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Case Report

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Lost bet kills man in undignified manner-A rare case report

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ABSTRACT

Every human being lives for food, comforts, sex and prestige. Exceptions are rare, who believe in dictum of “*vanity of vanity, all is vanity*”. Since long men have been known to have more interest in firearms, vehicles, games involving bets etc. than women, but in rural India, this fascination coupled with long standing loan intricacies, involvement of families and issue of prestige can be a deadly combination, waiting to explode at the slightest argument. Murder is the most serious form of human relationship gone wrong. Homicides exclusively due to anogenital trauma have not been widely reported and most of these rare cases have been reported in children and females due to perverted sexual practices like fisting. Through this paper, we present a case report of a thirty five year old male cab driver, who had purchased a car in installments from friends. When he was told to pay the last ten thousand rupees, he under the influence of alcohol preferred to have a wooden rod shoved up his anus than to pay. He was mercilessly beaten before a rod was forcefully inserted in his anal canal. He was operated upon for anorectal injuries and given highest level of treatment but died four days later. We will discuss the case in detail and emphasize the need of proper history taking, inter-departmental co-ordination and meticulous autopsy.

Keywords: Betting, Peer reinforcement, Laparotomy, Homicide, Ano-rectal, Septicemia

INTRODUCTION

Murder, robbery, arson, fraud, domestic violence, child abuse, extortion, rape and other crimes are stuff of fact & fiction. Even Bible has murder and fraud in its opening pages. Although economics, politics, socio-legal studies and sociology are all of great relevance to the consideration of crime and criminality, at the heart

of all the crimes are people.¹ Betting has been associated with sexual perversions in ancient Indian literature.² It is a very widely believed and perceived fact that alcohol increases the criminal behavior.

Behavior often reveals the true nature of crime. Group cause homicide pertains to two or more people with a common ideology that sanctions an

act, committed by one or more of its members, that results in death. This category has a sub category in which peer reinforcement escalates into murder.³ Anal injuries are part of the assault in many cases. Following anal assault, rectal bleeding from anal fissures or small mucosal tears is not uncommon and even laparotomy may be required. Rectal perforations and sphincter injuries may occur. Non genital ano-rectal injuries may be documented in 40 per cent of the rape homicide cases, but only 4 per cent are serious, and less than 1 per cent requires hospitalization. Men represent only 5 per cent of the adult sexual anal assault cases, but they tend to suffer more physical injury.⁴ Cases though rare, have been reported from all over the globe; where a man, woman or child has been murdered by inserting an out of proportion foreign material into the rectum. Recently a woman had died after a shampoo bottle was forced into her bottom in a perverted sexual assault by a man who enjoyed violent intercourse. She suffered fatal injuries and died of septicemia later on.⁵

CASE REPORT

Through this paper, we present a case of a 35 year old male cab driver from rural Haryana, who

was assaulted physically at 11 PM on 11-7-2015 by 4 people at the village outskirts and a wooden rod of roughly 6 cm diameter, used in field for plantation purpose was inserted into his rectum for about 25 cm. He went for multiple defecations after this and attended the local general hospital for nose bleed, blood in the urine, multiple contusions all over the body and a lacerated wound at 10 'o' clock position of anus. Medico-legal report was not prepared at that time due to him not consenting to it. Next day, he presented in the same hospital with guarding, rigidity of the abdomen along with the findings described above. MLR was prepared and FIR was lodged against the alleged perpetrators of the crime under sections 341, 323, 355, 302, 377 and 34 of Indian Penal Code. Clothes worn at the time of incident, ano-rectal swab and smears & pubic hair were preserved. Next day, as the condition deteriorated, he was referred to PGIMS Rohtak, where on 14-7-15, emergency laparotomy with peritoneal lavage with primary repair of rectal perforation with proximal sigmoid loop colostomy was performed under aseptic conditions for perforation peritonitis but he died the same evening at 5.50 PM.





Autopsy Findings

External Examination

Dead body was of a 170 cm long, moderately built male individual. A tattoo of a snake was present over the front of left arm. IV cannulae were present in both the cubital fossae. Duly bandaged stitched wounds for laparotomy and colostomy were present over the anterior abdominal wall.

Injuries

Anal canal was found to be patulous with tag at 9 'o' clock position with mucosa being congested.

Other external injuries

Diffuse reddish brown contusions of size varying between 1-3 x 0.5-4 cm were present over the scalp at left parieto-occipital area, left periorbital area, lower aspect of neck at right side,

lower chest and abdomen, right antero-superior iliac spine and right gluteal region. On dissection, underlying tissues were ecchymosed.

Brownish scabbed abraded contusions of size varying between 0.4-1 x 2-5 cm were present over upper back, left shoulder blade, posterior aspect of right forearm, left buttock, below left knee and lateral aspect of left leg at its lower aspect. On dissection, underlying tissues were found to be ecchymosed.

Linear scratch abrasions of length 1 to 7 cm with brown scabs, interrupted at places were present over the lateral aspect of left forearm.

Internal findings

Fifteen absorbable sutures were found to be present in lower part of large intestine in length of 8 cm at anterior aspect and gut was found to be stitched to the repair site.

Brain was congested. Each pleural cavity contained about 100 cc of straw colored fluid. Both lungs were congested and blood tinged fluid oozed out on cut section. Stomach contained about 100 cc of greenish fluid and mucosa was hyperemic.

Investigations

Viscera

Chemical analysis report of the viscera was negative for any poisonous substance.

Histopathological Examination

Brain was found to be congested on meningeal aspect. Lungs were found to be edematous and congested. Kidneys were congested and showed acute tubular necrosis. Intestines showed mucosal infarction, ulceration, trans-mural inflammation, fibrosis and inflammatory exudates on serosal aspect extending into serosal fat.

Opinion

Opinion as to the cause of death was ascertained to be antemortem injuries as described and their complications.

DISCUSSION

Although ano-rectal injuries are commonly reported in cases of sexual abuse, fatalities are very rare.⁶ As per Indian law, anal intercourse with a man, woman or animal is considered to be against the law of nature and is punishable under section 377 of IPC.⁷ However, assault involving without the intercourse is not covered under this section and will come under assault, culpable homicide or murder as the case may be. Article 3 of the European convention on human rights states that no one shall be subjected to torture or to inhuman or degrading treatment or punishment.⁸ Physicians must be educated and vigilant for sexually related injuries because people frequently will delay treatment and then provide misleading histories because of embarrassment. Proper history taking, medical treatment history and physical examination are of utmost importance in living patients. There is no substitute for a meticulous autopsy and preservation of all the required samples for workup in case of a tragic death as discussed in this case.

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