DELAYED DEATH FOLLOWING SUICIDAL HANGING

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Hanging is a common method of suicide in Sri Lanka. In hanging, death of the individual occurs immediately, and the average fatal period is three to five minutes. In hanging, survival after prolonged periods of unconsciousness is very rare. It has been observed that, when victims of near hanging are actively and vigorously resuscitated, it could lead to survival. Delayed deaths due to hanging are rare with few reports in the literature. In these instances, death occurs mainly due to aspiration pneumonia, pulmonary oedema, laryngeal oedema, hypoxic encephalopathy, infarction of brain and cerebral softening.

This communication attempts to report a case of a rare delayed death after suicidal hanging. The victim was a 20-year-old female. She was found hanging from a rafter, with a cloth. Thereafter, she was brought down, and was admitted to the hospital in a semiconscious state. At the time of admission, the pupils were dilated and sluggishly reacting to light. The Glasgow Coma Scale registered between 7-9, and remained same until death. She was treated conservatively, and remained semiconscious for four days throughout her stay in the hospital. Because she was aphasic throughout, recording of a dying declaration was not possible. This woman died four days of the incident.

The post mortem examination of the deceased revealed a ligature mark externally, on the neck. It was a healing abrasion, with a brownish black dried scab surrounded by a puckered skin. All the other external injuries were excluded. The soft tissues of the neck, hyoid bone, cricoid, and thyroid cartilages, the larynx including vocal cords, and the carotid arteries were unremarkable. The brain, lungs, liver, kidneys, and the spleen were congested, while the brain was soft and oedematous. Neither any internal pathology, nor any injury was detected. Histological examination of the brain revealed cerebral hypoxic changes. The cause of death in this case was pronounced as cerebral hypoxia due to hanging.