

Case Report

Suicide by unusual methods: a rare case of complex suicide

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Received: 18 November 2021

Revised: 09 December 2021

Accepted: 14 December 2021

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ABSTRACT

Genital Self-Mutilation (GSM) is usually associated with mental illness. It is considered as the most brutal form of self-harm. Many cases of such self-harm have been described by various authors in different times. However, its existence in absence of any mental illness and using it as a method of suicide is a matter of question. Although, some cases are reported; its incidence is very low. Its association with complex suicide is even much lower. Usually, in complex suicide, the victim chooses some methods which are less painful. Such a complicated case of complex suicide was brought to the tertiary care center of Dibrugarh, Assam for post mortem examination. The deceased, a 36 years old male was brought with history of cutting his external genitalia followed by hanging. The case has been described in this paper with relevant review literature.

Keywords: Genital self-mutilation, Mental illness, Complex suicide

INTRODUCTION

Self-mutilation is considered as deliberate destruction or alteration of body tissue without any suicidal intent.¹⁻⁴ Genital self-mutilation (GSM) is considered as the most brutal form of self-injurious behavior out of all. Sacrificing own genitalia was earlier considered as the supreme sacrifice of sexual life in the name of God by Romans.⁵ The first reported case of GSM was found in a letter to Journal of Medical Associate in 1901.⁶ More than one form of self-mutilating behavior may be present within an individual, however GSM is usually not associated with any other form.^{1,2,6,7} It is seen most commonly among people having mental illness of different types including borderline personality disorder.^{4,8,9} Patients with religious delusions, guilt following sexual conflict, recent attempt to suicide, depression, severe childhood traumatic events or deprivation, major pre-morbid personality disorder are at risk for genital self-amputation.¹⁰

Committing suicide by completely cutting the penis without any pre-existing mental disorder is extremely rare. Few incidences of failed suicide or who adopted some other method(s) following GSM have been reported. This type of suicide who adopts more than one method is known commonly as complex suicide.¹¹ They may be either primary or secondary depending on whether they pre-planned the 2nd method, or it comes to their mind after failure of the first. Out of all suicides, 1.5-5% are complex in nature.¹² Such a case was brought to the tertiary care center of Dibrugarh, Assam for autopsy who committed suicide by adopting GSM followed by hanging. The case has been presented with review of relevant literature.

CASE REPORT

The body was brought to the mortuary on 12 June 2013 at 11-30 am, wrapped in a plastic sheet. Postmortem

examination was conducted on the same day immediately after receiving body and relevant papers.



Figure 1: ligature mark around the neck.



Figure 2: Blood-soaked garments.



Figure 3: External genitalia.

Before autopsy, brief history was collected from accompanying persons. As per the history, deceased was a house keeping staff in a tea garden at Dibrugarh district, Assam and was staying in a staff quarter with his wife, mother and 3 years old son. There was always quarrel between his wife and mother regarding dowry since marriage. Hence, most of the time he was unhappy as he was not able to handle the situation and started taking alcohol afterwards. On the day of the incidence, his wife

threatened to leave him forever following a heated argument, if he is going to stay with his mother. Next day morning, his body was found hanging from a bamboo ceiling of their cattle house. He was having a normal sexual life with wife and there was no history of any mental illness. His friends even noticed nothing unnatural in his behavior before the incidence.



Figure 4: Amputated penile shaft.



Figure 5: Trickling of blood over legs.



Figure 6: Amputated penis alignment with stump.

During examination, deceased was found to be a thin built person with swarthy complexion, wearing a dirty towel, half sleeved T-shirt and a vest. Garments were stained with blood (Figure 2). Body was pale, rigor

mortis present all over the body and postmortem hypostasis present over dependent parts and was fixed. Dried mark of dribbling of saliva seen over right angle of mouth and anterior aspect of T-shirt.

The deceased was a thin built person with swarthy complexion, wearing a dirty towel, half sleeved T-shirt and a vest. Garments were stained with blood (Figure 2). Body was pale, rigor mortis present all over the body and post mortem hypostasis present over dependent parts and was fixed. Dried mark of dribbling of saliva seen over right angle of mouth and anterior aspect of T-shirt.

An oblique, transverse, and incomplete ligature mark of size 32×2 cm was seen over the neck; high up above the thyroid cartilage. Non continuity was present over the occipital region. The mark was deep in front of neck, which gradually became faint on its lateral aspects. The ligature mark was 6 cm, 6.5 cm and 7 cm below the chin anteriorly, right and left angle of mandible on both sides respectively. It was dry and dark brown in color (Figure 1). On reflection of the skin, the area was parchment like. There was contusion underneath soft tissue with no fracture of any cartilage and hyoid bone.

All organs were pale on internal examination. Stomach contained approximately 200 ml of liquid substance with smell of alcohol.

The penile shaft was completely amputated 3 cm from the proximal end and was brought separately. Near to the cut end, 2 hesitation superficial cuts were seen. It was having clean cut with smooth margins. The cut end was ecchymosed with blood clot adherent to it. The skin of left scrotum was also cut exposing the testicle. The length of the penile stump was 5.6 cm; the cut end was retracted with smooth margin and adherent blood clot (Figure 3,4,6). The genital area was soaked with blood and dried mark of trickling of blood seen over the anterior aspect of both the lower limbs (Figure 5).

The ligature material used by the deceased was a nylon rope. No significant findings were detected on histopathological examination, chemical analysis of viscera and blood showed only alcohol with no evidence of intake of any poison. There were no other injuries in the body (blunt and sharp) except those described above. Cause of death was ante-mortem hanging with a time since death of approximately 12-18 hours.

DISCUSSION

In Complex suicide, usually the person adopts two or more methods to end up life. However, cutting the external genitalia to end up life is very rare instance and is usually associated with some pre-existing psychiatric illness.¹³ Till now many cases of genital self-mutilation (GSM) have been reported, out of which most of them are associated with some mental illness. In a study done by Greilshheimer and Groves, out of 52 cases of GSM,

87% were associated with some mental illness and 18.5% were schizophrenic.¹⁴ Nakaya et al also found majority with mental illness out of 110 cases. The non-psychotic was having sexual identity disorder.¹⁵ Similar result was also found by Abooseif et al while studying 14 cases (65% had preexisting mental illness).¹⁶ Henry et al reported a case of 34 years old person with paranoid schizophrenia, who attempted suicide by hanging and was saved by family members. However, after some time he slashed his penis to end up life. Later on his external genitalia was reconstructed by medical team.¹⁷ This self-destruction can also be seen amongst people who are addicted to cocaine, cannabis or amphetamine.¹⁸ A case was reported, where a teenager under the influence of "Mephedrone" stabbed his mother, slashed his penile shaft and tried to hang himself.¹⁹

Hence, self-inflicted genital injuries (or GSM) are not considered as attempt to or failed suicide rather considered as a component of bipolar and personality disorder.^{14,20-22}

However, findings of some authors at different times compelled to belief the possibility of its association with suicide without any pre-existing mental illness. Some authors found few cases where there was no history of mental illness and sole reason for genital self-harm was to commit suicide. They are in the belief that cutting partially or completely the external genitalia will bleed more and they will be dying soon. In India and China, it is a cultural belief that penis is the source of life.²³ A 72 years old patient attempted suicide by cutting his penis at the base. He was not having any history of mental illness or any family history; his intention was to end up life in a belief that cutting the penis will bleed more and he will die easily. However, he was rescued by family members and saved by medical team.²⁰ Similar case was reported where an elderly person with no history of mental disease committed suicide by cutting his penis followed by hanging. He was on catheter due to some urological problem.²⁴ Yang and Bullard described three cases of failed suicide of cutting external genitalia. Out of these, two committed suicide after sometime by jumping from buildings.²² These literatures clearly described that cutting external genitalia not necessarily be always associated with mental illness.

In our case also, the adult male was not having any documented mental illness. He was working and behaving properly with family members and friends. There had not been any report of mental illness among any of the family members. His sexual life with wife was also normal. The only problem he was having was frequent quarrel with his wife regarding the family conflict with wife and his mother. Most of the time after quarrel, he went outside and took alcohol and came by late night. This is the only way he was avoiding the situation. But on the night of that day, it went out of his control and he took the extreme step to end up his life after not getting any solution. Usually, in planned

complex suicide cases people most commonly choose lesser lethal methods initially, failure of which he will adopt the more lethal one.²⁵ The choice of a brutal method clearly tells that it is probably not a planned complex suicide. He adopted it because of frustration, deep anger and grief probably to punish him not able to give justice to wife and son. When it did not work with too much pain, he probably adopted the second commonly used method to kill himself. Hence, it can better be considered an unplanned complex suicide.

CONCLUSION

Although, many cases of complex suicides have been reported globally; the number of cases where the victim chooses cutting his own genital as the first method to end up life is very rare. This case clearly describes that GSM is not always associated with pre-existing mental illness. However, while conducting autopsy in this type of cases, always we have to rule out the possibility of any mental illness. Hence, relevant history has to be taken from family as well as other persons who is close to the victim at the time of autopsy. Crime scene visit by autopsy surgeon along with investigating agency is a must in these types of cases to analyze the case from all the angles.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Sarma B, Kumaran SM, Kumar AS, Dash SK. Suicide by unusual methods: a rare case of complex suicide. *Int J Res Med Sci* 2022;10:273-6.