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CASE REPORT

Multiple suicidal firearm injuries: A case study

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Abstract Firearms are often used to commit suicide, especially in countries where firearms are easily available. Suicides with multiple gunshot wounds are uncommon, but not rare. The death of a 30-year-old male is presented in the current work, in which the question of suicide was raised. The most remarkable point was the multiplicity of firearm injuries in different body regions. This case highlights the importance of criminal investigations for the confirmation of the manner of death in such cases.

1. Introduction

Suicide is now among the three leading causes of death among those aged 15–44 years (both sexes); these figures do not include suicide attempts, which are 20 times more frequent than successful suicides. The rates of suicide among young people have been increasing to such an extent that they are now at the highest risk in a third of all developed/developing countries. Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide can be a consequence of many complex socio-cultural factors and is more likely to occur during periods of socioeconomic, family, and individual crisis situations (e.g., loss of a loved one, employment, or honor).[1]

Isolated firearm deaths are usually self-inflicted. The determination of suicide is supported not only by the presence of a close-range wound but also by the scene and historical information. A complete external examination of the victim may also reveal evidence of self-intent on the hand(s), i.e., blood spatter and soot deposition. The head is the most common site for self-inflicted firearm wounds. Usually, multiple firearm wounds arouse suspicion of homicide. In the case of multiple firearm the wound tracks, relative lethality, and incapacitation needs to be assessed to determine the manner of death.[2]

We studied an unusual suicidal death in Dammam that occurred due to multiple firearm injuries in different body regions.

2. Case report

2.1. Circumstances of death and crime scene examination

A citizen reported to the police that he found his brother dead in his private flat. The death scene examination was performed

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by the investigation team, consisting of competent relevant authorities and accompanied by the forensic medical examiner.

The deceased was found lying on his right side. The pistol was in his right hand and the thumb was in the trigger guard, while the other fingers were firmly holding the grip in ''cadaveric spasm'' (Fig. 1). The postmortem lividity was purplish in color, fixed, and posterior, consistent with the position of the body. Decomposition was not yet evident externally.

The flat was well-organized, without any scattered items or signs of violence. In the interrogation of the reporting brother, he confirmed that he came to the flat and knocked on the door for a long time and received no reply. He also called the deceased's mobile phone repeatedly without any answer, so he brought a technician from a key repair shop, opened the flat, and found his brother dead. He believed that there was no criminal cause and accused no one of such an act. Later, the investigating authorities found that the victim had had many financial problems in recent months. The authorities also confirmed that no one could access the flat, as the door was locked from the inside and the key was kept in the keyhole from the inside.

A necessary forensic medical examination and autopsy of the dead body was performed based on an official request from the investigating attorney general in Dammam. On external examination, multiple relevant antemortem firearm injuries were noticed as follows: (1) an entry wound in the scalp (against the vault), 2.5 cm in diameter; a burst fracture of the skull bones together with brain lacerations was seen through the wound, (2) an exit firearm wound in the right posterior part of the scalp above the mastoid process, measuring roughly 1.5×15.5 cm, (3) a rounded entry wound, 0.5 in diameter, encircled with evidence of near firing (burning and blackening), in the anterior left part of the chest (Fig. 2), (4) an exit wound in the left side of the back (Fig. 3a), (5) an entry wound, located on the abdominal midline, about 0.5 cm in diameter, encircled with evidence of near firing (Fig. 2), (6) an exit wound located on the left posterior axillary line just about 12 cm below the shoulder (Fig. 3a), and (7) an entry wound in the right lower part of the back (Fig. 3a), about 0.5 cm in diameter, encircled with evidence of near firing. No other injuries were noticed on the dead body.

Figure 1 The scene of death showing the victim holding the gun firmly.

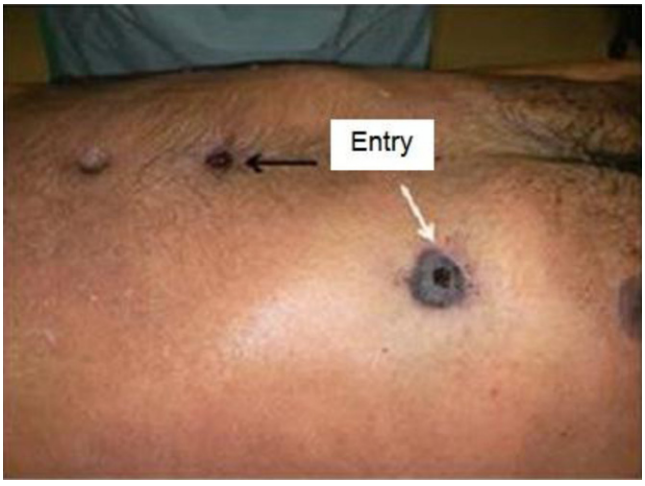

Figure 2 Circular firearm entry wound above the umbilicus (black arrow) and the other entry wound at the left lower part of the chest (white arrow). Both are surrounded by burning and blackening of the skin (sign of near firing).

Examination of the clothes showed that the victim was wearing a half-sleeve Thobe (an ankle-length Arabic dress), a white, short-sleeved undershirt, long white underpants, and short white slacks. All the clothes were stained with blood. The clothes were carefully examined and showed the following: (1) a gunshot hole (entry) surrounded with burning and blackening (highly suspicious for near firing), in the left front part of the outer garment and undershirt corresponding to the previously described wound in the anterior chest, (2) a gunshot hole (entry) encircled with burning and blackening (highly suspicious for near firing) on the midline of the front part of the garment and the underwear and corresponding to the previously described wound in the abdominal midline, (3) two gunshot exit tears on the left side of the posterior body part of the garment (Fig. 3b) and internal underwear corresponding to the outlet firearm injuries in the deceased's body, and (4) a cruciate tear (highly suspicious for an entry hole) surrounded by burn and ammunition blackening (suspicious for contact firing) and corresponding to the wound on the right posterior part of the body (Fig. 3b).

Toxicological screening of postmortem blood and urine samples were negative for alcohol, amphetamines, tranquillizers, hypnotics, and other poisonous and illicit materials.

The radiographs of the body showed shadows of a bullet in the upper part of the left shoulder and fragmented particles of a bullet in the right part of the head. Autopsy of the head revealed the track of the bullet, causing a fracture with internal beveling in the vault of the skull bones, with radiating fissure fractures (Fig. 4), and lacerations in the right and left hemispheres of the brain causing a subdural, subarachnoid hemorrhage and resulting in fissure fractures in the right anterior and middle fossae, together with a fracture with external beveling in the right part of the posterior fossa of the base of the skull bones. The bullet was fragmented inside and perforated out of the body through the described exit wound, with part of the shot settling under the head scalp opposite the exit wound. We extracted the retained part of the bullet and kept it preserved through a chain of custody for further examination by the criminal lab.