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Death due to homicidal decapitation – a case report

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Abstract

Homicidal decapitation is extremely uncommon. We report a rare case of a 41-year female, from Lalitpur, Kathmandu, Nepal, who was decapitated by her husband in their bedroom with the use of a "Khurpa" a sharp local knife.

Keywords: decapitation, forensic, homicidal

Introductions

Decapitation is separation of the head from the trunk, seen in 0.1% of homicidal deaths.¹ The mode of decapitation may be suicidal, homicidal or accidental.² Extensive analysis of history, crime scene, weapon of offence and decapitated head is necessary to unravel the case. Only few reports are available in published literature.^{3,4} Search in Google Scholar and PubMed did not show report from Nepal. The aim of reporting this rare form homicidal decapitation and discussion will provide educational information on the topic.

Case summary

A 41 year decapitated female body from within same municipality as Patan Hospital, Patan Academy of Health Sciences, Lalitpur, Nepal, was brought to the department of forensic medicine by the police for the autopsy examination. Police investigation showed the victim was killed by husband at 6 am on 23rd of April 2019. The victim was from a laborer family of low socio-economic background. The victim was hit over the head with a hammer while she was sleeping and later dragged to the corner of the room and severed the head with a "kharpa", which is a locally-made, harvesting sickle. The body was found in a prone position, with the head lying by the side. The presence of head injury suggested that the victim was unconscious during the act.

Autopsy findings showed a normally developed adult female. Dried blood was smeared over the head, face and body, and clothes soaked in blood, the blouse torn over the right side of the neck. The head was completely detached from the trunk and was brought separately, Figure 1. Multiple, clean-cut, sharp-angled, skin ends were present over the lateral aspect of the neck. Four parallel incised wounds were present over the left side of the neck and two deep and parallel chop wound over the right side of the neck. Multiple, curved, incised wounds and lacerations were present over the scalp. The decapitation wound at the base of neck,

located 6 cm above the sternoclavicular joint had clean-cut margin, an antero-posterior length of 12 cm and a lateral length of 10 cm. The margins of the skin and muscles were regular and clean-cut. All the deep structures of the neck were severed at the level of the 5th cervical vertebra. The wound margins of the esophagus and the trachea were also regular and clean-cut. All the major blood vessels were clean cut. A curved incised wound was present over the right ear, the tip of the left shoulder and the posterior aspect of the right arm, forearm and hand. Multiple cuts, with one being deep, were present over the body of the 5th cervical vertebra. The internal examination of the head revealed subarachnoid hemorrhage over the left cerebral hemisphere. All the internal organs were pale due to the massive blood loss, signifying that the injuries were inflicted when the decedent was alive. After the autopsy, the cause of death was ascertained to be homicidal decapitation.

Discussions

Our victim is the rare case and probably first report of a homicidal decapitation death in Nepal. The study over a period of 10 year period shows reports 5 homicide decapitation out of 36,720 medico legal autopsies. The age ranged from 18 to 71 years (average, 45.2 years), with female predominance. There were multiple injuries to other body parts of the victims, together with the decapitation.⁴ In our case; the deceased was female of 41 years.

Mutilation is usually done to prevent the identification of the victim. Postmortem mutilation has been reported to be inflicted with different kinds of motives. In defensive mutilation (dismemberment), the motive is to get rid of the body and/or make its identification more difficult. In aggressive mutilation, post-mortem mutilation follows an act of outrageous killing of the victim. Offensive mutilation can result either from a necrophilic urge to kill and carry out sexual activities with the dead body or an urge to carry out sexual activities while inflicting pain, and in both these cases, it may be associated

with further postmortem mutilation. The fourth motive for post-mortem mutilation would be necromaniac mutilation, carried out on a dead body, where the mode of death is not necessarily a homicide.^{4,5} In our case, we found multiple incised wounds and lacerations over the scalp and back. The neck was chopped multiple times to separate the head from the trunk which suggests the aggressive type of the mutilation.

The suspicion of homicide is strongly confirmed if autopsy reveals vital decapitation as the cause of death and accompanying injuries inflicted before or after death are other classic features of a homicidal mode of death as in this case.

It might be challenging to determine the exact cause of death in cases of decapitation and to differentiate it from a post-mortem mutilation of the body. To distinguish between homicidal and other modes of death, the combination of crime scene findings, autopsy findings and circumstantial evidences provides valuable evidence.⁶ Experts involved in medico legal autopsies should be competent to accurately interpret the autopsy findings, so that their opinions will ultimately ensure that a miscarriage of justice will be as rare as a homicidal decapitation.



Figure 1. Complete homicidal decapitation

Conclusions

This case of homicidal decapitation of an adult female by her husband confirmed on autopsy together with police investigation represents rare report from Nepal.

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