



Homicidal Strangulation When Victim Was Under Alcohol Influence – A Case Report

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ABSTRACT

Strangulation of the person under the influence of alcohol is one of the commonest method of Homicide may be because the person under the influence of alcohol shows minimum resistance for the act. We present one such case where the deceased was strangulated to death that was under the influence of alcohol. Even the Investigating officer had no idea about ligature strangulation. They gave history of heavy alcohol consumption and fall. But on keen post-mortem examination it was concluded that death is due to homicidal strangulation. Hence the role of forensic expert is of paramount importance to bring culprits to justice.

Keywords: *Strangulation, Under the Influence, Homicide*

INTRODUCTION

Strangulation by ligature is a common method of homicide. In true sense, all cases of strangulation should be assumed to be homicidal until the contrary is proved.¹ Evidence of struggle are usually found in homicidal strangulation but if the person is weak and infirm, made unconscious by blow to head or by Intoxicating with Drugs or alcohol there may be few or no signs of struggle.²

In this paper, we present a case where the deceased was strangulated while he was under the influence of alcohol the Investigating officer didn't know about strangulation. Meticulous autopsy and relevant investigation by the team of autopsy surgeon helped the law enforcement authority in solving the case.

CASE HISTORY

A 36 years old man was brought to the mortuary of Raichur Institute of Medical Sciences, Raichur. With the history of the deceased was a chronic alcoholic who had heavy alcohol intake on the previous day and expired the next day morning due to fall under alcohol influence.

AUTOPSY FINDINGS

The deceased was moderately built and nourished. Height 5'6" in length, Salient External findings were, body was cold to touch, bleeding from nose and mouth region present with tongue bitten. Face, palm and nails show bluish discoloration. Postmortem staining present over dependant back region of the body. Rigor mortis present in both upper and lower limbs. A brownish black patterned abrasion mark present at the level of thyroid cartilage over neck region. Measuring 16x1cms over right side, left side it is faintly observed and the mark is not conspicuous over the nape of neck region. Multiple contused abrasions, reddish brown in colour, measuring of varying sizes from 0.3x0.2cms to 0.4x0.5cms, present over front, right and left aspect of neck region. Contusion reddish brown in colour measuring 4x2cms over mid frontal aspect of right arm region, Internal Examination revealed congestion of neck structures with evidence of fracture of the left greater horn of hyoid bone. All the organs were congested. Heart and Hyoid bone were sent for Histopathological Examination. All visceral organs were sent for Regional Forensic science Laboratory which revealed presence of ethyl alcohol (117.5mg/100ml of Blood).

On perusal of autopsy findings, Histopathological report, X ray of Hyoid bone, FSL findings the cause of death was given as compression of neck with ethyl alcohol consumption resulting in asphyxia leading to cardiorespiratory failure.



Fig-1: Ligature mark prominent on right side



Fig-2: Ligature mark faint on left side with multiple abrasion



Fig-3: Contusion over right arm



Fig-4: Congestion of neck tissues



Fig-5: Fracture of left greater horn of hyoid bone

DISCUSSION

Homicide is one of the most serious consequences of interpersonal violence. The incidence of homicide has been increasing at an alarming rate in India. Circumstantial evidence plays a major role in drawing conclusions about homicidal deaths, as in other aspects of forensic medicine.³ Stab wound and blunt weapon injuries are the commonest causes of homicidal deaths.⁴ However, strangulation is also one of the most common homicidal deaths. From the available history and police investigation it was thought death was due to heavy alcohol intake and fall. But on careful examination tongue was bitten, neck shoulder ligature mark which was appreciated on right side and faint on the left side of neck, contusion seen over right arm which indicates that the deceased arm was held tightly by the accused during strangulation so that he can't resist. On neck dissection congestion of neck tissues seen, Hyoid bone fracture over left greater horn present and Forensic science laboratory report shows 117.5mg/100ml of blood alcohol level. So by this finding we can conclude that the deceased was strangulated when he was under the influence of alcohol. Hence we gave the cause of death as "Compression of neck with consumption of ethyl alcohol". The four confessed to the court of law that they all drank alcohol together in a remote place and killed victim by strangulating with nylon rope.

CONCLUSION

In every case careful External and Internal Examination should be done and not rely on

history given. Strangulation done when the deceased is under the influence of alcohol is most common method seen in many cases because the resistance will be minimum as the reaction time is impaired. In this sort of cases were the investigating officer was also not able to give a clear history the forensic expert were helpful in bringing the culprit to book.

REFERENCE

1. O. Gambhir Singh, K. Thangaraj. Fact speaking Blood Vessel A case report on ligature strangulation. J Indian Acad Forensic Med. 2013;4:389-391.
2. K.S.Narayan Reddy The Essentials of Forensic Medicine And Toxicology 31st edition;322-26
3. Gupta A, Rani M, Mittal AK, Dikshit PC. A study of homicidal deaths in Delhi. Med Sci Law. 2004 Apr; 44(2): 127-32.
4. Mohanty MK, Mohanty S, Acharya S, Circumstances of crime in homicidal deaths. Med Sci Law. 2004 Apr; 44(2): 160-4.