

THE GAME IS OVER: A CASE OF DEATH BY AUTOEROTIC ASPHYXIATION.

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ABSTRACT

Autoerotic asphyxia is defined as a self-induced cerebral anoxia in an autoerotic context. This practice is used to induce a state of hypoxia to elicit or enhance sexual excitement and orgasm. Autoerotic deaths are very rare events and include different mechanism such as asphyxia by hanging, ligature or electrocution, overdressing wrapping and more. According to the literature, male subjects are reported as the main victims of these events. In this paper we describe an interesting case of a 54-year-old Italian man, who accidentally deceased by placing a hemp rope around his neck during autoerotic asphyxial activities. The rope examination revealed an interesting safety mechanism: a means to adjust its diameter through a supplementary rope.

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1. Introduction

Several eccentric autoerotic practices exist. Among these activities, one of the most interesting is autoerotic asphyxia, defined as self-induced cerebral anoxia in an autoerotic context [1].

This practice is also known as asphyxiophilia, consisting of the desire for a state of hypoxia to elicit or enhance sexual excitement and orgasm [2].

Typical methods of autoerotic activities leading to death are asphyxia by hanging, ligature, plastic bag, chemical substances, or a combination of these. Atypical methods include electrocution, overdressing/body wrapping, foreign-body insertion, atypical asphyxia method, and miscellaneous methods [3].

However, the practice of these kinds of autoerotic activities can lead to death.

Autoerotic deaths have been defined as accidental deaths occurring during individual, usually solitary, sexual activities in which a device, apparatus, or prop used to enhance the sexual stimulation of the deceased, in some way cause unintentional death [3].

In the current literature, the incidence of autoerotic deaths in Western countries accounts for about 0.5 deaths per million inhabitants per year [4-5].

In forensic medicine, the real challenge is distinguishing if an autoerotic asphyctic death setting - death scene, external examination, context, autopsy findings - is accidental or a suicide.

This case report describes an apparent suicide by hanging, hiding some specific characteristics on the crime scene that led us to a different conclusion.

2. Case presentation

A 54-year-old man was found hanging by his family in his box-garage. There were no signs of forced entry. His body was suspended from a pipe by a hemp rope, immediately behind the garage door, and his feet partially rested on garage floor (Figure 1).

Trousers and briefs were lowered below the knees (Figure 2).

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The examination of the hemp rope revealed an interesting detail: the noose had a mechanism to change its diameter through a supplementary rope (Figure 3).

External body examination showed a ligature mark around the neck. This finding was characterized by “hard” rope mark, parchment texture, de-epithelialized areas and associated hemorrhagic signs along its course. The rope mark was incomplete, 39-centimeters-long, characterized by an upward oblique direction from the neck’s anterior region towards the nape of it.

The rope marks were on the anterior and right-lateral neck surfaces. No additional traumatic signs emerged from the external examination. During the autopsy, because of a foamy material in the airways, increased lung volume was observed. Moreover, there were pulmonary and splenic petechial hemorrhages.

At the neck dissection, a hemorrhagic infiltration of neck peri-thyroid muscles was detected. There was no further evidence of trauma or any evidence of natural disease. Histologic studies revealed acute emphysema and alveolar edema in the lungs.

Furthermore, there were perivascular ring-shaped cerebral hemorrhages and intraparenchymal and subcapsular splenic hemorrhages. There was no evidence of alcohol and drug abuse in toxicological investigations. Herein, findings confirmed the vitality of all lesions detected during external examination and autopsy.

Death was related to an accidental incomplete hanging from an antemortem autoerotic asphyxia activity rather than a suicide.



Figure 2. The detail of the trousers and briefs lowered below the knees.



Figure 1. The body suspended from a pipe by a hemp rope, immediately behind the garage door, with feet partially rested on the garage floor.



Figure 3. The examination of the hemp rope: the noose with a mechanism to change its diameter through a supplementary rope.

3. Discussion

Forensic literature describes several death cases in an autoerotic context. For example, a retrospective study from Germany identified 25 deaths in a 15-year period [6]. According to the literature, the number of autoerotic deaths per million people is less than 0,3 in Sweden and Australia, and equal to or more than 0,5 in Denmark, Scandinavia, and Canada [3,6]. The lowest number of autoerotic deaths was reported in Mediterranean countries like Italy [8]. Byard and Bramwell described autoerotic asphyxia as an asphyctic death resulting from the failure of a safety mechanism during autoerotic activities, usually called “fail-safe” [9]. Hazelwood and his team [9-10] described five essential criteria for the diagnosis of an autoerotic death, consisting in having sexual excitation through: 1. A precise auto-safety mechanism; 2. A solitary sexual activity; 3. Creating a scenario using a device to arouse sexual imagination; 4. Previous autoerotic behavior; 5. No previous attempted suicide events.

The most used mechanism is the neck's constriction by a ligature. Some people often associate neck compression with airway obstruction, thorax compression, and other types of gas inhalation to achieve effective sexual excitation. Ligature determines airway compression, encephalic oxygen intake reduction, and venous stasis, leading to hypoxia and hypercapnia. This mechanism in some men seems to produce hallucinations of an erotic nature [2].

Moreover, during these practices, a sudden loss of consciousness leading to syncope and subsequent asphyxia can occur, making it impossible to activate the safety mechanism. In this case report, the man built a device to adjust the diameter of the noose through a supplementary rope.

Histologic studies revealed no notable findings.

Toxicological studies revealed the absence of alcohol and drugs in the man's bloodstream.

The presence of a solitary environment to practice autoerotic activities, a “fail-safe” device, trousers and briefs lowered below the knees, as well as the absence of previous suicide attempts and farewell letters, allowed us to establish that the cause of death was accidental, violent, and by mechanical asphyxia in an autoerotic setting.

4. Conclusions

In conclusion, this case highlights the importance of meticulous analysis of the crime scene to understand death's dynamics.

Specifically, the discovery of a mechanism to adjust the rope diameter through an ancillary rope, body position, and clothes, led to define that the cause of death was accidental, violent, and by mechanical asphyxia in an autoerotic setting.

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