIMS mortuary. The next day, the autopsy was conducted after proper history was taken

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from her husband, father as well as father-in-law. The autopsy revealed a 2-3 cm wide ligature mark around the neck. Cutting the esophagus, it revealed bleeding from diffused sites. The stomach had greenish-blue colored fluid, around 150 cc by volume. The mucosa of the stomach had congestion and erosions at places. An in-utero dead fetus (of about 24 weeks) was also found when an enlarged uterus was cut open and examined. So, it was concluded that the victim died of Copper Sulphate Poisoning and Hanging.



Fig 1: Continuous Ligature mark all around the neck suggestive of Hanging.



Fig 2: Froth coming out of both the nostrils facial congestion and cyanosis of lips.



Fig 3: Greenish-blue fluid in stomach with its extension till small intestine. Mucosa is congested and eroded at places.



Fig 4: 24 weeks dead foetus found inside the gravid uterus.

Discussion

GENDER AND AGE - In this case, the sex of the victim was female, though commonly complex suicide cases are presented by males. But this case is unique as a female has employed two violent methods of suicide. The age group of the case is young adults (22 years), which marks an age of prompt slapdash thoughts and short temper.³

Scene - This occurred at the victim's in-law's house.

Suicide notes and suicide attempts - A suicide note is one of the most important pieces of evidence in differentiating a murder or a suicide in complex suicide deaths. But in this case, no suicide note was recovered. A history of previous suicide attempts is also vital to give an opinion on Homicide-Suicide in such cases. In this case, no such attempt was made by the victim previously.

Psychiatric illness or motivational factors - In this study, the victim was in a state of chronic depression, and her depressive episodes aggravated after pregnancy. Moreover, she was ill-treated by her husband and they were poverty stricken too. So, fear of future of child to be born became a motivational factor for this planned complex suicide.

Differential diagnosis b/w suicide and homicide - In this study, there was no evidence of violence (e.g.- Défense Wounds). There was no evidence of any mechanical injury, externally or internally. There is also a history of psychiatric illness, which is a fundamental factor for complex suicides. So, this is a case of planned complex suicide.

Conclusion

Planned complex suicides are unusual, mostly fatal yet preventable. We should never overlook the past attempts of suicide and suicidal thoughts shared with near ones. High-risk factors like Mental Illness, chronic disease, history of torture, mental or physical harassment, and drug abuse must be identified and addressed seriously at the family and societal levels.⁴⁻⁹ Moreover, many different combinations of suicide methods are employed in a complex suicide.¹⁰ So, it is also important to perform a comprehensive autopsy to correctly determine the cause of death, which may otherwise potentially be mistaken as murder.

In conclusion, the phenomenon of complex suicides in pregnant females represents a deeply distressing intersection of mental health struggles, societal pressures, and the unique vulnerabilities associated with pregnancy. These cases underscore the urgent need for comprehensive mental health support systems that cater specifically to pregnant individuals, addressing not only their psychological well-being but also the complex interplay of social, economic, and familial factors that contribute to their distress. It is imperative for healthcare professionals, policymakers, and communities to recognize the signs of mental health challenges in pregnant women and provide timely interventions and support networks to mitigate the risk of complex suicides. Furthermore, fostering open dialogue and reducing the stigma surrounding mental health issues in pregnancy is crucial in creating a supportive environment where individuals feel comfortable seeking help without fear of judgment or condemnation. By prioritizing holistic care and proactive intervention strategies, we can strive towards a future where tragedies stemming from complex suicides in pregnant females are minimized, and every individual receives the care and support they need to navigate the challenges of pregnancy and mental health with resilience and hope.

AVAILABILITY OF DATA AND MATERIALS

All the data that was presented, mentioned, and analysed in this research is available upon request in the Forensic Record Book as well as the Postmortem Report Record in the Department of FMT, RIMS, Ranchi, Jharkhand. The medicolegal reports are not publicly available due to their private/legal nature but may be provided upon request.

Ethical Clearance: Not required

Informed consent was taken from the deceased relatives for publication and images.

Conflict of Interest: None

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