

INVESTIGATION OF SUICIDAL BEHAVIOR CORONER IN A RARE CHILD VIOLENT DEATH

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INTRODUCTION

Suicidal behavior is a phenomenon as old as humanity itself. His practice has become more common as we have moved towards socio-cultural modernization. The World Health Organization reported about 500 000 deaths each year, with an estimated 1110 suicides each day occurring at the same time, between 10 and 20 trials each. These are conservative figures, as for many reasons, in different countries there is a tendency not to recognize them and publish them. (1)

Suicide and attempted suicide is an area of special concern in the adolescent population over fifteen years, however, is a phenomenon rarely studied in the pediatric population (under fifteen). In this age group, suicide is a relatively rare phenomenon reaching rates of between 0.6 to 0.9 / 100,000 in the U.S. (2.4), estimated that the number of minors who attempts or suicidal ideation would 30 to 50 times higher than that of completed suicides.

In American literature speaks of prevalence rates of attempted suicide ranging between 2.3% and 15% for children and adolescents (2.5). This figure is particularly important, since a significant number of adolescents who consume suicide attempts or ideations presented earlier (6). It should also consider that suicide is experiencing a dramatic rise in adolescence (3) to become the second leading cause of death for teenagers in the United States of America (7).

The most important correlation for suicide in children and adolescents is a history of a previous suicide attempt; additionally been associated with depression, substance use, drug addicts, loss of a relative or friend by suicide, easy access to firearms, female gender, being a victim or generates violence, single parents especially father absence, narcissistic personality traits or antisocial behavior, poverty, relationship problems, physical or sexual abuse, limited adaptive capacities, eating disorders, stressful life events such as loss of a significant person or pet, problems with legal authority or school, change of address, the child's perception of lack of family support or general domestic conflict and neuropsychological deficits in executive functions, verbal fluency, logical reasoning mediated by language, etc.. (8.9).

In Forensic Medicine Violent Deaths classified as accidental, homicidal and suicidal these are all indications for the Forensic Autopsy. This procedure includes not only opening the body, but also to external review (or sketch) and the removal of the corpse at the scene of the event. From a forensic point of view, is defined as death Suicide by self-produced with the specific intention of ending one's life, with the intent of the act the most important of this conceptualization.

The study of suicide is often one of the classic themes of Legal Medicine, first because it is an unnatural death mechanism, which requires judicial intervention or direct tax, and also the drama that usually surrounds many cases : unexpected death often quickly and with greater social impact. Also in many times and places has tended to hide this kind of death, disguised under a different diagnosis or consider suicide as a mental patient.

From another point of view clinical care to differentiate the concepts of suicide and attempted suicide. In the first case, the suicide death and its study falls primarily to the medical examiner. In the second case, in which death does not occur, the study rests primarily forensic psychiatrist, it also has a legal significance as set out in our Penal Code.

This report will analyze the case of an 11-year-old who died violently, having initially created uncertainty regarding the etiology suicidal or accidental. The characteristics of age and infrequent gross findings, we present this case medical examiner, not only directed to specialists involved in this field, but also aimed at all health professionals in the future to intervene as experts to the designation of the competent authority.

CASE REPORT

1. Research at the scene of Fact:

Room 5 x 4.5 m. (Used as room temperature), e materialai noble roof, good lighting, good ventilation, no signs of violence on objects (Figure 1).

Male cadaver, 10 to 12 years approximately, in supine position, suspended from the neck part with a string of plastic (feet flat on the floor). Rope knot in neck at the level of the posterior cervical region (proximal knot). Distal knot: Rope tied from the third floor of the house (roof), which goes through the doors to the room on the first floor (Photo 2). Footprints for the shoes of the deceased. No secretion stains on the scene. Wooden chair 20 cm to the right of the corpse.

Declaration of the mother of the deceased (as Police Report): Children with no history of suicide attempt. No psychiatric or medical history. Well in school. Alcoholic father who constantly attacks the family. Low-income family. Two days ago, reports that the child had headaches.

2. External examination of the corpse:

Cadaveric phenomena: lividity modifiable predominance of the lower half lower body (Photo 8) and hands. Generalized rigidity. Mild corneal opacity, bilateral ocular hypotonia. Fauna corpse away. Incipient putrefaction. Approximate time of death: 10 to 12 hours.

Spoken Portrait: normosómica Constitution of 1.41 m. height, 45 kg. weight, good hydration and nutrition, cold skin, brunette. Face: Pale (Photo 3). Eyes: bilateral punctate subconjunctival hemorrhage (Fig. 6). Mouth: lips cyanotic entremordida language. Neck. Groove purple, 4.5 cm below the chin, oblique, incomplete, supratiroideo, white background, parchment and congested edges (Photo 4.5). Upper limbs: symmetrical, eutrophic, bilateral subungual cyanosis (Photo 7). Thorax, Abdomen, Pelvis and Lower Limbs without gross changes. The body has no external signs of trauma injuries.

3. Internal Review of the Corpse:

Head: vault and skull base injury free. Brain: circunvoluciones flattening and narrow furrows, congestive meninges, blood vessels fluently. Neck: Tear of the tunica intima cross of external and internal carotids, lacerations and bruises in muscles of the neck (sternocleidomastoid, platysma, tirohideo, esternocleidohioideo) fracture of the hyoid bone and thyroid cartilage and cricoid. Lungs: multifocal pleural petechiae, peripheral emphysema, atelectatic areas, edema and congestion. Pericardium: petechial stippling (Photo 9). Vessels of the heart, increased blood flow. Rest of viscera no macroscopic alterations.

Cause of Death: Asphyxiation Mechanics: Hanging

DISCUSSION

Suicide is a growing cause of mortality. It is among the top ten causes of death and between the second or third leading cause of death in young people, according to some studies of South American countries (10). The official rates of suicide are underestimated (11,12).

Children and adolescents from families with a history of alcoholism and a history of suicide attempts represent the largest number of cases. Some authors believe that the violence that often accompanies alcoholism, family dysfunction that generates a negative impact on the behavior of the child or adolescent, representing a risk factor for suicidal behavior (13). This background is related to this case.

For identification and imitation have been occasionally reported suicide attempts in children of parents who have adopted this behavior previously (14). There is also a higher incidence of suicide in the ends of the socioeconomic spectrum or abrupt changes of socioeconomic status, or even the so-called Werther effect, where suicidal behavior disseminated by mass media is imitated by young people (15,16). As reported, the case also corresponded to a lower socioeconomic status. However, it is not often described in literature, is completed suicide in children with no history of suicide attempts, as is the case in question.

Most authors report that the method employed in carrying out the suicidal act is the ingestion of drugs, medicines or other substances (17). As described in the present case, the causative agent of death was of a constrictor, in the form of hanging, a fact which added to the age of the deceased, is extremely rare.

The literature also relates to pediatric suicide with a higher proportion of females and a greater number of pubescent and adolescent suicides compared with children under 12 years. The latter could be explained by cognitive development that enables the perception of a mature concept of death from age 12, in addition, there is less autonomy and less access to lethal methods in children under age, added to more affection of the family, school or environment and a lower incidence of depression at that age. This is different to the discussion in this case, because the deceased had an age of 11 years.

According to the characteristics forensic case report, we note that almost all the findings are consistent with that described in the field of legal medicine. At the beginning of the evaluation of body existed doubt as to the documentation of suicide or not, for the low visibility of the space formed by the constrictor agent at the time of the suspension, might suggest that it was a murder (strangulation), as the constrictor agent would not leave space for your knot. For this, we recommend a thorough evaluation of the characteristics of the groove in the neck, as the determination of "full row" rather than "incomplete" generate other different from the presented research.

Therefore, knowing that the legal medical etiology more frequent suicide is hanging, not be overemphasized in legal medicine as in other specialties, each case must be evaluated individually, finding out the background to the development of psychosomatic and

psychological disorders deceased, making a careful and thorough examination in the scene and the autopsy pathologist. It should also be noted that this work must compete not only the coroner, but also to any health professional in any circumstance perform the forensic psychological evaluations and additional skills under the designation of the competent legal authority.

REFERENCES

- (1) Johnson, GR: Suicide among adolescents and young adults, a crossnational comparison of 34 countries. *Suicide Life Threat Behav.* 30 (1): 74 - 82. 2000
- (2) Pfeffer C. Suicide and suicidality. In: Wiener J (editor). *Textbook of Child & Adolescent Psychiatry*. Washington DC, American Psychiatric Press, 1997
- (3) Ulloa, F. Prevention of suicide in children and adolescents. *King Chil Pediatr* 1994; 3: 178-83
- (4) Pfeffer C. Suicidal Behavior in Children and Adolescents: Causes and management. In: Lewis M (editor). *Child and Adolescent Psychiatry in Comprehensive Textbook*. 2nd ed. Baltimore, Williams and Wilkins, 1996
- (5) Joffe R, Opponrd D, Boyle M. Ontario Child Health Study: Suicidal Behavior in youth 12-16 years. *Am J Psychiatry* 1988; 145: 1420-3
- (6) Mullen D, Hendren R. The suicidal child or adolescent. In: Parmelee D (editor). *Psychiatry Child and Adolescent*. Madrid, Harcourt Brace, 1998
- (7) Brent D, Kolko D. Suicide and Suicidal Behavior in children and adolescents. In: Garfinkel B, Carlson G, Weller E (eds). *Psychiatric disorders in children and adolescents*. Philadelphia, WB Saunders Company, 1990
- (8) Borowsky I, Ireland M, Resnick M. Adolescent Suicide Attempts: Risks and protectors. *Pediatrics* 2001, 107: 485-493.
- (9) Woods E, Lin Y, Middleman A, Beckford P, Chase L, Durant R. The Associations of Suicide Attempts in adolescents. *Pediatrics* 1997, 99: 791-796.
- (10) B Montoya, Ivan D. Epidemiology of Suicide. In *Antioquia Epidemiological Bulletin*. Regional Health Directorate of Antioquia. 1996: 253-60.
- (11) Desjarlais R, Eisenberg L, Good B, Kleinman A. Suicide. In: *Mental Health in the World. Problems and priorities in low-income populations*. PAHO / WHO. 1997: 95.
- (12) R. Vasquez, A. Lombana Adolescent suicide attempts: Sadness and Family Conflict. *Current FSFB Pediatr* 1991; 1:56-9.
- (13) Locke, TF Alcohol Involvement and dysphoria, a longitudinal examination of gender Differences from late adolescence to adulthood. *Psychol. Addict. Behav.* 15 (3): 227-236. 2001.
- (14) Runeson, BS Child psychiatric Symptoms in consecutive suicide among young peoples. *Ann. Clin. Psychiatry.* 10 (2): 69-73. 1998.
- (15) Lester B. Learning from Durkheim and beyond: the economy and suicide. *Suicide Life Threat Behav* 2001, 31: 15-31.
- (16) Tondo L, Baldessarini R. Suicide: Causes and clinical management. *Clin Update*, 2001.
- (17) Townsend, E. Used Substances deliberate self-poisoning in 1985-1997: trends and Associations With Age, gender, repetition and suicide intent. *Soc Psychiatry.* 36 (5): 220-234. 2001.

ANNEXES



Photo 1. Scene Fact: Accommodation with 3 floors where the event occurred.

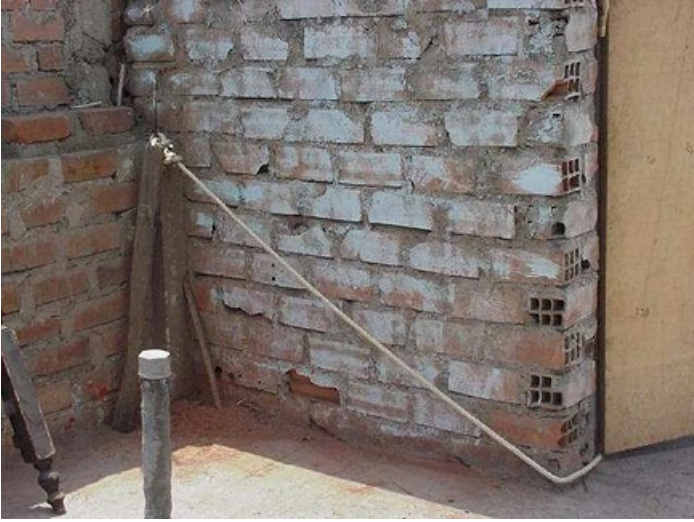


Photo 2. Done scene: String tied on the 3rd floor (Nudo distal). The body was suspended from the neck (Proximal Node) in the ler room floor of the house.



Photo 3. External Review: Corpse Male 11 years old. Pale face ("hanged white") which is related to the typical position of the proximal knot vessel symmetrical compression of both sides of the neck.



Photo 4. External Review: See the features of the groove in the neck (oblique ro sup rati ideo)



S autumn. ael cervical groove features: incomplete, reflects the shape of the constrictor agent, background white (sign of Ambrose Pare), congestive shriveled and edges (a sign of having been produced in life).



Photo 6. Subconjunctival hemorrhage: a sign of mechanical asphyxia



Photo 7. Cyanosis sub bilateral nail: signs of respiratory failure



Photo 8. Lividity in "pants". See point of heel strike (hanging incomplete)

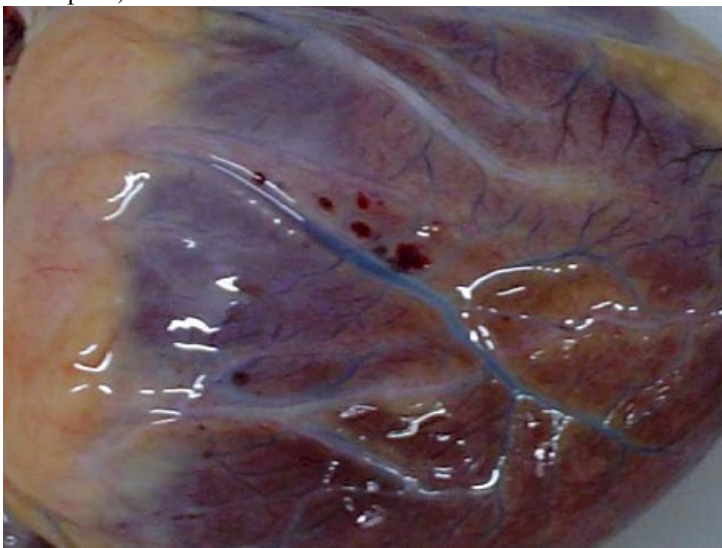


Photo 9. Petechiae in the pericardium: Signs of asphyxia

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