



D12 Food/Foreign Body Asphyxia or “Café Coronary”: An Often-Ignored Cause of Death

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After attending this presentation, attendees will be able to identify risk factors influencing food asphyxia especially in elderly individuals; and be able to suggest preventive as well as effective accident control strategies that can be used to minimize the risk of food asphyxiation among the elderly.

This presentation will impact the forensic community and/or humanity by providing knowledge that foods are a high-risk factor and should be distributed in private systems. Awareness could be a first step in reducing the incidence of food body asphyxia. It is the role of forensic community to inform the public.

Introduction: Foreign body asphyxia is known to forensic pathologists, but many accidents are fatal because the event often goes unidentified. The authors analyzed six autopsy cases carried out recently at the forensic institute in Angers, France. The results were compared with available literature. The goal of this study was to identify risk factors.

Method 1st, 2nd and 3rd cases: Women aged 53, 41, and 42 with excessive body mass and living alone, are each found dead at home in the kitchen presenting signs of major asphyxia. The autopsy revealed suffocation from a 25g piece of non-chewed meat for one, a 7x2 cm lump of cheese for another and a ten cm piece of bun for the third. Two of the women had dental prostheses. Toxicological analyses show the presence of alcohol and therapeutic doses of tranquilizers in two cases. 4th case: A 47-year-old man living alone and found dead in the kitchen slumped on the table. Suffocation was due to a 47g piece of non-chewed meat. The general dental status was poor and many teeth were missing. The patient had been treated with several anxiolytic tranquilizers. 5th and 6th cases: Men ages 57 and 60, living with a friend, found dead, one in the kitchen and the other in the bedroom, after complaining of discomfort according to a third. The autopsy concluded suffocation due to a piece of meat in both cases. The dental status was poor. Analysis revealed high blood-alcohol levels and the presence of anxiolytics. 7th case: A 62-year-old man experienced discomfort while eating in a restaurant. The autopsy revealed suffocation by a piece of meat. Toxicological analyses revealed a blood-alcohol level of over one gram.

Discussion: The subjects are of average age, while relevant literature describes these accidents at either extreme of life ages. Either the dental status was poor, or the subjects wore dental prostheses. This concept is confirmed by the literature: mastication, a *sine qua non* condition for correct deglutition, is a condition that requires good teeth. Alcohol is a recognized predisposing factor, as this study confirms. Similarly, the ingestion of barbiturates, either hypnotic or anti-epileptic, is often revealed (in six out of seven cases in this study). Authors also described the role of anti-dopaminergic or anti-cholinergic drugs. Finally, psychiatric pathologies are also considered risk factors. Four people underwent psychiatric treatment. This final element is perhaps linked to these people taking an increased-risk treatment. The foodstuffs found are often substances that are difficult to chew (meat, bread, cheese), that require more significant mastication efforts and good teeth. The accident often occurred at mealtime or afterwards. The study revealed only one case occurred before witnesses. In all other cases, the body was found in the kitchen.

Conclusion: In most cases, asphyxia is the cause, especially with more fragile subjects, who are suffering from psychiatric pathologies, chronic alcoholism and/or undergoing anxiolytic treatment. Emergency teams must bear this diagnosis in mind and attempt a Heimlich maneuver. Above all else, prevention must occur via improved oral and dental care for patients exposed to these pathologies, so as to reduce risks.

Food Asphyxiation, Autopsy Study, Cafe Coronary