



H57 Deaths Associated With Choking: An Istanbul Experience

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After attending this presentation, attendees will have insight into the effects and causes of choking and points to consider during an autopsy.

This presentation will impact the forensic science community by providing a six-year retrospective study from Istanbul describing choking-related deaths.

Choking-related death is a kind of death which occurs when food or foreign bodies occlude the respiratory tract. In an autopsy examination of choking-related deaths, the presence of a foreign body in the respiratory tract and general findings of asphyxia are helpful in the diagnosis, when another reason that explains the cause of death cannot be detected. There are many risk factors that provide a tendency toward choking. These include the habit of swallowing large amounts of food, bad/missing teeth, alcohol consumption, cerebrovascular diseases, dementia, Parkinson's disease, schizophrenia, sedatives, antipsychotic drug use, etc.

Asphyxia related to foods is classified as "acute accidental death." The mode of death that occurs secondary to the obstruction of the upper respiratory tract while eating in a restaurant has previously been named "café coronary." Corpophagic café coronary and therapy-related café coronary, which are rare forms, have also been reported in the literature.

In this study, the goal was to learn if these types of deaths are preventable by revealing demographic features and predisposing factors of these cases. In addition, the goal was to investigate the presence of some specific features, especially by evaluating the tracheal findings at autopsy.

In this study, a total number of 30,221 forensic autopsies performed in the Morgue Specialization Department of Presidency of Forensic Medicine Institution between 2008 and 2014 were retrospectively evaluated. In 34 cases, the cause of death was found to be choking; 61.7% of the cases were male and 38.3% were female. The mean age was 34.9 years. Choking material was detected in all cases except one. The most common choking material was termed as "food," while the kind of food could not be determined as examination revealed mixtures of more than one food. Clinical history was described based on eye-witness reports and medical history was available only in 11 (32.3%) cases. The obstructing choking material was removed during autopsy in 30 (88.2%) cases and resuscitation in 4 (11.8%) cases. Toxicological examination revealed no substance in 15 (44.1%) cases, while drugs used in psychiatric diseases (antipsychotic, antiepileptic, antidepressant, etc.) and ethanol were detected in nine (26.5%) and six (17.6%) cases, respectively.

In conclusion, predisposing factors that play a role in the development of choking and the location of these factors in the mechanism of death are important. In cases with a suspicion of choking, it is important to take a detailed clinical history, learn if resuscitation has been performed, and determine if choking material has been removed prior to autopsy. The oropharynx, teeth, entire respiratory tract, upper gastrointestinal system, and gastric content must be examined; toxicological analysis is also recommended. Patients with predisposing factors and their relatives should be informed about this life-threatening event and multidisciplinary approaches should be adopted in case of need.

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