

Bound, Murdered & Disposed – A Case Report

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INTRODUCTION

Mechanical asphyxia is a broad term denoting a condition in which supply of oxygen to the body tissues is reduced below the normal working level for maintenance of life.¹ It is not uncommon for forensic experts to come across cases where heinous crimes have been enacted and bodies disposed off, presenting a challenge for the forensic experts to determine the cause of death. What could be more intriguing than the fact that simple day-to-day objects have been used to facilitate these crimes without use of any classical weapon. The following report describes a very unusual case in which the homicidal nature of the event was established by integrating the data deriving from the crime scene investigation & autopsy findings.

CASE REPORT

Preamble

Dead body of a young male individual was recovered by police during routine patrol

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from a road side bushes on a road in Haryana. On investigation he was identified as a 27 years old male individual, working as a gym instructor in the same city. The person was last seen alive by his neighbours on previous night when he left in his car.

EXTERNAL EXAMINATION

A white adhesive tape (Leucoplast) was adhered tightly around the lower part of face covering the mouth completely. Its free end was continuous with the leucoplast roll which was hanging behind the nape of neck. Both hands were lying behind the back which were fixed and adhered together by means of white adhesive tape (leucoplast) at the wrists. Both legs were fixed and adhered together by means of white adhesive tape (leucoplast) at the ankles. Both eyes were closed. Mouth was found to be closed on removal of the leucoplast. Rigor Mortis was in passing off phase. Post mortem staining was present over dependent parts of the body and it was fixed. Upper part of face was smudged with blood stains. Blood was oozing out from both nostrils. Greenish discolouration was present over the right iliac fossa region.

The following injuries were present over the body of deceased:

1) A reddish contusion of size 0.3x0.2 cm was present over the left ala of nose. On

dissection, underlying tissues were ecchymosed.

2) A reddish contusion of size 0.6x0.3 cm was present over the mucosal surface of upper lip on the right side just lateral to the midline. On dissection, underlying tissues were ecchymosed.

3) A reddish contusion of size 0.7x0.3 cm was present over the mucosal surface of upper lip on the left side situated 0.5 cm away from midline. On dissection, underlying tissues were ecchymosed.

4) On dissection of the neck, a reddish contusion of size 8x3 cm was present over the left side situated 3 cm away from the midline and 1 cm below the left angle of mandible. On dissection, underlying tissues were ecchymosed. On further dissection, muscles and tissues over the larynx and trachea and laryngo tracheal structures along with base of tongue were ecchymosed.

5) A diffuse reddish contusion over an area 36x28 cm was present over the upper and mid back regions extending from 12 cm below the external occipital protuberance upto 28 cm above the natal cleft. On dissection, underlying tissues and muscles were ecchymosed. (Fig.1-3)

INTERNAL EXAMINATION

On reflection of the scalp, multiple petechiae were present over left temporal region; skull, vertebrae, ribs and cartilages, large vessels, pharynx and oesophagus and organs of Generation were healthy; Meninges, Pleurae, Pericardium, Peritoneum and Hyoid bone – intact; Both lungs were congested on cut section; Stomach contained about 50 cc of brownish mucoid material. Mucosa was congested; Small intestine contained semi-digested food material; Large intestine contained faecal matter and gases; Liver, Spleen and Kidneys were

congested on cut section; Urinary bladder was empty.

OPINION

After conducting the post mortem examination, it was opined that the cause of death in this case was asphyxia consequent to ante-mortem smothering and compression of the neck. However, viscera had been preserved for detection of stupefying or poisonous substances. Probable time that elapsed between injuries and death was immediate while between death and autopsy was between 1 to 2 days.

DISCUSSION

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.² Bruises or abrasions on the cheeks, around the mouth, lips or lesions within the lips or mouth are the features of smothering.³ In this case there were contusions present over the left ala of nose and lips indicative of smothering. Giancarlo et al reported a case of smothering by tape but he manner was suicidal but in this case it is clearly homicidal as the hands and feet of the deceased are bound by leucoplast.⁴

This case highlights the role of a forensic pathologist in reconstructing the crime scene from the autopsy findings and thus helping the investigating officers. The above case clearly depicts the changing profile of crime where new methods and day-to-day items like leucoplast tape have been used by criminals to execute this gruesome crime without using any classical weapon. It is an alarming indication that the new age criminals have ample knowledge and cunningness to execute crimes without traditional weapons or methods, for such utilitarian objects can be easily carried anywhere

across all security checks. This case acts as an eye opener on the possibility of objects that can be used as weapons of offence by a conniving mind. The case illustrated underlines the importance of integrating the data recorded at the scene of the crime with those found at autopsy.

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Fig 1: Showing leucoplast tied around mouth & nose



Fig 2: Showing leucoplast tied around hands at the back



Fig 3: Showing leucoplast tied around the ankles

