



Planned complex suicide: Report of three cases[☆]

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Abstract

This article presents three planned complex suicide cases. The first case was a 46-year-old man, who had taken some antidepressant and antipsychotic drugs before cutting his right wrist and ingesting a large amount of concentrated hydrochloric acid. In the second case, a 34-year-old man was found dead in his home, hanging by his neck, with a suicidal stab wound on the left side of the chest. In the third case, a 22-year-old woman was found dead, hanging by her neck from a ceiling beam of her grandmother's storage room, after taking of a solid rodenticide. The histories revealed psychiatric problems in all cases. The investigation of scene, the method employed, the autopsy findings and the interview with their relatives altogether pointed toward a suicidal etiology.

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1. Introduction

Complex suicide is described as a suicide in which multiple suicidal methods are utilized. Primary or planned complex suicide is defined as the combination of more than one previously planned methods to prevent first method's failure. In secondary or unplanned complex suicide, the victim employs the second method following the failure of first one [1–3].

Using multiple methods for self-destruction in a single episode occurs very rare. The victim intentionally uses a variety of backup (simultaneously or chronologically) methods to ensure a successful suicide.

This article presents three cases of planned complex suicides that took place in Edirne, and were examined in The Department of Forensic Medicine, Trakya University, Faculty of Medicine.

2. Case reports

2.1. Case 1

A 46-year-old man who had a history of major depression admitted to our emergency department after ingestion of about 250 ml cleaning agent containing hydrochloric acid (concentrated 15–18%) in a suicide attempt. He was in a half-conscious state, complaining of severe abdominal pain and vomiting. He had difficult breathing and hematemesis; blood pressure, respiratory and heart rate were 90/60 mmHg, 24 min⁻¹ and 100 bpm, respectively. Signs of peritoneal irritation or perforation were not established at the consultation by the surgeon. His chest X-ray revealed

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Fig. 1. Self-inflicted incised wounds of the flexor surface of the right wrist.

an upper mediastinal widening and blunting of the right costophrenic angle. Early endoscopy and emergency surgery were not performed because of high perforation risk and the patient's critical condition. Pleural effusion was drained with the thoracentesis. Despite the therapy respiratory distress gradually increased, and the patient died 36 h after the admission. Medico-legal autopsy was performed in the next day.

The interview with the victim's relatives revealed that the deceased had taken 14 tablets of mianserin hydrochloride (Tolvon[®], Organon-Istanbul) and 10 tablets of thioridazine hydrochloride (Melleril[®], Novartis-Istanbul) before cutting his right wrist and ingesting of hydrochloric acid.

External examination showed multiple, linear, parallel and commonly superficial self-inflicted incised wounds of the flexor surface of the right wrist (Fig. 1). At the autopsy, there were slight burns on the mucosal surface of the tongue and oropharynx, and glottic edema as well. Approximately 250 ml of blackish-red (sero-hemorrhagic) fluid was found in each chest cavity. Both lungs were edematous and congested. There were severe adhesions between parietal and visceral pleura. Marked fibrinous exudate and hemorrhage were seen on the lungs. The external surface of the stomach and esophagus was seen reddish-black in colour (Fig. 2). The mucosa of the esophagus and stomach demonstrated a blackish discoloration, areas of extensive full thickness necrosis, and periesophagial extension of the necrosis. Separation between submucosa and muscular layers of the esophagus was observed. The first parts of the duodenum and stomach were found to be slimy and softened. There was no perforation of the upper gastrointestinal tract.

At the microscopic examination, fibrinous pleuritis, severe edema and congestion were present in the lungs.

Severe full thickness coagulation necrosis was observed in the esophagus and stomach. Toxicological analysis of blood and urine samples was negative.

Autopsy findings indicated that the causes of death were mediastinitis and respiratory failure resulted from hydrochloric acid ingestion.

2.2. Case 2

A 34-year-old man had been found by his father to be dead in his home, hanging by his neck; and there was a knife on the floor. According to the father, he had a medical history of depression, and was hospitalized in a psychiatry clinic 2 month ago. After he was discharged from hospital, he was treated successively with antidepressants p.o.

At his external examination, the neck showed a hanging mark which abraded on the skin. It was brown and dried with a parchment-like appearance; outside of it there was a narrow band of hyperemia. The hanging mark was deepest in the back of neck, and there was a gap under the chin. The knot was under the chin, and an abrasion occurred (1.5 cm × 1.5 cm) on the right tip of the chin. The hanging mark was directing obliquely upwards to the suspension point. There were neither congestion in his face nor petechiae in skin and eyes. Furthermore, a suicidal stab wound from single-edged knife, and three more superficial penetrated stab wounds of the skin were found in the left side of the chest.

At internal examination, dissection of the neck revealed hemorrhagic infiltrations of the skin, connective and muscular tissues in relation to the ligature mark. The cervical spine, hyoid bone and laryngeal cartilages were intact. Petechial hemorrhages were revealed in visceral pleurae and under the scalp. The brain and lungs showed well-

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