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Original Article

Cutthroat-Case Series

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ABSTRACT

Cutthroat often poses a challenge to the autopsy surgeon in determining the manner of death. An incised wound or 'slash wound', results when an object with a sharp tip or edge makes tangential contact with skin. Cutthroat may be homicidal, suicidal, or accidental.

Suicidal cutthroat injuries are usually oblique, starting from higher up and tapering lower down, and associated with hesitation cuts unless it is a determined suicide. It is more commonly seen in anatomical zone II of the neck.

Homicidal cutthroat injuries can be seen in any zone of the neck, even in the back of the neck, and are usually associated with an "overkill" phenomenon.

This case series discuss the two homicidal cutthroat injuries and their difference from suicidal cutthroat.

Key Words: *Cutthroat, hesitation cuts, overkill, slash wound*

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INTRODUCTION

The forensic doctor has a challenging task during the ascertainment of the manner of death in cutthroat injuries when presented with no proper history or witnesses. As this is an uncommon case, an attempt is made to arrive at the conclusion of causation of injuries and manner of death by detailed autopsy examination which gives an idea about the nature of the crime, thus helps crime investigations. Cutthroat injury is incised injury over the neck, inflicted by sharp elements such as razors, knives, broken bottle pieces, glasses, etc, which may be homicidal or suicidal, or accidental [1, 2].

In suicidal cut throat injuries by a right-handed individual, the wound is marked by multiple, predominantly parallel nature of the wounds and, in suicidal acts; the more superficial injuries are referred to as 'hesitation' or 'tentative' injuries [2, 3] and usually begins from the upper part of the outer aspect of the left side on neck. But a determined suicide may inflict a big gaping incised wound severing completely the soft tissues of the front of the neck down to the vertebral column. Whenever the presence of other self-inflicted injuries, evidence of suicidal intent, and detection of suicidal notes, etc, will point towards suicide [1].

Homicidal cutthroats can be produced in two different ways; depending on whether they are produced from the back or the front [4]. Of those two methods, cutting a person's throat with a knife is then drawn across it. The knife is drawn across the neck, from left to right by a right-handed assailant and from right to left by a left-handed assailant [5]. The wound inflicted is deeper at the beginning and then tails off with a linear abrasion at the opposite side of the neck [6, 7].

The homicidal cutthroat injuries inflicted from behind are usually longer. They usually start below the ear, run obliquely downward and medially, then straight across the midline of the neck, and end on the opposite side of the neck, lower than its point of origination [5].

Contrary to that, the homicidal cutthroats inflicted from the front, tend to be short. Horizontal wounds inflicted from the front are the least common[6]. Further, instead of the neck being cut with one long continuous motion, these wounds are inflicted by several swipes or slashes [5, 7].

CASE 1:

A 40-year-old married man was found dead near a bus stop around 7.30 p.m. in a pool of blood. A Paper knife was recovered from the right hand of the deceased at the scene. He was a right-handed person.

The autopsy was performed at Rajiv Gandhi Govt General Hospital. At the autopsy, the clothes showed dried blood stains [Fig-1]. A moderately built and nourished, male body. Rigor mortis was well-developed and generalized in the upper and lower limbs. Post-mortem lividity was present over the back and it is fixed. Eyes and mouth were closed with pupils fixed and dilated. Dry dark red blood stains were present over the anterior neck and the chest. A deep, horizontally placed, long incised cut throat injury 14 x 6 x 3 cm was found on the front of the neck in the anatomical zone I. The left end of the injury started10 cm below the left mastoid process at middle third of the and deepened gradually with severance of the underlying muscles and left carotid artery. The right-sided end of the injury was at the mid-third of the neck and 12 cm from right mastoid process with severance of right internal jugular vein and first tracheal ring [Fig-2]. There were no other injuries including hesitant cuts or defense injuries. Trachea, bronchi and bronchioles showed aspiration of blood. Abdominal wall was intact and no free fluid in peritoneal cavity. Internal organs were intact and pale. Spine and spinal cord were intact with no injuries. No scalp injuries or fractures of skull. Brain and dura were intact, brain was soft and oedematous. Thoracic wall was intact with no rib fractures, both lungs were intact, pale and oedematous. Heart was normal in size and shape and no abnormality was detected. Cause of death was opined as "Haemorrhage and shock due to cut throat injury." Manner of death was opined as HOMICIDE. Chemicalanalysis of Viscera was negative for alcohol and other poison.

Later, the suspect was identified and produced. He was one of the victim's friends. History revealed that both accused and victim were recreational drug abusers. A quarrel arose between them regarding the drugs. Since the victim refused to give the drugs, the accused sliced his throat with the victim's paper knife and placed it in the victim's hand to stage a suicide.

Image: 1

Image: 2

Image: 3

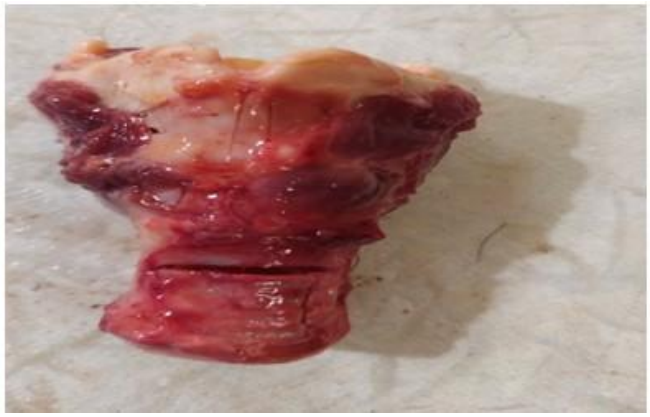

Image: 4

Image: 5

Image: 6

CASE 2:

A 35-year-old male was found dead near an ATM around 11.30 p.m. with a pool of blood.

The autopsy was performed at Rajiv Gandhi Govt General Hospital. At the autopsy, the clothes showed dried blood stains [Fig-7]. A moderately built and nourished, male body with rigor mortis was present all over the body. Post-mortem hypostasis was fixed over the back. Eyes and mouth were closed with pupils fixed and dilated. Dry dark red blood stains were present over the anterior neck and the chest.

A horizontal cut throat injury of size 16 x 6 cm x bone deep on the front of middle third of neck in the anatomical zone I, which is about 7 cm from right mastoid and 6 cm from the left mastoid, with absence of middle third of trachea, underlying muscles, blood vessels and nerves. There were incised wounds on the right and left sides of face. Other than that, there were no injuries on the body. Skull, brain, heart, ribs, lungs, abdominal wall were intact. All the internal organs were pale. Cause of death was "Haemorrhage and shock due to HOMICIDAL cut throat injury."The chemical analysis of Viscera was positive for alcohol.

Subsequently, the CCTV footage near ATM was analysed, in that two persons murdered the victim with a paper-knife. The weapon was a sharp-edged light weapon, made multiple cuts on the middle part of the victim's neck and removed it. This corroborates our autopsy findings.

Image: 7

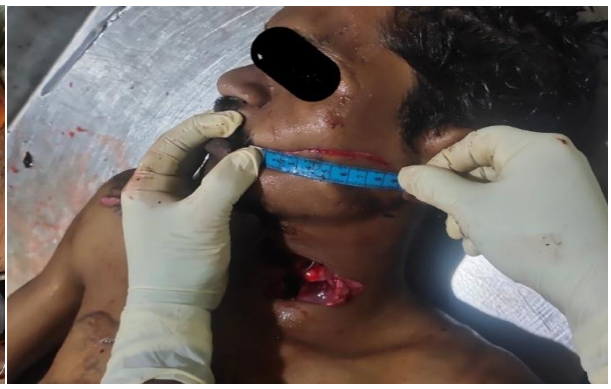

Image: 8

Image: 9

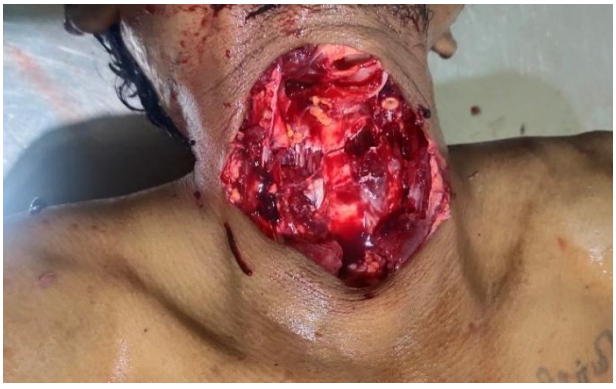

Image: 10

DISCUSSION

Injuries to the neck are divided into three anatomical zones. Zone I injury is between the clavicle and the inferior border of cricoid cartilage. Zone II is between the inferior border of cricoid cartilage and the angle of mandible. Zone III is between the angle of mandible and base of skull. Suicidal cutthroat injuries are common in Zone II [8].

Cutthroats can be homicidal, suicidal, or accidental [9]. Homicidal cutthroats are a well-recognized method of killing while suicidal cutthroats are less commonly reported and accidental cutthroats are rare [10]. Forensic surgeons have a challenging and important task in ascertaining the manner of death when cutthroats are presented with no proper history or witnesses [11]. It was highlighted in the OJ Simpson case too, where the body of OJ Simpson's ex-wife, Nicole was found dead with her throat cut [10].

Emotionally driven murders are committed by intimate partners of hetero or homosexual relationships, etc. Further, the killing of a gay partner by the other partner has been reported in the literature due to different reasons such as attempting to terminate the relationship, initiate a relationship with another partner, etc [5].

Accidental cutthroats are exceptionally rare. They are usually seen only when a victim goes through a sheet of glass or is struck in the neck by a sharp-edged missile or flying piece of glass [5].

The suicidal cutthroat wound is similar to the homicidal cutthroat when attacked from behind. The wound usually begins higher on the neck on the side opposite to where it terminates [5]. Ina right-handed person, the suicide cutthroat should typically start from the upper third of the left side of the neck and end at a point lower than the origin on the right side. A similar finding was found in both cases.

Suicidal cutthroats are usually, but not always, accompanied by hesitation marks [5]. Further, a fatal suicidal cutthroat may be accompanied by a cadaveric spasm with the knife found firmly clenched in the victim's hand. Also, there were no self-inflicted injuries such as multiple, parallel, or superficial injuries at inaccessible sites according to the handedness of the deceased [10]. When the history, autopsy findings, and scene findings are considered the suicidal cutthroat could be safely excluded.

CONCLUSION

Investigating the Cut throat injuries is always challenging. Autopsy surgeons have a major role to play.

In our first case, it was staged like a suicidal cutthroat. However, there was no cadaveric spasm or hesitation cuts. Also, the injury was situated in the lower part of the neck although obliquely placed.

In the second case, the injury looked like a single deep cut using a heavy weapon, on meticulous examination, it was found that the neck tissues have been severed up to the cervical vertebra and this could very well be caused by a light cutting sharp weapon. There is also an "overkill" phenomenon observed which confirms the homicidal cutthroat.

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