

CASE REPORT

Death due to autoerotic asphyxia

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ABSTRACT

Background: Auto erotic asphyxia (AEA) is described as an activity where persons intentionally induces hypoxia in order to increase the sexual excitement. This could be a group or solitary activity, observed commonly in adolescents or young adult males. According to available literature deaths due to autoerotic asphyxia has not been reported in Sri Lanka. This is a case report on the death of a young adult male due to incomplete hanging with sexual paraphernalia.

Case description: A 22 year old male was found partially hanging in his bed room with the door closed. The lower half of the body was naked and he was in an upright kneeling position with a ligature around his neck. The ligature was a cotton sheet with a slipped noose on the right side of the neck and tied a wooden bar under the roof. There was a mobile phone, pieces of a shattered mirror and a chair on the floor close to the body. There was dried seminal fluid on the left hand and on the floor close to the body.

Conclusion: The state of partial hanging was used to reach the state of asphyxia. Prolonged compression of neck or failure to adopt self-rescue mechanisms may have led to death. The findings at the scene correspond to what is reported in the literature on auto erotic asphyxia. This case report highlights the importance of scene visit, in determining manner of death.

Keywords: Auto Erotic Asphyxia, hanging, sexual paraphernalia

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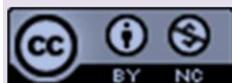
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It occurs in secluded places and sexual aids like pornographic pictures and videos are commonly seen at the scene. Transvestitism or gaining intense sexual arousal from cross dressing is a common method. While masturbating individuals may fantasize about the fetish objects².

According to the available literature, deaths due to autoerotic asphyxia has not been reported in Sri Lanka. Here we present a case where the death of a young adult occurred due to hanging with sexual paraphernalia at the scene. The case report will discuss the classical features of AEA observed at the scene of death.

INTRODUCTION

Auto erotic asphyxia (AEA) is described as an activity inducing hypoxia in order to increase the sexual excitement¹. This may be a group or solitary practice observed commonly on adolescents or young adult males². The findings at the scene of death is unique.

CASE HISTORY

A 22 year old male was found dead at home where he was living alone. The following were observed during the scene visit, where the body was in situ.

The doors were locked from inside. The body was in the bed room where the windows and the door was closed. He was in an upright kneeling position with a ligature around the neck (Fig. 1). The ligature was a cotton sheet with a slipped noose on the right side of the neck suspended on a wooden bar under the roof. The height of the roof from the floor was 9 feet. The deceased was clad in a T shirt and the lower half of the body was naked. An undergarment was on the floor close to the body (Fig. 2). There was a mobile phone, pieces of a shattered mirror and tumbled chair on the floor, close to the body (Fig. 3). A dried, thick, silver-coloured secretion was seen on the web between left thumb and index finger and on the floor under the body. Search of mobile phone information revealed that the last action was the playing of a pornographic video.



Fig. 3: Mobile phone and scattered pieces



Fig. 1: The body is in the partial hanging position with tumbled chair and mobile phone on the floor



Fig. 2: Partially naked body with the undergarment on the floor.

External examination of the body revealed a congested face, petechial hemorrhages on conjunctivae and fixed hypostasis on the lower half of the forearms, hands, both thighs and front aspects of both legs below knees. There was an imprint abrasion encircling the upper part of the neck on left side which extended upwards towards right from front and back (Fig. 4). The mark was absent on the right side of the neck below the right ear where the knot was present. The body of the hyoid bone was fractured with bleeding into the surrounding soft tissues. Internal examination revealed multiple petechial haemorrhages over the pericardium, and on the lungs. Toxicological screening for alcohol and substance abuse was negative. The swabs obtained from the stains on the finger webs and floor revealed seminal fluid. The sections for histology obtained from the soft tissues around the fractured site showed haemorrhage.



Fig. 4: Imprint abrasion encircling the neck and extending upwards on right side where the knot was situated.

DISCUSSION

Asphyxiation following compression of the neck subsequent to hanging has been reported as the commonest form of AEA³. The incomplete hanging position may have been used to create a state of partial asphyxia, but prolonged neck compression or failure of the self-rescue mechanisms led to unconsciousness and death². Asphyxia as a cause of death in the deceased was determined considering the scene, ligature and the ligature mark around the neck, and the presence of congestion and petechial haemorrhages above the ligature mark indicative of compression of neck veins.

The circumstantial evidence demonstrated the engagement of the deceased in autoerotic maneuvers which were observed in other similar case reports. But features like transvestitism, bondage⁴ and padding⁵ which have been described in the literature were not observed.

Establishing the manner of death, whether accidental or suicidal is a challenging task for the forensic pathologist in these deaths. It becomes difficult due to the unusual methods used by the victims to create the state of partial asphyxia³. According to the study conducted by the Arun et al between 5 and 20% of such deaths in US are considered equivocal and most of them are undetermined - whether accidental or suicidal⁴. The possibility of homicide should be ruled out in suspicious cases too. The body was in situ and the doors of the house were locked thereby the determination of the manner of death became easier. This case highlights the irreplaceable importance of the scene visit to determine the manner of death in autoerotic asphyxia. The deceased may have reached the point of suspension standing on the chair. By encircling the ligature around the neck and by keeping the body in partial hanging state may have engaged in sexual activity. The presence of seminal fluid on the hand indicates the act of masturbation. The practitioners knowing the danger of the activity take precautions by creating self-rescue mechanisms⁵ which was not observed at the scene. It is possible that he controlled the state of asphyxia by keeping the body in a partially seated position. Prolong compression of the neck or failure of self-rescue mechanisms may have led to hypoxia and an unconscious state resulting in the gravitational drag of the weight of the body causing asphyxia and death.

ETHICAL ISSUES

None

CONFLICTS OF INTEREST

None

AUTHOR CONTRIBUTIONS

UGBJ: Did the autopsy. Literature review. Drafted the manuscript; **JW:** Developed and revised the manuscript. Formatted according to the journal guidelines; **LKCDA:** Contributed to the autopsy, scene visit, arriving the cause and the manner of death and the concept of the work.

REFERENCES

1. Ameller A, Start YL, Cadranel M, Portlier C, Dubertret C. Addiction to Autoerotic Asphyxia. *J Subst Abuse & Alcoholism*. 2016; April(2):1048.
2. Fedakari R, Akan O, Eren B. Autoerotic asphyxia by hanging. *J Pak Med Assoc. of Medical Association*. 2008 Aug;58(8):462-4.
3. Tournel G, Hubert N, Rouge` C, Hedouin V, Gosset D. Complete autoerotic asphyxiation: suicide or accident? *Am J of Forensic Med and Pathol*. 2001(2):180-183. doi:10.1097/00000433-200106000-00014.
4. Arun M, Palimar V, Kumar G N P, Menezes R G. Unusual methods of suicide: Complexities in investigation. *Medicine Science and Law*, 2010;50(3),149-153. doi.org/10.1258/msl.2010.010021
5. Capatina C, Hostiuc S, Dragoteanu C, Curca GC. Autoerotic asphyxia hanging – case presentation. *Rom J Leg Med*. 2009;(3), 193 – 198.