

G20 An Unusual Death of a Masochist: Accident or Suicide?

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The goal of this presentation is to describe a very unusual case of the death of a masochist resulting from autoerotic behavior.

This presentation will impact the forensic science community by bringing attention to the unusual practice of compressing the neck and chest during masochistic activities, along with other information related to basic crime scene investigation, reconstruction of events, and autopsy findings in these type cases.

Fatal masochistic asphyxia is a relatively rare phenomenon secondary to the malfunction of apparatus used to provide sexual pleasure. The basic mechanism of sexual asphyxia is the creation of cerebral hypoxia which, according to the literature, is generally brought about by constriction of the neck by use of a ligature. In a small percentage of cases, less typical methods of sexual asphyxia involving chest and abdominal compression are also employed. In all such cases, hypotheses of suicide and homicide must not be ruled out.

A case of a 52-year-old man found dead in the house where he lived alone is reported here. The corpse was found in his study, lying supine on the floor, underneath an open chair bed with a 1.3 x 3.2 meter mattress. The victim's head protruded from under the mattress and was partially covered by two blankets. One of the legs of the chair-bed was discovered pressing perpendicularly into his throat, between which a rubber slipper was positioned, and whose sole was facing the anterior portion of his neck in midline. An iron support bar, which made up part of the bed frame, was pressed against the chest and upper abdomen, causing the bed frame to be elevated off floor. He was wearing typical men's pajamas, underneath which he wore boxer shorts with the fly open. Autopsy revealed the clear imprint of the slipper's sole on the anterior side of the neck. There was no fracture of the hyoid bone or thyroid cartilage, but several deep muscle bruises of the neck were identified. Histological analysis revealed a hemorrhage of the jugular vein and injury to the vagus nerve. An examination of the lungs revealed a large solid mass (7 cm in diameter) occupying the inferior lobe of the right lung; nodules and sclerotic patches involving the omentum were observed, along with the presence of very large adhesions of the peritoneum together with sub-obstructions of the bowel. Toxicological examination revealed no substances of abuse in the blood or urine. The cause of death was attributed to asphyxia by external compression of breathing apparatus.

Further investigation of the victims' history revealed that he was under the care of a psychologist, due to the fact that he had habit of placing heavy objects (especially books and chairs) onto his chest or abdomen with the purpose of engaging in masochistic sexual gratification. This practice interfered with his ability to become intimately involved with women, and so he sought out psychological help to free him from this behavior. The victims' medical history is unknown, including the fact that he had cancer. As far as is known, no suicidal ideation was ever expressed by the victim.

These findings suggest that the manner of death should be classified as accidental. However, the unusual circumstances involved in this case,

including the presence of cancer, does not rule out that the death may have indeed been suicidal.

Masochism, Asphyxia, Autoerotic

G21 Numerous Rhabdomyomata and Cortical Tubers in a Possible Case of SIDS

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After attending this presentation, attendees will exercise different difficult possible manners of death in cases of SIDS.

This presentation will impact the forensic science community by the importance of fact findings through detailed investigations; medical, interviews with family members, etc.

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants between the ages of one month to one year. This position has remained unchanged despite risk reduction campaigns and the resulting decline in prevalence in the past two decades. The rate of SIDS in the United States is 0.539 per 1000 livebirths in 2005, accounting for 7.8 % of all infant death. SIDS is defined as the "sudden death of an infant less than one year of age, with onset of the fatal episode apparently occurring during sleep that remains unexplained after a thorough investigation, including performance of a complete autopsy, review of the circumstances of death, and the clinical history. SIDS, a diagnosis of exclusion, can only be made after other explanations for unexpected death have been ruled out. Such explanations include Tuberos sclerosi and infantile asphyxia.

Tuberos sclerosi complex is an autosomal dominant syndrome that is occasionally the findings in these patients with unexpected infant death. Infantile asphyxiation is an important condition that results from unsafe sleeping conditions and must be ruled out before a diagnosis of SIDS can be made. Unsafe sleeping conditions include excess soft beddings, adult beds, chairs, sofas, waterbeds etc.

A case of an unexpected infant death during sleep with multiple factors that confound the cause of death will be discussed. Factors and attempts to delineate their contributions to arrive at a cause and mechanism of death will also be discussed.

Cerebral Tuberos Sclerosi Cardiac Rhabdomyomata, Undetermined Manner of Death, Final Fatal Mecanism of Death

G22 Fatal Subarachnoid Hemorrhage During Sexual Activity: A Case Report

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After attending this presentation, attendees will have learned about a case of sudden death immediately after coitus.

This presentation will impact the forensic science community by explaining that sexual activity, in susceptible subjects may be a trigger of medical emergencies with a real risk of sudden death.

Particularly, the anatomical and physiological responses to coitus may determine many acute and severe complications. Among these, cardiovascular, neurological and urological diseases, soft tissue and immunological consequences may arise in patients with predisposing risk factors, even if asymptomatic (*A. Banerjee, 1996*).