



D19 A Short Stab in the Back at Long Distance

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After attending this presentation, attendees will learn of the potential of computed tomography (CT) for not only the evaluation of the manner and extent of intentional sharp trauma in the living, but also influencing the deliberations of the judges of fact.

This presentation will impact the forensic science community by increasing the appreciation of the usefulness of sectional imaging in evaluating trauma in the living.

A young woman, 28-years-old, was injured in her home by her 29- year-old ex-boyfriend during a social visit including consensual sex. The mood of the moment was destroyed when the young woman, hereinafter called the "victim" received a telephone call from another man. This enraged her visitor, hereinafter called the "defendant" who began to punch and kick her. The battering moved to the kitchen where the defendant knocked the victim to the floor, stepped on her face, and stabbed her in the back with a steak knife from the kitchen counter. He then screamed that he could not believe that he had stabbed her, but hit her in the head twice more. The defendant's emotions swung from remorse that he'd stabbed her to rage over the phone call but within minutes the victim persuaded her attacker to drive her to a nearby urgent care facility. Upon arrival, she fled inside while the defendant fled in the victim's automobile.

The victim was seen to have a stab wound in the back and immediately was transferred to a hospital. In the emergency department she was found to have bruises and tenderness around the eyes, nose and mouth, stable vital signs, and a 1 cm transverse stab wound in the back just to the right of the midline.

The American College of Radiology Appropriateness Criteria, and most surgical literature, recommend CT examination for stab wounds in the back to determine the necessity for surgical exploration. This was done and showed retroperitoneal air bubbles in the paraspinous soft tissues and around the kidney and renal pedicle. Subsequently the wound was packed with ¼ inch gauze, she was observed for about 36 hours, and discharged home.

Approximately 24 hours after the stabbing, the defendant was arrested in an adjacent state while driving the victim's automobile. He was charged with: (1) attempted 1st degree homicide while armed as a repeater; (2) felony aggravated assault while armed as a repeater; and (3) felony bail-jumping as a habitual criminal. Sequential terms of imprisonment for these charges would amount to 107 years.

A court-appointed defense attorney asked for an evaluation of the knife wound and its significance as depicted on the CT. He had received differing reports from the local physicians, neither of which was wanted to give an "expert" opinion. The CT findings were reminiscent of an obsolete method for visualization of the kidney and/or adrenal gland before the advent of CT. The anatomy of the renal fossa is pertinent to that old method and to this contemporary care, and will be illustrated.

The victim's CT show a cutaneous defect at the site of the stab wound. As the CT slices progress cephalic, small air bubbles indicate the angulation of the blade, reaching the area of the kidney and its pedicle. There is no evidence of extravasation of blood or urine on this or for a delayed re-study. The renal vessels are intact. The tip of the knife (with a 4 inch blade) only penetrates 2.5-3 inches — a half-hearted stabbing in an area where the compressibility of soft tissue allows a blade to penetrate substantially deeper than its length.

Direct questioning and cross-examination at a juried trial brought out the opinion that the wound was relatively shallow compared to the weapon, and no vital organ or vessel was damaged. The tip of the knife blade obviously just nicked the renal fascia sufficiently to admit some air without damaging a capsular artery or the kidney *per se*. (Comments will describe the unusual, if not unique, problem of testimony and display of courtroom exhibits over a "crow-fly" distance of approximately 860 miles because the State Public Defender Office refused travel money.)

The jury, apparently influenced by the lack of significant harm done and by the defendant taking her to medical care immediately after the stabbing, decided that it was not the defendant's intent to kill her. They brought in a reduced verdict of first degree reckless endangerment and bail jumping which carries a 25 year maximum sentence with a maximum of 15 years in prison up front with 5 years supervision, and 5 years concurrent time for bail-jumping.

Forensic Science, Forensic Radiology, Intentional Stabbing