

From Murder Mystery to Tragic Truth- The Cutthroat Revelation? - A Case Report

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Abstract

A cutthroat injury is an incised wound or injury to the neck that can be caused by a sharp object. Cutthroat injuries can be life-threatening because the neck contains many vital structures. They can be caused by accidents, suicide or homicide. A 33-year-old male body was recovered from a pool of shallow water and brought with alleged history of homicide by cutthroat injury. During postmortem examination, two cutthroat injuries and multiple tentative cuts were present. Finding of cutthroat injuries in a body recovered from water often points towards homicide and posing a challenge for forensic pathologists in determining the cause and manner of death during postmortem examinations. Hence, this case discusses the importance of furnishing of an opinion in such cases by careful examination of circumstantial evidence, history, crime scene and autopsy findings.

Keywords: Cutthroat injury; Suicide; Homicide; Tentative cuts; Crime scene.

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Introduction:

A cutthroat injury is an incised wound or injury to the neck that can be caused by a sharp object. Cutthroat injuries can be life-threatening because the neck contains many vital structures¹. They can be caused by accidents, suicide or homicide². A cut-throat injury is a common method of perpetrating homicide. It is rarely resorted to, to commit suicide, and accidental cut throats are very rare. Homicide cutthroat is inflicted by the assailant from being in a position either at the back or front, in relation to that of the victim. The pattern of suicide cut-throat injury resembles that sub-type of homicide cutthroat, which is inflicted from a position behind the victim. The wound usually

begins higher on the neck, on the side opposite to which it terminates. This type of injury is accompanied by hesitation cuts, but this is not a fixed finding seen in all cases of suicide cut-throat injuries. The homicidal cutthroat injuries inflicted from behind are usually longer. They usually start below the ear, runs obliquely downward and medially, then straight across the midline of the neck, and ends on the opposite side of the neck, lower than its point of origination.

Case Report:

History: A 33-year-old male body was recovered from a pool of shallow water (fig.1) and brought with alleged history of disposal of body after slitting of throat. The body was shifted to mortuary by the police and the case was registered under homicide.

Autopsy Findings:

External examination: Body of the deceased was moderately built and nourished. Cutthroat injury measuring 5cms x 1cm x neck structure deep present over front of neck in midline, situated 5cms below chin. Another cutthroat injury

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Figure 1: Body at the pool of shallow water

measuring 4cms x 1.5cms x trachea deep present over the front of neck, situated 1.5cms below previous injury (Fig.2). Superficial cut wounds (tentative cuts) present over an area 4cms x 3cms over lower part of neck. Vertically placed linear abrasion measuring 5cms x 0.2cm present over front of left upper chest. Scratch abrasions present over base of right thumb and base of left 3rd metacarpal. Linear abrasions present over back of abdomen.



Figure 2: Cutthroat Injuries on the neck

Internal examination:

Lungs were edematous and exuded copious froth. Stomach contained 300ml brown coloured rice meal (filthy water). Rest all organs were pale.

Toxicological analysis: Routine viscera preserved were sent for toxicological

analysis, which did not reveal the presence of any poison or alcohol.

Diatoms were found to be positive.

Final cause of death: Death is due to drowning; however, the cut injuries are sustained to the throat.

Further Investigation: Psychological autopsy revealed that the deceased was a chronic alcoholic and had made a previous suicide attempts.

Unfortunately, he took his life again during another period of separation.

Crime scene: (Figure 3a,b,c)

At crime scene, there was pool of blood, glass pieces (which probably caused scratch abrasions over right thumb and metacarpal) and blood markings on the walls at places, which suggested that the deceased could walk after sustaining injury. The scene also suggested that the deceased had slipped on the steps (causing linear abrasions on the back) and fallen on to the water which caused his death.

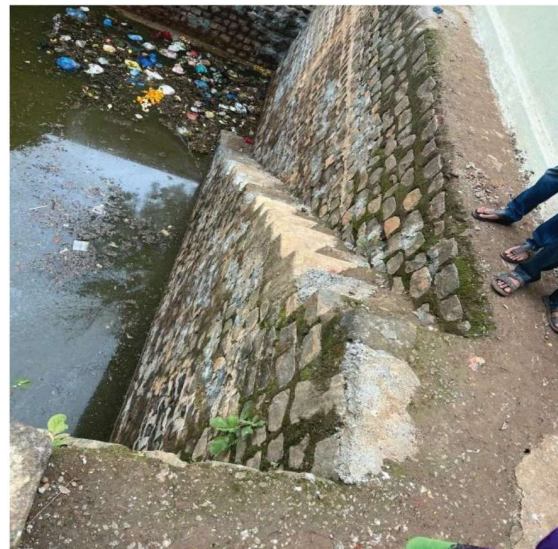


Figure 3a: Crime scene

Discussion:

In homicidal attacks, cut-throat injuries and stab wounds to the neck induced by sharp weapons are often life endangering³. A typical suicidal cutthroat incision is oblique, starting on the upper part of the left side of neck, below the angle of jaw and terminating



Figure 3b: Glass pieces at crime scene



Figure 3c: Blood stains at crime scene

on the right side in the right-handed person. Depth of the incision is more at the commencement while it becomes shallower as it crosses the throat, giving an indication regarding the direction of the slit and the handedness of the victim⁴. Agnihotri stated that usually suicidal wounds are incised while homicidal wounds are usually chopped and stab wounds. Suicidal incised neck wounds are classically numerous, being characterized by a number of cuts at the superior end of the wound known as tentative cuts/ hesitation marks. In these victims, hesitant superficial and parallel marks are commonly present on accessible parts of the body. Cutthroat is not the commonly preferred method for committing suicide. The most important task for forensic expert is to distinguish between homicidal and suicidal cut throat injuries. Therefore, in crime scene investigation, the deceased's medical history as well as all autopsy and toxicological findings must be considered with a skeptical approach before being able to establish the manner of death.

Conclusion:

Finding of cutthroat injuries in a body recovered from water often points towards homicide and posing a challenge for forensic pathologists in determining the cause and manner of death during postmortem examinations. This case was initially registered as homicide. After our visit to the crime scene and psychological autopsy, the case was changed to a suicide line. Thus, forensic pathologists help in narrowing the line of investigation and helps in serving justice. Medical help should be provided once the person shows any symptoms and signs of suicidal tendency. Attempts should be made to reach out to these individuals and proper counselling should be done to enable them to cope with the situation.

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