



I14 On Pins and Needles: Manner of Death When an Unusual Form of Self-Mutilation Leads to Fatal Consequences

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After attending this presentation, attendees will be aware of an unusual death resulting from chronic self-insertion of metallic foreign bodies into various parts of the body ultimately leading to an intrathoracic abscess; determination of the manner of death in this case, in the context of her psychiatric disorders, will be discussed. Also included will be a more general review of common forms of self-injurious behavior and the role of psychiatric illness in the determination of manner of death.

This presentation will impact the forensic community and/or humanity by addressing the dilemma in determining the manner of death in a decedent that has a history of psychiatric illness with a rare form of self-mutilatory behavior superimposed on a background of suicidal ideation and numerous suicidal gestures/attempts.

The decedent was a 48-year-old white woman with a history of bipolar disorder, schizophrenia, prescription medication abuse and numerous suicide attempts by consuming pills or engaging in self-destructive behavior. The decedent's surgical history included a thoracotomy for treatment of a punctured lung with pneumothorax approximately six years prior to her death and a laparotomy for treatment of a self-inflicted stab wound of the abdomen one year prior to her death. The day before her death, the decedent visited her primary care physician for difficulty breathing. She was diagnosed with pneumonia and started on antibiotics. The next day her spouse found her unresponsive in bed at home, where she was pronounced dead. Numerous loose pills and prescription medication bottles were in a nightstand drawer next to the bed.

Externally, the decedent had numerous linear and irregular, hypopigmented scars on the neck, upper chest, abdomen, flexor, and radial surfaces of the forearms, dorsal hands, and anterior thighs. Internally, thin, cylindrical metallic white, yellow, and brown foreign bodies ranging from 0.4 to 5.1 centimeters long and up to 0.1 centimeters in diameter were in the upper chest and mediastinal soft tissues, upper and middle lobes of the lungs, right lobe of the liver, left flank, and right pelvis; these objects included sewing needles, broken hypodermic needles, and a fragment of yellow wire. The foreign objects were variously oxidized and were frequently surrounded by fibrous tissue. The thoracic cavity had marked mediastinal, pericardial, and pleural adhesions with fibrotic pleural plaques. A hemorrhagic abscess, approximately 10 centimeters, involved the upper right lung and superior mediastinum with extension into the right atrial appendage and aorta. The right pleural cavity contained approximately 100 milliliters of cloudy fluid. Marked adhesions and patchy scarring were over the right lobe of the liver.

The cause of death was "intrathoracic abscess due to self-insertion of metallic foreign bodies into torso." The decedent did have a history of multiple suicide attempts, but subsequent interview with her spouse revealed that she had been engaging in this specific form of self-mutilatory behavior for many years. Although ultimately producing a fatal complication, her actions were not specifically intended to cause death; thus, the manner was classified as an accident.

Both men and women with various psychiatric disorders exhibit self-mutilatory behaviors, but the majority of those who self-mutilate are women with borderline personality disorder. The most common forms of self-injurious behavior include: cutting, biting, or scratching oneself until the skin is broken and bleeds; picking healing wounds until they re-bleed; pulling hair or nails; head banging; bruising oneself; burning the skin with heat, chemicals, or cigarettes; and refusing to take prescribed medications. Remote self-inflicted incised wounds often show typical characteristics and are usually noticeably uniform, thin, linear scars arranged in parallel on body surfaces that are within easy reach (radial and flexor surfaces of the forearms, anterior torso, and anterior thighs). Self-insertion of metallic foreign objects under the skin is a rare but previously reported form of self-mutilatory behavior⁵.

Differentiation between suicidal and self-mutilatory behaviors is often difficult and is usually based on three characteristics: lethality, repetition, and ideation or intent. First, methods of self-mutilation tend to be of low lethality with physical damage ranging from superficial to moderate¹. Second, self-mutilation tends to be a more repetitive behavior than suicide attempts². Finally, only a small minority of individuals report suicidal ideation or intent at the time of self-mutilatory behavior^{2,4}.

References:

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Psychiatry & Behavioral Sciences Section – 2007

- 289
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