

Rape Homicide Following Criminal Abortion: An Autopsy Finding in Calabar, Nigeria

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Received date: July 23, 2018; Accepted date: September 21, 2018; Published date: September 28, 2018

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Abstract

Background: Medical practitioners have been accused by female patients of sexual assault (rape) while undertaking examination on them in their consulting room without chaperons which is against medical ethics. In the said case the medical officer sustained a deep laceration to his tongue leading to massive blood loss and his death.

Aim/Objectives: To determine the cause of death of a senior medical doctor in the theatre while performing an evacuation on a first trimester primigravida undergraduate female student using Dilatation and Curettage method alone in his clinic without an assistance or a chaperone.

Materials and Method: This is a hospital based autopsy carried out in the Department of Pathology, University of Calabar Teaching Hospital on a medical officer who died on arrival at the accident and emergency unit of the hospital on account of massive blood loss resulting from multiple deep laceration he sustained on his tongue without injuries to his upper and lower lips or mucous membranes while performing a dilatation and curettage procedure on a young undergraduate female patient without a chaperone in his private clinic.

Results: The patient was markedly pale with a deep laceration on the posterior surface of the tongue and held loosely by six absorbable catgut suture located 2.5 cm from the tip of his tongue and measuring 4 cm in length and 2 cm in depth, obliquely oriented against the line of the patients dentition on the anterior surface and both fresh and altered blood within the tracheobronchial tree, esophagus and lungs. There were generalized visceral organ pallor and shock kidneys.

Conclusion: The cause of death is exsanguination secondary to traumatic injury to the tongue. Poor surgical repair of both vascular and muscle planes of the tongue resulted in failure to arrest the bleeding. Bite marks against the patient's dentition helped in linking his injuries to the female patient.

Keywords: Homicide; Patients; Sexual assault; Injury; Abortion

Introduction

Abortion is defined as the termination of unwanted pregnancy and is a criminal offence in Nigeria punishable by a jail term if caught. Abortion is practiced in secrecy by medical practitioners, nurses, laboratory scientist and even medical students. A very small group (1%) of women undergoes a D&C performed by a chemist, friend or traditional provider [1]. The levels of unintended pregnancy and unsafe abortion continue to be high in Nigeria with an estimated 1.25 million induced abortions in 2012, which is equivalent to a rate of 33 abortions per 1,000 women aged 15-49 [2]. The resultant consequences are serious complication such as uterine and intestinal perforation and even death of the women. Un-safe abortion is a major contributor to the country's high levels of maternal death, ill health and disability. Abortion law and policy liberalization could lead to drops in unsafe abortion and related deaths [3]. The said case is a strange one as the medical officer who carried out the procedure alone in his private facility suffered a severe mysterious laceration to his tongue that led to massive bleeding leading to his death. Researchers have generally agreed that female victim's resistance is effective for preventing the completion of a rape attempt [4]. Such resistance may result in severe

life threatening injury to the perpetrator of such wicked and unholy act and possibly resulting in death. There is paucity of research works as majority of reports is on the victim and not the rapist.

In a study conducted by Dubois et al. on sexual violation of patients by medical practitioner; they found out that most cases involved five factors which include male physician (100%) older than the age of 39 (92%), who were not board certified (70%), practicing in nonacademic settings (94%) where they always examined patients alone (85%) [5]. Undocumented cases of medical officer having carnal knowledge of their female patients in their theatres have been insinuated but no documented evidence as most of the cases are not reported to Law enforcement agency. Sexual assault among women is an important health problem as reported in a study carried out by Adeleke et al. at Osogbo South Western Nigeria. Sexual assault cases constituted 2.1% of female consultation outside pregnancy during the period under study while proportion of cases increased over the years under review about 81% of the victims less than 18 years were sexually abused in the day time and majority 79.6% knew their assailant. About 40% of the victims presented within 24 h of sexual abuse but none had post exposure prophylaxis and they concluded that there is need for hospital based management protocol [6].

We report a case of a 55-year-old well-nourished private practitioner who sustained a deep laceration to his tongue while performing a D&C procedure alone in his private facility without the aid of a chaperone.

Case Study

The patient is a 55-year-old medical practitioner running a private clinic in town was brought to the casualty in our facility on account of a deep laceration to the tongue while carrying out a D&C in a mature female adult for unwanted pregnancy. The wife of the deceased said her husband came out of the theatre unable to speak and could only communicate by making mumbling signs to her. She called for help and a colleague; who happens to be a registrar in a tertiary institution made an attempt to arrest the bleeding by local anaesthetic block and suture using catgut. He was unable to achieved homeostasis following suturing. The deceased condition deteriorated; he became weak, dyspneic with blurred vision and died some hours of arrival in our facility. No investigation was done before death and the deceased is not a known hypertensive and diabetic patient. The female student was not available for examination and law enforcement agency were not notified.

Postmortem Findings

Description

Postmortem examination is that of a middle age well-nourished severely pale Negroid male with a height of 1.53 m and an approximate weight of 85 kg. The pupils are fixed and dilated with a pale palpebral conjunctiva. There were no defensive injuries on the limbs and no bruises or laceration to the upper and lower lips. The external genitalia are unremarkable (Figure 1).

Mouth: The upper lip and lower lip are unremarkable, no bruises or laceration noted. The anterior one-third of the tongue is held loosely by poorly aligned four catgut sutures and posteriorly is located multiple deep laceration ranging in length from 1.0 cm to 2.0 cm and in depth from 0.6 cm to 1.0 cm. There are hematoma collections on the lateral right margin of the tip of the tongue posteriorly. The direction of the laceration anteriorly is against the line of dentition of the deceased.

Oesophagus: The oesophageal mucosa is congested and stained with blood. The stomach is grossly distended with gas and the rugae are flattened and contain 100 ml of altered blood. The small and large intestinal mucosa, serosa and the associated mesentery are unremarkable.

Respiratory System: The tracheobronchial tree up to the terminal bronchi are occluded with approximately 250 ml of altered blood up to the interlobular and further distal bronchioles; no food particles seen in the airways. The lungs are pale. The right lung weighs 600 gram and the left lung weighs 550 gram. Their Cut surface is congested and subcrepitant.

Kidney: The capsules of the kidneys strip easily, revealing smooth and shiny Subcapsular surfaces. Cut surface shows marked cortical palor with distinct corticomedullary region, suggestive of shock.

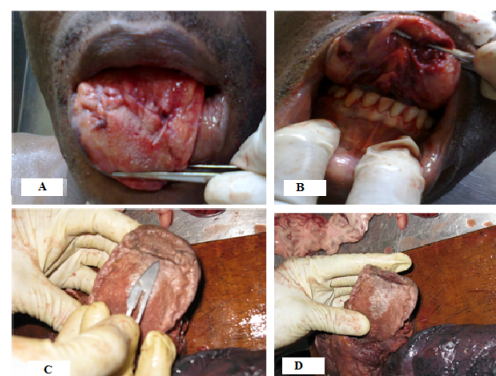


Figure 1: A: Photograph shows a deep laceration on the anterior surface of the tongue, poorly sutured with absorbable suture. B: Photograph of the same tongue shows a deep multiple lacerations on the posterior surface of the tongue with hematoma collections. No suture material seen. C: Photograph after removing the sutures showing the deep anterior laceration at the tip below the deceased line of dentition. D: Shows the amputated tip after removal of the suture.

Discussion

Many Nigerian women seeking an abortion go to a doctor's private clinic or office, or to a clinic run by so called nurse or matron and a small proportion go directly to a public hospital. At these facilities, the physician or nurse might perform a surgical abortion using either dilation and curettage (D&C) or manual vacuum aspiration (MVA). Most women have accused doctors of taking advantage of them while in theatre or consulting room with some accused of demanding sex before carrying out the evacuation. This is with pretext that the sperm ejaculated will assist in ripening the cervix for effective evacuation. Such unholy practice goes unreported because the procedure is illegal in Nigeria and due to the stigma attached to it. Vital data are loss because of under reporting and there is paucity of information on such. The deceased sustain a deep laceration to the tongue which is against the line of his dentition with the tip of his tongue hanging by the edges while he was performing the procedure without a chaperone or a nurse in his theatre. Physical bite mark played an important part in criminal investigations and some scientist recommends a thorough analysis of the size, position and other features of bite marks before comparison with the suspect's dentition [7]. The staffs in his clinic claimed he prefers working alone without assistance or a chaperone. Bites marks are common occurrence in cases of homicide, attempted suicide, sexual assault, and child abuse and traumatic injuries to the tongue can go form section to partial or complete amputation, in the setting of active bleeding [8].

The shape of the bite mark can give useful clues about the person who caused it and constitute a reliable data to identify an individual with measurements obtained from wax, photographs or scanned images diverge only by 1 mm [9]. The forensic analysis of a bite mark consists of detection, recognition, description and comparison of bite marks on either individuals or inanimate objects. The pattern association of dental features in sexual abuse case demonstrates a degree of concordance between the tooth marks in the victim's body

and the suspect's dentition [10]. The principle of identifying an injury as a bite mark is complex and, depending on severity and anatomical location, highly subjective. In the index case the line of impression of the laceration was against the line of dentition of the deceased which is highly suspicious. Following the identification of an injury as a bite mark, the comparison of the pattern produced to a suspect's dentition is even more contentious but with the advent of DNA analysis and its recovery from bite marks has offered an objective method of bite mark analysis [11]. The deceased medical history is not suggestive of having seizures disorder and no defensive wounds were noted. He had no laceration on his upper or lower lips but the tongue only. He refused to disclose the events that took place in the operating theatre. The patient also claimed not being aware of the events in the operating room as she was under the influence of local anesthesia. DNA analysis of the swabs from the laceration could not be carried out due to cost implication. Majority of rape victims tend to know their rapists. An analysis of 2068 rape cases reported in Gauteng in 2003 provides showed that girls under the age of 12 are especially likely to be raped by someone known to them, with relatives, friends and neighbors perpetrating 84% of rapes reported by girls in this age category. In contrast, 57% of rapes reported by girls between the ages of 12 and 17 and 52% of rapes reported by adult women were perpetrated by someone known to the victim [12].

The surgical repair of the deceased tongue was carried out poorly. The muscle plane poorly apposed as well as the vascular repairs. Anastomosis could not be executed and the resultant torrential haemorrhage leads to massive blood loss and exsanguination.

Conclusion

The cause of death is exsanguination secondary to traumatic injury to the tongue. Poor surgical repair of both vascular and muscle planes of the tongue resulted in failure to arrest the bleeding. Bite marks against the patient's dentition helped in linking his injuries to the female patient.

Author Contributions

Ugben TI: Performed the autopsy and wrote the report.

Nnoli M: Supervised the autopsy procedure and corrections of report.

Conflict of Interest

There is no conflict of interest to declare.

Funding

None

References

1. Jones RK and Kavanaugh ML (2011) Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion. *Obstet Gynecol* 117: 1358-1366.
2. Bankole A, Adewole IF, Hussain R, Awolude O, Singh S, et al. (2015) The incidence of abortion in Nigeria. *Int Perspect Sex Reprod Health* 41:170-181.
3. Benson J, Andersen K, Ghazaleh Samandari (2011) Reductions in abortion related mortality following policy reform: Evidence from Romania, South Africa and Bangladesh. *Reprod Health* 8:39.
4. Tark J and Kleck G (2014) Resisting rape: The effects of victim self-protection on rape completion and injury. *Violence Against Women* 20: 270-292.
5. DuBois JM, Walsh HA, Chibnall JT, Anderson EE, Eggers MR, et al. (2017) Sexual violation of patients by physicians: A mixed-methods, Exploratory analysis of 101 Cases. *Sex Abuse* 1-21.
6. Adeleke NA, Olowookere AS, Hassan MB, Komolafe JO, Olarinmoye EO (2012) Sexual assault against women at osogbo southwestern Nigeria. *Niger J Clin Pract* 15:190-193.
7. Verma K, Joshi B, Joshi CH, Paul MP (2013) Bite marks as physical evidence from the crime scene-An overview; 2:605.
8. Méndez JR, Luna MR, Zárate JE, Palafox MV (2016) Traumatic partial amputation of the tongue: Case report and literature review. *Ann Med Surg (Lond)* 5:110-113.
9. Orfeas K Peridis (2017) Bitemarks and evidence in forensic odontology. *J Forensic Sci & Criminal Inves* 3: 555-609.
10. Pereira CP, Santos JC (2015) The role of forensic dentistry for identification of a criminal sexual assault: A casework report. *J Civil Legal Sci* 4: 138.
11. Verma AK, Kumar S, Bhattacharya S (2013) Identification of a person with the help of bite mark analysis. *J Oral Biol Craniofac Res.* 3: 88-91.
12. Vetten L, Jewkes R, Sigsworth R, Christofides N, Loots L, et al. (2008) Tracking Justice: The attrition of rape cases through the criminal justice system in gauteng.