Case Report

Luck Favours 'Sometimes' But Not 'Always'- An Interesting Case of Body Packer Syndrome

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Abstract

The **Body packer syndrome** is accidental and unintentional poisoning with illicit drugs in persons, who attempt to transport drugs illegally across national borders by packing them in plastic packets, ingesting them or inserting them in body orifices. They then subsequently retrieve them in a foreign country, thus safely bypassing custom authorities. In the present case a 48-year-old male from Bolivia came to IGI Airport, Delhi from Addis Ababa. He was detained by Custom staff in the morning on the basis of specific information regarding possible carrying of drugs in handbag or in the body which may be swallowed and he was interrogated. On examination of his baggage nothing suspicious was found. Then he was produced before court which granted the permission for medical/X-ray/CT Scan examination of the deceased for detection of any concealed material in the body. After that he was taken to a prestigious government hospital at New Delhi where his medical examination and X-ray of chest and abdomen was done. The doctors of this prestigious government hospital opined that "No fresh external injuries seen and No evidence of foreign body in X-ray of abdomen & NAD in X-ray of chest." After the medical examination, the deceased was being brought back to IGI Airport, Delhi and about to be released, then he suddenly complained of uneasiness and he was taken to a famous private hospital centre at IGI Airport. The doctors tried to resuscitate him but could not revive and he was declared dead. The body of the deceased was brought to Safdarjung Hospital, Delhi for post-mortem examination. During autopsy, total 75 capsules (1 ruptured and 74 intact) of cocaine were recovered from the stomach and intestines of the deceased.

Keywords: Illicit drugs, body packer syndrome, concealed material, X-ray abdomen, cocaine

Introduction:

Body packing refers to the internal concealment of drugs within the gastrointestinal tract or other orifices. People who do this are called body packers**.** Drugs may be concealed within condoms, foil, latex or cellophane.[1] Body packer syndromeis accidental and unintentional poisoning with illicit drugs in persons, who attempt to transport drugs illegally across national borders by packing them in plastic packets, ingesting them or inserting them in body orifices, and then subsequently retrieving them in a foreign country, thus safely bypassing custom authorities.[2] Although this is more commonly associated with smuggling of cocaine, it has also been reported in the case of other drugs, especially heroin.[3] Drugs such as Loperamide or Diphenoxylate hydrochloride with Atropine may be taken to reduce gut motility and prevent the passage of the packages on a long distance flight, before the end of journey. On arrival at his destination, the courier takes a laxative, retrieves the packets and pass them to the "pusher" who distributes the drug. The packets may cause bowel obstruction secondary to torsion, intussusception or impaction. Sometimes, packets unseal or burst in the small intestine, allowing massive absorption of drug in systemic circulation resulting in death of courier. Even if the packets do not rupture, drugs may passively diffuse from the stomach into surrounding organs and appear in

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the circulation and urine.[4]Body packing was first described by Dr. Deitel and Dr. Syed in 1973. They found a patient with small bowel obstruction 13 days after swallowing a condom containing hashish. The small bowel was emptied preoperatively by a long-tube, and the impacted bolus was removed by enterotomy.[5]

Diagnosis of body packer syndrome is usually done by clinical features, X-ray and CT scan. The sign seen on the X-ray is known as 'double-condom sign'. This sign is due to the air trapped in the individual layers of packing material.[6] This sign is said to be a diagnostic criterion of body packer syndrome. Computed tomography (CT) has an advantage over plain radiographs, especially in those regions where the drug-filled packets may be confused with formed feces.[7] The first death of a body packer was reported by Suarez et al in 1977.[8]

The most frequent cause of death among body packers is due to overdoses secondary to rupture of packets within the stomach and/or gastrointestinal tract.[9]

Case report:

A 48-year-old male from Bolivia came to IGI Airport, Delhi from Addis Ababa. He was detained by Custom staff in the morning on the basis of specific information regarding possible carrying of drugs in handbag or in the body which may be swallowed and he was interrogated. On examination of his baggage nothing suspicious was found. Then he was produced before court which granted the permission for medical/X-ray/CT Scan examination of the deceased for detection of any concealed material in the body. After that he was taken to a prestigious Government Hospital, New Delhi where his medical examination and X-ray of chest and abdomen was done. The doctors of this Hospital opined that "No fresh external injuries seen and No evidence of foreign body in X-ray of abdomen & NAD in X-ray of chest." These X- rays were reported by a Radiologist on the basis of which CMO of casualty gave the said opinion. After the medical examination, the deceased was being brought back to IGI Airport, Delhi and about to be released, then in the evening at around 8:30 PM he suddenly complained of uneasiness and he was taken to a famous private hospital centre at IGI Airport. There he had 5-6 episodes of GTCS and tongue bite, the doctors gave some treatment and about to shift him to the hospital for admission, then suddenly he went into Ventricular tachycardia. The doctors tried to resuscitate him but could not revive and he was declared dead at 10:11 PM.Provisional diagnosis about cause of death given by the doctors of this famous private hospital centre was ''Cardio-pulmonary arrest''. The body of the deceased was brought to Safdarjung Hospital, Delhi for post-mortem examination. Before conducting the post-mortem examination, we asked the Investigating Officer to show the X-ray films which were taken in that Government Hospital. (Fig.1) Multiple oval shaped radiodense foreign bodies can be clearly seen in these X-ray films. On post mortem examination, external examination showed cyanosis which was present over nailbeds. Brownish fluid was oozing from both nostrils and mouth. There were no antemortem external injuries. On Internal examination, Stomach was found to contain one ruptured capsule along with 50 ml of brown colored fluid with indistinguishable smell. Stomach mucosa was congested and haemorrhagic. Intestines were found to contain multiple (74 in no.) yellowish white colored capsules along with faecal matter. All 74 capsules were found intact. Intestinal mucosa was congested. (Fig. 2,3,4,5) Liver: Showed fatty changes. Both lungs were edematous and congested. Heart was NAD. Coronaries were Patent.All other organs were congested.

The recovered 75 capsules were weighed and then opened to measure the weight of the powder and test the chemical nature of powder by using standard NDPS Act guidelines by narcotics team. The actual weight of the powder was 519 gm. Spot test was done and the powder tested positive for Cocaine. The market value of this recovered cocaine was about 6 crore.

Viscera was also preserved and sent to FSL for chemical analysis.

Provisional Cause of Death given was- Cocaine poisoning and its sequelae.

However final cause of death will be given after the receipt of visceral chemical analysis

report. Chemical analysis report of viscera is still awaited.

Later the Deputy Commissioner of Police served a notice to that prestigious Government hospital and asked to explain why they could not detect any foreign body/drugs even though it was quite obvious in X-ray films. There was a negligence on the part of doctors who examined and reported the X-ray.

Fig. 1- X-Ray films showing multiple foreign bodies in the gastrointestinal tract as oval shaped radio dense areas.

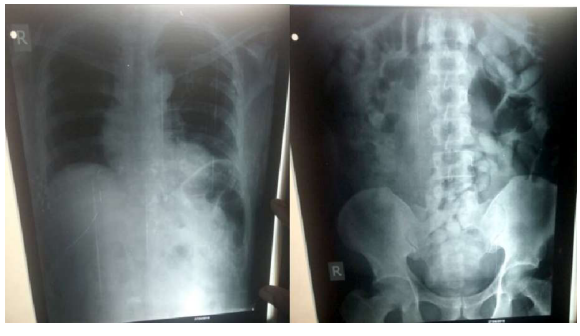


Fig. 2- Multiple oval shaped capsules filled in large intestine

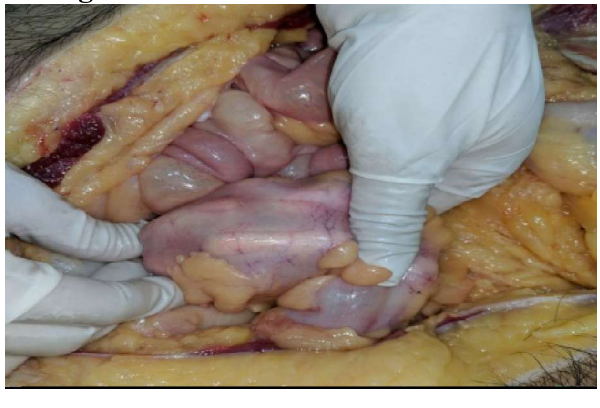


Fig. 3- Multiple yellowish white colored capsules coming out from intestine

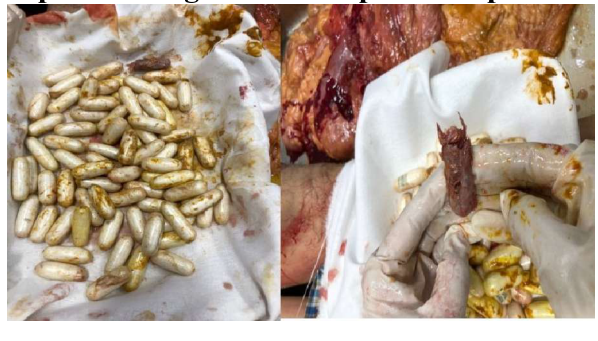
Discussion:

Cocaine is obtained from coca plant of family Erythroxylaceae, native of western South America.[10] The plant is grown as cash crop in Argentine Northwest, Bolivia, Colombia, Ecuador, and Peru, even in areas where its cultivation is unlawful.[11]Drug smuggling by internal concealment is a well-recognized mode of transporting illegal drugs. Body packing has increased since September 11, 2001, possibly due to increased bordersecurity which has made conventional trafficking more difficult.[12] The illegal drug trafficking is the source of funding for terrorists. As per National Crime RecordsBureau (NCRB) Report 2014, registered cases under the Narcotic Drugs and Psychotropic Substance Act 1985 (NDPS Act), has seen a steady increase across India. In 2014, 46923 cases were registered in India, marking an increase of 70% over 2004.[13]

According to Robert's et al, the general characteristics of a body packer include: (1) returning from a trip abroad in a location with

Fig. 4-Stomach mucosa showing congestion and haemorrhage

Fig. 5- Recovered total 75 drug filled capsules along with one ruptured capsule



a history of illicit drug exporting; (2) history of frequent trips; (3) high profit drugs such as cocaine or heroin involved; and (4) the packaging material is made of high-grade latex, aluminium foil, or condoms.[14]

Koehler et al highlighted the risk of a package rupture being increased with prolonged time in the air.[9]

A study of profile of body packers in Tehran suggests that they are mostly males with a mean age of 43 years.[15] In another case 88 Heroin pellets were retrieved at autopsy from the body of body packer.[16]

In our case, the body packer was a 48-year-old male from Bolivia which is famous for illegal cultivation of coca plant. He first came to Addis Ababa which is in Ethiopia and also called as 'Spa capital of Africa'. From Addis Ababa he came to Delhi. The travel time in air was quite long and after landing at IGI Airport, Delhi he was under stress whole day due to intense searching procedures. Luck was favouring him and he escaped on many occasions but when he was about to be released, suddenly out of total 75 drug filled capsules only 1 capsule ruptured and he died.

Conclusion:

Body packing is a method by which illicit drugs may be carried within the human body. Hospital physicians may neglect this type of gastrointestinal foreign body if they are not aware of the bodypackersyndrome. Emergency departments face an increasing number of drug-related health problems, with difficult medicolegal and social consequences. Body packing should be suspected in anyone with signs of drug-induced toxic effects after a recent arrival on city terminals. An awareness of drug packing should therefore be promoted among medical and radiology staff and autopsy should be done carefully in the cases of death due to body packer syndrome.

In many countries there are no screening measures at the airport to detect the body packers. So screening of all individuals passing through the airport, by X- ray machine should be mandatory at airports to prevent illegal drug trafficking.

Our case highlights that due to unawareness or negligence of examining doctors body packing could not be diagnosed in the hospital even though the person was specifically sent for detection of any concealed material in the body. This case also signifies the role of meticulous autopsy in diagnosing body packer syndrome. At last this case also reminds that luck only favors sometimes but not always.

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References:

1) Bickle I, Knipe H. Body packing/ Radiology Reference Article/ Radiopaedia.org. [Online]. 2017 [cited 2017 July 4]; Available from: URL:https://radiopaedia.org/articles/body-packing-*1*.
2) Aggrawal A. Textbook of forensic medicine and toxicology. 1st ed. Avichal Publishing Company; 2014. p 747.
3) Pillay VV. Modern medical toxicology. 4th ed. Jaypee Brothers Medical Publishers (P) Ltd; 2013. p 179.
4) Reddy KSN, Murty OP. The essentials of forensic medicine and toxicology. 32nd ed. 2013. p 575.
5) Deitel M, Syed AK. Intestinal obstruction by an unusual foreign body. Can Med Assoc J. 1973;109(3):211–2. *[PMC free article][PubMed]*
6) De Backer AI, De Keulenaer B, Mortelé KJ, Ros PR. The body packer syndrome. JBR-BTR 2002;85:312.
7) Sureka B, Kumar MM, Mittal A, Mukul S. Body packer syndrome. JPGM 2013;59(2):166.
8) Suarez CA, Arango A, Lester JL. Cocaine-condom ingestion-surgical treatment, JAMA 1977 Sep 26;238(13):1391–2.
9) Koehler SA, Ladham S, Rozin L, Shakir A, Omalu B, Dominick J, Wecht CH. The risk of body packing: a case of a fatal cocaine overdose. Forensic Sci Int 2005 Jun 30;151(1):81–4.
10) Coca. From Wikipedia, the free encyclopedia. [Online]. [cited 2019 February 10]; Available from: URL:https://en.wikipedia.org/wiki/Coca.
11) Plowman, T (1979). "Botanical Perspectives on Coca". Journal of Psychedelic Drugs. 11 (1–2): 103–117.
12) Claffey M. Stampede of drug mules at Kennedy: after 9/11 lull, heroin & ecstasy busts soar. New York Daily News. 2002;5.

13) Crime in India 2014 Compendium-National Crime Records Bureau. [Online]. [cited 2019 January 26]; Available from: URL:https://ncrb.gov.in/cII/cII2014.
14) Roberts JR, Price D, Goldfrank L, Hartnett L. The bodystuffer syndrome: a Clandestine form of drug overdose, Am J. Emerg. Med. 1986 Jan;4(1): 24–7.
15) Hassanian-Moghaddam H, Abolmasoumi Z. Consequence of body packing of illicit drugs. Arch Iran Med. 2007 Jan;10(1):20-3.
16) Olumbe AK, Kalebi AY. Death from body packer syndrome: case report. East Afr Med J. 2004 Apr;81(4):218-20.