DELAYED DEATH AFTER HOMICIDAL STRANGULATION: A CASE REPORT

Naik SK*, Murari A**

*Assistant Professor † Corresponding author
**Dir-Professor & Head
Department of Forensic Medicine, Lady Hardinge Medical College, New Delhi-110001
Phone No: 91-9891224143(M), 91-11-23408157 / 23408158(0)
Email: naikshrabana@yahoo.co.in

ABSTRACT:
Although prolonged survival following hanging is common, it is rare after strangulation. Early rescue may take place in hanging, rather than strangulation. In addition, the amount of constricting force applied to the neck is less in hanging than strangulation. We are reporting a case of strangulation where the victim survived for more than 5 days.

INTRODUCTION:
Most of the strangulation deaths are homicidal in nature. Accidental and self-strangulation deaths are very rare to meet in practice. As almost all cases of strangulation are homicidal, the murderer usually does not leave the victim until he becomes sure about the death. Therefore, most of the victims usually die on the spot. However, on rare occasion, the assailant may leave the victim during the stage of unconsciousness, thinking the victim has died or the assailant may leave the victim halfway, when some other person reaches the spot. In such cases, the victim may survive the assault totally or for a certain period with or without medical attention.

CASE REPORT:
A female deceased, aged 15 years was referred to the Department of forensic medicine for autopsy. The deceased had been admitted for treatment in the Department of Medicine for about 5 days. The inquesting police did not indicate anything about the death except mentioning some kind of mark on the neck of deceased. The circumstantial history supplied by the accompanying relatives was vague without indicating anything towards manner or cause of death. They only told that the victim was found unconscious on the floor near her residence. Neither the police nor the relatives alleged foul play.

AUTOPSY FINDINGS:
A. External findings:

• It was a female dead body of thin to average body built, aged about 15 years and body length measuring 150cm. Both eyes were closed, cornea were hazy, pupils were dilated, mouth was closed, tongue was inside the oral cavity, teeth were 14/14. Rigor mortis was present all over the body. Post-mortem staining was marked, present on the back. Natural orifices were free from any discharge or bleeding. Cyanosis was absent. Signs of putrefaction were not developed. Hymen was intact but elastic and showed multiple notches admitting one finger loosely.

• Partly healed and infected abrasion of size 3 cm x 2 cm was situated on the left side of lower lip.

• Abrasion with brownish black color scab of size 9 cm x 1.5 cm was situated on the left anterolateral aspect of neck extending slightly upwards and to the left from the middle of front of neck.

B. Internal Findings:
Contusion with clotted blood was present in the anterior neck muscles. Adhesion of thick clotted blood was found over the cricoid cartilage, lower anterior part of the thyroid cartilage and upper part of trachea. Extravasation of clotted blood also seen in para-vertebral muscles on both sides. Hyoid bone and laryngeal cartilages were intact.

Meninges and brain were found congested and edematous. Both lungs were found congested. Heart was normal. Liver, Spleen and both kidneys were found congested. Stomach was intact and contained about 100 ml of bilious fluid without emitting any characteristic odour. Uterus and its appendages were normal.

**DISCUSSION:**

Survival from strangulation is rare, while that following hanging is not uncommon. There are several reported studies on survival following hanging with survival rate estimated up to 92% 1-5 The authors in their experience have also come across several such cases of hanging where the victim recovered completely or survived for considerable period, before dying due to complications. Blocking of carotid arteries deprives oxygen supply, blocking of jugular veins prevents deoxygenated blood to exit from the brain and closing off the airway prevents respiration. Therefore, anoxic encephalopathy is the ultimate result of compression of neck involving important neck structures6. Polson CJ has reported a case of homicidal strangulation of a boy aged 3 years by a boy aged 10 years, but the victim could be saved after about 20 minutes of artificial respiration as the mother of victim reached the spot in time7. Mukherjee JB has reported a case of strangulation where the victim had survived more than an hour after the incidence8. Similarly, Rentoul E and Smith H have reported a case of homicidal throttling who survived about ¾ of an hour, returned to home by bus and walking but ultimately died due to oedema glottidis9. Survival after strangulation is rare in comparison to hanging because the chance of early rescue is more common in hanging rather than strangulation. In addition, the amount of constricting force acted upon the neck is less in hanging than strangulation. In the present case, the victim of homicidal strangulation survived for more than 5 days.

**CONCLUSION:**

Survival of victim of strangulation may be noticed on rare occasions. They can die after certain period due to the complications, following the initial damage caused to the brain due to hypoxia because of compression of neck.

**REFERENCE**