



DOMESTIC DEATH-STAB WOUND WITH SCISSORS

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Abstract: The study involves two male Negroid adults with tailoring as the occupation working in small scale industrial area of south Eastern, Nigeria who had a minor domestic misunderstanding. In a bid of settling the rift the two were asked for sometime off to talk to each others privately. However, the two agreed to talk over the issue within themselves; in one of this private meeting the said accused took a pair of scissors in their office while they were talking suddenly stabbed the victim on the lateral aspect of the left neck resulting to torrential bleeding.

The victim raised an alarm as he was rushed to a nearby clinic where he was attended by the medical team and discharged. A few minutes later he died. This report tends to portend that all stab wound notwithstanding the anatomical site must be hospitalised and monitored closely by both emergency physicians and traumatic/neurosurgeons for a while before discharge.

Keywords: Stab wound, Scissors, Inoffensive site-peripheral artery/veins and effects.

Introduction: Generally, stab wounds are often inflicted using knives, forks, knitting needles, screw drivers, broken bottles/glasses, pencils, picks or similar device with pointed end capable of penetrating the skin.¹ These cases are often due to domestic violence, accidental, homicidal and very few follows suicidal tendencies in which case we could see "hesitation

wounds" before the final onslaught by the individual.² Stab wounds to the neck though less often seen when compared to chest or abdomen but results to death immediately due to massive exsanguination, air embolism or asphyxia by compression of the neck structures. When there is delay in death is pertinent to be careful of sudden death resulting from cellulitis or arterial thrombosis which ultimately leads to cerebral infarction.³ At times it could be a "defensive stab wounds" seen on the hands, extensor or ulnar compartment of the forearm; or even at victims triceps region.³

However, stab wound usually is characterized by the depth, direction, vessels/organs affected

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Received on: December 2015

Accepted after revision: December 2015

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and the directing kinetic energy (force) needed to penetrate the skin or from clothing depending on site of lesions. It involves also on the configuration and sharpness of the tip of the object used as in our case scissors was used as the object to our victim which resulted to damage to the body and vessels of that area.³ Its well noted that scissors tend to have a linear wounds when it is closed but with paired perforations on opening.⁴

The emergency physicians/traumatic surgeons/neurosurgeons in most times underestimate the mean distance of organs/vessels to the skin as its shorter than they assumed example kidney is 37mm, femoral artery 18mm and pericardium 31mm.⁵ When stab wound s occurs in paucity areas example the extremities like the foot in our centre is often attended with generous bandaging with few skin suturing where applicable. At times vascular or nerve lacerations are not detected early enough as they may later lead to arteriovenous fistula or false aneurysm.⁶ It is however, pertinent to mention that all emergency unit/physicians,traumatic surgeons should treat all stab wounds as in patient and

never as outpatient basis. This is to monitor vital signs closely for any uneventful development.

AUTOPSY FINDINGS: A 30 years old negroid with length 175cm, severe pale, acyanotic but with linear laceration and sharp edge at left submandibular region. There is severe laceration on the neck region (anterior angle of the neck) measures 3cm.

The dissection on the neck was a V – shaped which showed a diagonal penetrating injury on opening up existing from left sub mandibular to right aspect of the root of the neck attaching to the stencleidomastoid muscle. This now create a horizontal track measuring 14 cm in length with massive haemorrhages into the whole length of right stencleidomastoid muscle.

On close clearing of haemorrhage on the horizontal track was severance of the oesophagus,trachea and right internal carotid at level of the root of the neck. Also seen is collection of 2000mls of altered blood in the stomach. The liver, spleen and heart are grossly unremarkable. However, the kidney showed evidence of shock with distinct cortico-medullary differentiation and severe pallor.

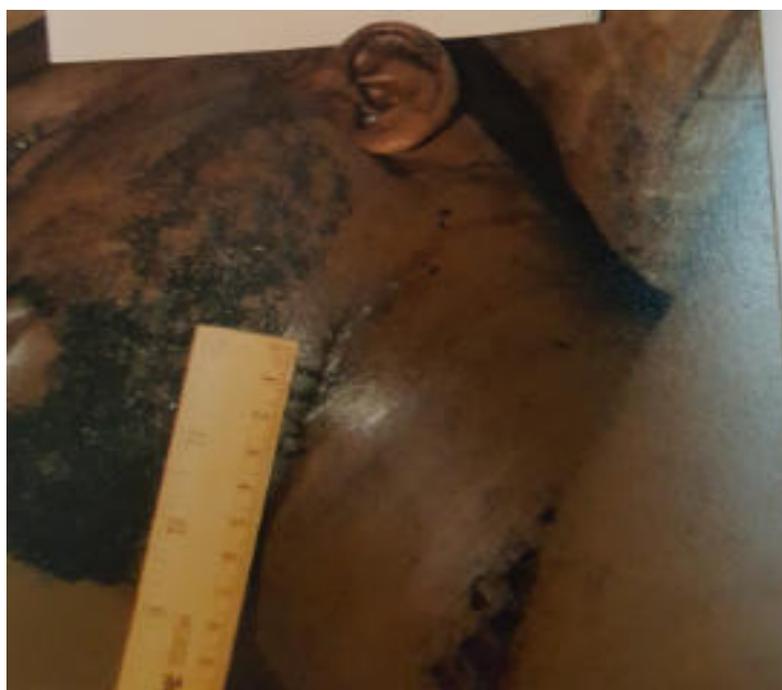


Figure 1: This depicts the area of the thrust of scissor by the suspect to the victim that was sutured using an interrupted black silk suture before he died.



Figure 2: Depicts the dissection of the neck structures showing the degree of haematoma formation-bleeding into the subcutaneous tissue and affectionation of the great vessels rimmed by haemorrhages.



Figure3: Shows the severance of the right internal carotid at the root level before the bifurcation with haemorrhages/haematoma of the muscles.

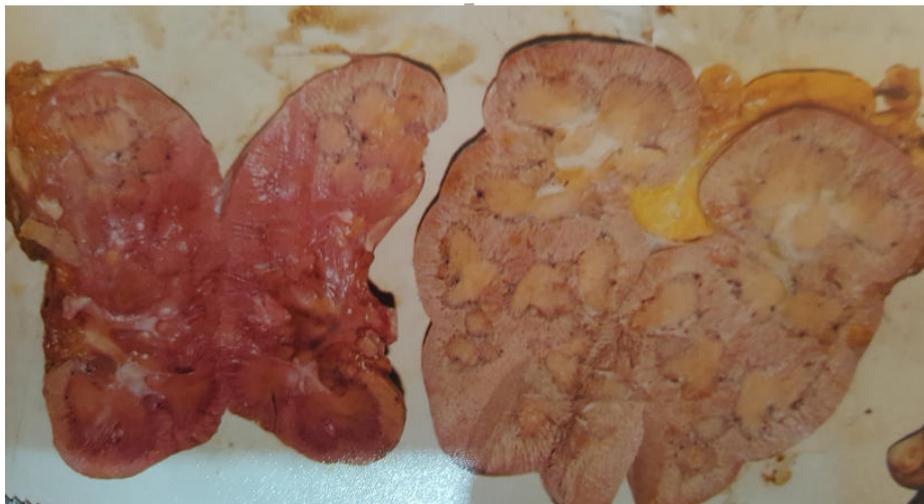


Figure 4: Shows the bilateral kidney with severe pallor and evidence of shock.

Discussion/Conclusion: The cause of death in our case was massive exsanguination due to severe haemorrhage from ruptured internal carotid artery as seen in figure 3 with forcep pointing. Since the affectionation of this great vessels-internal carotid artery is at the level before its bifurcation it does follow that apart from deprivation of blood supply to the brain it also affects the cervical, petrous and cavernous distributions.⁷ This torrential loss of blood could have accounted for the level of not only the

anaemic status but the shock kidneys seen in figure4. This paleness is also seen in most of the organs like the liver and the myocardial walls/chambers.

In this case with severance of this great vessels the cervical aspect involvement could have compromise the brachial plexus with its antecedent problems-example paralysis with false aneurysm and compression of the trunk/cords of brachial plexus as seen in our case on dissection.^{8,9} It is pertinent to note that

many researchers have reported that most victims of subclavian trauma have always had a normal pulses.¹⁰ This really is the factor that always deceive a whole lot of emergency physicians like in our own case.

This implies that all emergency physicians/surgeons must have this in mind that a normal vascular examination does not rule out an arterial injury. Hence is highly recommended that irrespective of site of injuries all patients must never be treated as outpatients. This kind of patients must remain in hospital for adequate monitoring. Also that all vascular injuries must be treated with an urgent surgical intervention as to minimize rate of morbidity and mortality from massive exsanguination or deformity from ischaemic changes as in brachial compression or popliteal vessels.

The importance of this report is to create awareness of physicians/surgeons as per the danger of treating of any stab wounds as an outpatient basis may be too fatal.

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