

## Life's Just Short to be Miserable

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### Abstract

A 45 years old female was brought by the relatives in the casualty with the history that the wall which was under construction suddenly collapsed on her while she was working at her home and then she became unconscious instantly. She was declared brought dead by the casualty medical officer. Panchanama was made by the Investigating police officer and body was sent for the postmortem examination. Details have been discussed in the case reports.

**Keywords:** Casualty; Hospital; Panchanama; Post-mortem.

### Introduction

Trauma is one of the leading preventable causes of death in developing countries, and is a major leading problem. Trauma affects generally the young people and accounts for loss of more lives than lost due to cancer, heart diseases and other causes.[1] Accidents are epidemic in civilized world; and our country is not an exception to this universal trend, and has witnessed a steady increase in accidental trauma, at present ranking fourth among chief cause of death.[2]

Often the victims are unconscious due to alcoholism, drug abuse or head injury. The problems in diagnosis are compounded by the fact that relatively trivial injury may rupture abdominal viscera.[3] Deaths are occurring every day, in many different settings, from injuries to the upper abdomen and lower cage that produce damage to the liver, spleen and pancreas.[4]

The solid organs are much more likely to be damaged by compression from blunt straining than the hollow viscera. The solid organs are more vulnerable while the hollow organs are less likely to be involved.[5]

The outstanding feature of injury to solid organs are haemorrhage and shock, while in hollow visceral injury shock follows with development of peritonitis.[5]

There is more or less copious hemorrhage in all the wounds inflicted during life except occasionally the victim dies immediately from a fatal injury and shock.[6]

### *Postmortem findings*

#### *External examination*

Dry reddish coloured blood staining present on both of the nostrils, eyes were closed and pupils were fixed and dilated. Petechial hemorrhages were present in both of the eyes. Mouth was partially opened, teeth were intact and tongue inside the mouth cavity. No oozing was present from other natural orifices like ear and mouth. Cyanosis of the lips was present and nail beds showing bluish discoloration. Rigor mortis was absent and postmortem lividity was difficult to appreciable. No injuries were present on the chest from the front and backside. While examining the external genitalia, vulvas shows edema and evidence of purging of the stool was present.

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Lacerated wound was present over the anterior aspect of the right knee joint which was oblique in direction, reddish color blood was oozing out with the size of 7x4 cm in length. Abrasion was present on the medial aspect of the left thigh which was 2x1 cm in length, horizontal in direction and reddish color blood adherent at that site.

Swelling was present over middle of the right gluteal region, on giving incision it shows fracture of the neck of the femur with linear tearing of the gluteus maximus, medius and minimus muscles and vessels were present.

No evidence of the fracture of the base and vault of the skull can be seen.

Larynx, trachea and bronchi were congested, edematous and no evidence of blood froth seen.

#### *Internal examination*

Rupture of the pleura was present on the right side of lung on middle and lower lobe and fracture of the right side of the ribs 3<sup>rd</sup> to 8<sup>th</sup> was present at mid-axillary line and reddish coloured blood adherent at the fracture site.

On gross examination, right lung shows contusion of 3x2 cm on the lateral aspect of lung with collection of about 600cc blood present in the right pleural cavity. On giving incisions over right lung hemorrhages were present. Left pleura was intact and left lung was normal in size and shape.

Pericardium was intact, both the chambers of heart were empty and coronaries were patent and normal in caliber.

In the peritoneal cavity, collection of about 900cc of blood was present.

Stomach contains about 60 cc of greenish coloured fluid with some partially digested food particles were present. Mucosa was congested; petechial hemorrhages were present at some places.

Liver shows lacerations over the anterior and antero-lateral aspect of the right lobe measuring 7x3 cm and 3x1 cmx parenchymal deep, directed obliquely and reddish coloured blood adherent at the site.

#### **Conclusion**

Finally, we could conclude that death was due to Haemorrhagic shock as a result of injury to the vital organ lung and liver.

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