The suicide act of self-strangulation must be distinguished from homicide, which needs objective scene investigation, autopsy and anamnesis in order to elucidate the manner of death. A 54-year-old man was found dead in public hospital small mosque. There was one nylon rope around his neck, tied together with a knot in the front, under the chin, and rope continuing tightly to right ankle supported by the jacket bandaged around right ankle for preventing the sliding of the rope was detected. A proper medico-legal evaluation of the crime scene and postmortem examination with systematical inspection are of great importance in such cases. Key Words: Self strangulation, suicide, medico-legal autopsy.

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1. INTRODUCTION
Self-strangulation for committing suicide by the use of ligature is admittedly rare (1, 2, 3, 4, 5, 6, 7). The act of self-strangulation must be distinguished from homicide because it is believed to be impossible to perform this act without assistance. The proper scene investigation, autopsy and anamnesis in order to elucidate the manner of death are of great importance in such cases. This case is presented because of its rarity among asphyxia deaths.

2. CASE REPORT
We report a case of self-strangulation in which the crime scene examiners had initially suspected homicide but after complete investigation eventually reported the case as suicide. 54-year-old man was found dead in public hospital small mosque. The crime scene investigation showed no signs of external force, also there were no signs to support the hypothesis of an attack on the victim. The body was lying supine on a carpet, with twisted knee in the center of the small mosque. There was one nylon rope around his neck, tied together with a knot in the front, under the chin, and rope continuing tightly to right ankle supported by the jacket bandaged around right ankle for preventing the sliding of the rope was detected (Figure 1). Hypostasis and rigor were present. The face was congested, the lips were cyanotic, and there were subconjunctival petechiae. After complete scene investigation, suicide letter appealed to the children was found. Gross examination, after removal of the ligature on the neck, revealed a sharp and linear 0,5 cm clear ligature mark on the strangulation level on the neck (Figure 2). According to the family members’ anamnesis, the

Figure 1. The victim lying prone on a carpet.
victim had attended to commit suicide and was treated in psychiatry department of the local public hospital several years ago. Relatives also stated that a several months before death, the victim had been getting worried for the repayment of the bank credit. Forensic autopsy revealed the signs of death resulting from asphyxiation, like congestion of the vessels of the neck, petechiae of the pleural serosa, pulmonary edema, echimose on the left upper thyroid horn, but no signs of external trauma. For scientific explanation of these unusual cases, collaborative work between investigative and medico-legal experts is essential.

**3. DISCUSSION**

Different methods for committing suicide have been reported in medico-legal literature, but self-strangulation is one of those may be easily be mistaken with homicide (1, 2, 3, 4, 5, 6, 7). There is belief that strong pressure is needed on the neck for obstruction of the airways and the arterial vessels of the neck. In the medicolegal literature some investigators believe that it is impossible to performe self-strangulation as an act of suicide. (7) Also it is stated that self-ligature strangulation is prevented as the individual becomes unconscious as the venous circulation is obstructed, leading to relaxation of the ligature tension (2, 4). In contrast with these studies Polson (8) has demonstrated that a force of only 3.2 kg is sufficient to occlude the airways, besides according to a different investigation a force of 2 kg was detected to occlude the cervical venous vasculature (9). The pressure on the neck by the nylon rope resulted in the classic sign of strangulation congestion of the face, petechiae at the level of the subconjunctiva, and pleural and pericardiac serosa, as well as nonspecific signs of asphyxia. (1, 2, 3, 4, 5, 6). On the other hand in some cases it was reported that the response to the compression of the neck causes rapid death from cardiac arrest caused by vagal inhibition, which prevents development the signs of stasis and increased blood pressure could (10). Our case had a chronic psychiatric condition, and history of suicide attempt as it has been described in the different cases in the medicolegal literature (4, 6, 11). Maxenier and Bockholdt, reported that bleedings in the neck muscles seldom occurred in suicides, also detected that the laryngohyoid injuries can be helpful in the differentiation of suicide from homicide, if more than a single thyroid horn fracture or a laryngeal soft tissue trauma is investigated during autopsies (2), on the other hand Claydon stated that in self strangulation cases laryngeal fractures were rarely detected and injuries were only mild (1), as it was investigated in the presented case where only small echimose on the left upper thyroid horn was described. Analysis of the literature showed that in the reports that included a description of the position of the knot, this position was often anterior (3, 4, 5, 6) as in the presented case the nylon rope with a knot in the front of the neck was examined. The ligure in suicidal strangulation may be knotted or tightened like a tourniquet. As the ligure is tightened the face and neck may become congested due to slow venous compression (1). And this observation may be important as a clue in the investigation of a case and may help in narrowing a differential diagnosis that includes suicide and homicide (4). There were no signs of enforcement on the small mosque door or the windows, also there were no signs of struggle, or lesions caused in selfdefense in our case. The lack of traumatic lesions except from the strangulation mark, the negative results of toxicologic analysis, also the presence of the suicide letter to the children, all revealed the manner of death as suicide. Detailed examination of the scene and of the deceased person, collaboration and information exchange among investigators and forensic specialists will help for the correct interpretation of these interesting cases.

**REFERENCES**


An Uncommon Suicide Method: Self-Strangulation