

E99 Suicidal Cut-Throat Wounds: Elements of Differentiation From Homicidal Slaughtering

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Learning Overview: After attending this presentation, attendees will know more about the crucial features in forensic evaluation of cut-throat wounds for differentiation between suicidal and homicidal deaths.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by providing a complete evaluation of the crime scene investigation and the external findings of a suicidal death, underlying the distinct elements that can represent conclusive data toward the suicidal or homicidal hypothesis.

Suicide by stabbing one's own throat remains very rare and very few cases have been reported in the forensic literature. Crime scenes can often be misleading, and the direction of stab wounds, their site and number, in addition to the presence or absence of defensive wounds and hesitation marks have particular importance in helping to differentiate suicidal from homicidal deaths.^{1,2} This study reports on the case of a 75-year-old man, found dead by his wife, with a blood-smeared kitchen knife in his hand. The man had a history of psychiatric disease (mixed anxiety-depressive disorder); he was on pharmacological treatment and supervised by a psychiatrist. The morning of the discovery, he had locked himself in the bathroom and after some time, his wife, having knocked at the door several times without receiving an answer, opened it with a second key and found him lying in a prone position.

External examination of the body was performed. Findings showed an irregular transverse 14cm-long throat cut. In detail, the lesion started from the right sternocleidomastoidal region (2.5cm beneath the lower jaw angle), involving the lower part of the upper hyoidal region and the supero-medial part of the lower hyoidal region, ending at the left sternocleidomastoidal region. The underlying anatomical structures were exposed (uvula, back wall of the hypopharynx, and epiglottis). The carotid commune arteries weren't damaged. The edges of the wound were abraded and ecchymotic, and the upper part presented two epidermal flaps in its context. The right tailing was 2.5cm long and, above and below it, there were several linear, parallel cuts (three above and two below), the longest being 3cm. Another linear cut, 10cm long, 1cm above the right end, approximately parallel to the lower jaw, and four other linear abrasions, starting from the right medial part of the upper edge and going slantwise with below-upward lateral-medial and almost parallel direction, with a maximum length of 3cm, were detected. Last, another linear transversal cut of 2.5cm, starting from the upper edge of the left epidermal flap, was found. These lesions were recognized as the typical, self-inflicted suicide hesitation marks (superficial, parallel, sharpforced skin cuts).³ No significant findings were revealed on the arms, hands, back, or other parts of the body, leading to the conclusion of the absence of defensive wounds. A farewell letter was not found on the scene.

The presence of evident tentative wounds, the absence of defensive lesions, the medical history of the deceased, and the circumstantial and crime scene elements led to the conclusion of suicide. This case highlights the specific features that can help the pathologist discriminate between accident, homicide, and suicide. The complete evaluation of the crime scene, including the eventual presence of a farewell note or of elements of disturbance, and of the external findings on the body (defensive wounds, hesitation marks, lesions' typology and features) can significantly help the pathologist in correctly establishing the manner of death.

Reference(s):

- ^{1.} Solarino B., Buschmann C.T., Tsokos M. Suicidal cut-throat and stab fatalities: three case reports. *Romanian J Legal Med.* 2011;19:161-166.
- ^{2.} Chadly A., Marc B., Paraire F., Durigon M. Suicidal stab wounds of the throat. Sage Journals. 1991;31(4).
- ^{3.} Aranda Assunção L., Santos A., Magalhães T. Suicide by sharp force injuries—A study in Oporto. Legal Medicine. 2009 Apr;11(Suppl 1):S216-S219.

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