

H109 Body Packing of Narcotics Leading to Gastric Perforation and Death: A Case Report and Review of the Literature

Daniel A. Kirsch, BA*, Boston University School of Medicine, Boston, MA 02118; Irini A. Scordi-Bello, MD, PhD, Boston, MA

Learning Overview: The goal of this presentation is to address/highlight: (1) forensic investigation into body packing; (2) an unusual presentation of narcotic smuggling causing death; (3) the medical risks posed by body packing; and (4) differential diagnosis of body packing.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by demonstrating the importance of autopsies and forensic death investigations by showing an unusual presentation of body packing and by reminding investigators to keep a broad differential. This presentation will also serve to increase the body of knowledge around this activity, as it is most likely currently underreported. Attendees will come away with a greater understanding of narcotic body packing, which will hopefully improve performance in examination of this entity.

Gastric perforation leading to peritonitis can be due to an ulcer, malignancy (e.g., adenocarcinoma, lymphoma, or gastrointestinal stromal tumor), or penetrating trauma (e.g., gunshot or stab wound.) Presented here is a highly unusual and forensically relevant case of gastric perforation leading to organizing peritonitis due to the ingestion of a large number of packets (pellets) containing narcotics. The decedent was a 69-year-old man from Ghana, who prior to his death had only been in the United States for a single day and was found unresponsive in the bathroom of his friend's residence. The decision to perform an autopsy was primarily based on his recent long-distance travel and lack of any other medical history.

On external exam, the decedent was an overweight Black man with a Body mass Index (BMI) of 26.5 and a protuberant abdomen. Postmortem examination revealed organizing peritonitis with tan exudates covering the peritoneal lining serosal surfaces and a perforation in the pre-pyloric region of the stomach. Inside the stomach, there were 28 oblong, tightly wrapped latex packets, each measuring approximately 1½ x ½ inches and containing a white powder. The packages were distending and stretching the stomach; friction had most likely caused the wall of the stomach to rupture. All packages were intact. In addition to the 28 found in the stomach, 2 other packages were found that had progressed to the large bowel. The drugs were photographically documented and submitted as evidence to law enforcement agents.

Femoral blood toxicology was positive for delta-9-tetrahydrocannabinol. No cocaine, heroin, or fentanyl were detected in the decedent's blood. Other significant findings included hypertensive cardiovascular disease and pulmonary emphysema. There was no evidence of a pulmonary embolus. Cause of death was determined to be gastric perforation due to foreign bodies, and the manner was determined to be an accident.

Body packers, also known as "mules," are individuals who swallow or insert into a body cavity packets filled with illegal drugs for the purpose of evading customs. Body packers from poverty-stricken countries such as Jamaica and Colombia are recruited and financially compensated to transport drugs to the United States and Europe. Narcotics are usually packed in capsules, condoms, balloons, plastic bags, or fingers of latex gloves and most frequently are swallowed into the stomach or inserted into the rectum or vagina.¹ There are multiple reports of these packages rupturing within the gastrointestinal tract, leading to acute intoxication of the individual.²⁻⁵ Rupture and acute intoxication are the most common causes of death and the risk of package rupture increases with prolonged flight time.^{6,7} Medical examiners and coroners need to have a high index of suspicion in cases of sudden death in individuals who have recently traveled from high drug-traffic countries.

Presented here is a much less frequently encountered complication, that of gastric ulceration and perforation, leading to organizing peritonitis, sepsis, and death in a body packer from Africa. This case was unique not only because the mechanism of death was peritonitis rather than intoxication, but also because this individual was elderly and from a country, Ghana, not usually associated with drug trafficking to the United States. In fact, this individual would not have been autopsied except for the fact that he had recently flown into the United States from Africa just a day prior to his death, which led the medical examiner to perform an autopsy to determine whether his death was due to cardiac causes or a pulmonary embolus. The presence of the drugs and his cause of death were both surprising, and somewhat concerning, given that elderly patients that appear to have died of natural causes are not autopsied in many offices around the country. This case illustrates that body packing is used by people of all ages and that without an autopsy, not only is the true cause and manner of death missed, but the incidence of body packing is likely underestimated.

Reference(s):

1. Ralph Seccombe. Squeezing the balloon: International drugs policy. 1995. *Drug and Alcohol Review*. Wiley Online Library. <https://onlinelibrary.wiley.com/doi/abs/10.1080/09595239500185401>. Accessed April 23, 2019.
2. Kumral, B., Büyük, Y., Yeşiloğlu, F. et al. A fatal case of heroin body packing in Turkey. *Forensic Toxicol* 32, 338–339 (2014) doi:10.1007/s11419-013-0222-5. SpringerLink. <https://link.springer.com/article/10.1007/s11419-013-0222-5>. Accessed April 23, 2019.
3. Parthasarathi Pramanik, Raghvendra Kumar Vidua. 2016. Sudden Cardiac Death of a Body Packer Due to Cocaine Cardiotoxicity. *Sage Journals*. <https://journals.sagepub.com/doi/full/10.4137/CPATH.S41070>. Accessed July 16, 2019.
4. Koehler S.A., Latham S., Rozin L., et al. The risk of body packing: a case of a fatal cocaine overdose. *Forensic Sci Int*. 2005;151:81–4. ScienceDirect. <https://www.sciencedirect.com/science/article/pii/S0379073804004281>. Accessed April 23, 2019.
5. Cappelletti S., Aromatario M., Bottoni E., Fiore P.A., Maria De Mari G., Ciallella C. Drug-related deaths with evidences of body packing: Two case reports and medico-legal issues. *Leg Med*. 2016;20. doi:10.1016/j.legalmed.2016.03.007.
6. Sinner W.N. The gastrointestinal tract as a vehicle for drug smuggling. *Gastrointest Radiol*. 1981;6:319-23. SpringerLink. <https://link.springer.com/article/10.1007/BF01890277>. Accessed April 23, 2019.
7. Gill J.R., Graham S.M. Ten Years of "Body Packers" in New York City: 50 Deaths. *J Forensic Sci*. 2002;47(4):1-4. doi:10.1520/JFS15469J.

Body Packing, Narcotic Smuggling, Drug Mule