



Pathology/Biology Section - 2015

H59 When Life Makes No Sense — Suicide by More Than 150 Stab and Incised Wounds With Atypical Features

*Aniello Maiese**, Sapienza University, Dept of Anatomy, Histology, Forensic Medicine, & Orthopedics, Viale Regina Elena, 336, Rome, Lazio 00169, ITALY; *Lorenzo Gitto*, MD, Sapienza University, Dept of Anatomy, Histology, Forensic Medicine, & Orthopedics, Viale Regina Elena, 336, Rome, Lazio 00169, ITALY; *Serenella Serinelli*, MD, Sapienza University, Dept of Anatomy, Histology, Forensic Medicine, & Orthopedics, Viale Regina Elena 336, Rome, Lazio 00169, ITALY; *Massimiliano dell'Aquila*, MD, Sapienza University, Dept of Anatomy, Histology, Forensic Medicine, & Orthopedics, Viale Regina Elena, 336, Rome, Lazio 00169, ITALY; and *Giorgio Bolino*, MBBS, Viale Regina Elena, 336, Rome 00169, ITALY

After attending this presentation, attendees will understand the difficulties in distinguishing between homicide and suicide when atypical sharp-force fatalities occur.

This presentation will impact the forensic science community by demonstrating the relevance of a concrete methodological approach when the circumstances surrounding death are not clear. In these cases, a complete crime scene investigation should be always performed, followed by an autopsy examination and laboratory analyses.

Deaths due to sharp force injuries are less common than other mechanisms of violent death. The most common manner of death associated with sharp force trauma is homicide, followed by suicide, while accidental fatalities are relatively rare. When a sharp force fatality with atypical features occurs, identifying the correct manner of death can be challenging for the forensic pathologists. At the crime scene, a large amount of blood is usually found due to the extensive blood loss from the skin injuries. Several features to distinguish between homicide and suicide are described in literature. The absence of the weapon, the presence of defensive wounds, and normally worn clothes are suggestive of homicide. The weapon at the crime scene and near the body, hesitation marks, and undressing are commonly related to suicide. Sometimes, it is possible for homicidal cases to have injuries that are indistinguishable from hesitation marks.

A case of atypical sharp force suicidal death is presented. A 32-year-old White male was found unresponsive in the living room of his flat, in a supine position. A pool of blood surrounded the body, showing no signs of sliding or splashing. The postmortem changes were consistent with a time of death of approximately six hours before the discovery of the corpse. Clothes were worn only on the lower limbs. On the body surfaces, multiple, widespread sharp force injuries were observed. Near the right hand, a kitchen knife was present. During the examination of the house, multiple bottles of psychoactive drugs were found. According to the declaration of the victim's parents, he had a history of bipolar disorder but no previous attempts of suicide were reported. No suicide note was found.

More than 150 injuries, widespread stab and incised wounds, were present, involving different body regions. Most of the wounds were incised wounds. On the back, more than 20 incised wounds were present, even on the back of the neck. At the internal examination, the six deepest wounds that penetrated the body were identified. On the right supraclavicular region, one lesion went deep inside the soft tissue of the neck and involved the external jugular vein. Upon a layered *in situ* dissection of the anterior neck structures, a hemorrhage in the soft tissue surrounding the affected vessel was observed. On the left hemithorax, one lesion penetrated the thoracic cavity and perforated a rib, but no injuries to the internal organs were present. On the abdomen, four lesions penetrated the abdominal cavity and two of these injured the small intestine and the right common iliac artery. Toxicological analyses were negative for alcohol, medical drugs, and drugs of abuse. A 3D reconstruction of the dynamic was performed using the 3D rendering software Poser Debut® on a MacOSX® computer.

Despite the scene circumstances and several aspects that were consistent with a suicidal death, the presented case combined several atypical aspects: the number of injuries — the total number was more than 150 considering cases of repeated incised wounds to the skin; the site of some wounds was not common (e.g., lesions observed on the back of the neck and the torso); there was a perforation of one rib by the knife; the toxicological analyses were negative, suggesting that the victim was in a state of manic psychosis characterized by dysphoria and paranoia and was determined to kill himself, despite being able to feel pain from the self-inflicted injuries.

Suicides involving a large number of sharp force injuries have been described; however, when atypical features are present, distinguishing between homicide and suicide can be difficult. In such cases, the evaluation of all available data is necessary to find the correct manner of death.

Suicide, Stab Wounds, Incised Wounds

Copyright 2015 by the AAFS. Unless stated otherwise, noncommercial *photocopying* of editorial published in this periodical is permitted by AAFS. Permission to reprint, publish, or otherwise reproduce such material in any form other than photocopying must be obtained by AAFS.