

An Atypical Asphyxial Death: A Case Study

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Abstract

An atypical asphyxial death is presented. The deceased was found wrapped like a mummy with multiple layers of plastic and adhesive tape, lying face down on the floor of his home. The death scene was in the lounge area of a large, poorly-kempt, free-standing house. No obvious evidence of illicit drugs or other medications were identified. There was no pornographic material or other paraphernalia of a sexual nature in proximity to the body. According to the brother, the deceased had attempted similar incidents like this in the past, where someone was available to release him.

Because of the similar behaviour in the past, the background psychiatric history, and statements from the girlfriend and relatives, the authors propose that this represents an atypical asphyxia death.

Keywords: asphyxia; atypical; forensic pathology; forensic; pathology; case study

In late 2022, a deceased man was found in his home by relatives, after being reported missing. He had last been seen by his girlfriend on the previous evening. After she was unable to contact the deceased, she alerted the neighborhood security and the deceased's relatives, who gained access to the secured premises.

He was found lying face down on the floor in the lounge of his home, unclothed, wrapped like a mummy in a blue-green silk-style sheet/sack underneath numerous circumferential layers of plastic wrap and adhesive tape. A plastic and/or leather-type harness with multiple straps was fastened around the head, neck, and face and was secured with black adhesive tape, beneath the sheet. The sheet/sack, plastic wrap, and adhesive tape were cut by emergency medical services crew members upon arrival at the scene. There was a broken glass frame containing a photograph of the deceased's parent's wedding on the floor in close proximity to the body. No pornographic material or other paraphernalia of a sexual nature were present within close proximity to the deceased.

Located across the room, approximately 5 to 6 m away from the body, was a vertical metal rod, secured to the burglar bars of the window with plastic cable ties, threaded through which were 5 rolls of plastic wrap and adhesive tape. A length of adhesive tape trailed from this rod and was connected to the plastic wrap surrounding the body. It appeared as if the deceased had rotated himself numerous times, to wrap the plastic around himself.

The death scene was in the lounge area of a large, ill-kempt, free-standing house. Examination of the home revealed an unfurnished, untidy home with numerous cigarette butts and garbage strewn around. No obvious evidence of illicit drugs or other medications could be identified (Figs. 1–6).



FIGURE 1: This is how the deceased was found, wrapped like a mummy with plastic and adhesive tape.



FIGURE 2: Plastic adhesive rolls on widow bar.



FIGURE 3: Plastic adhesive rolls on widow bar.



FIGURE 4: Deceased found approximately 6 m from the window.



FIGURE 5: Only the nose was exposed. A muzzle harness surrounded the face, head, and neck.

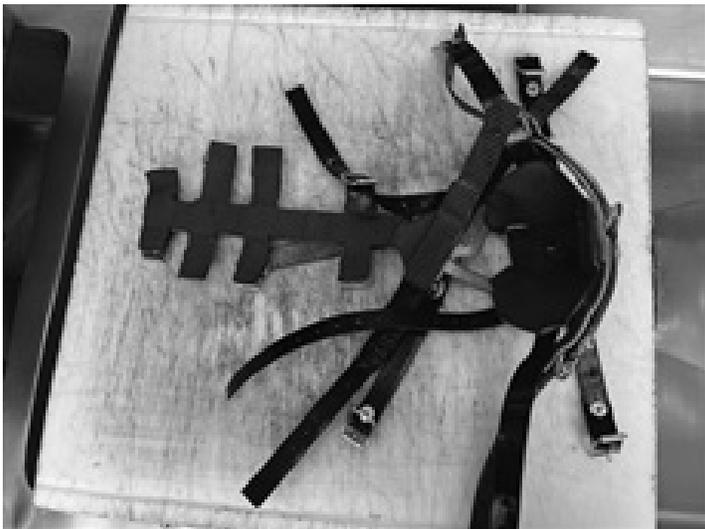


FIGURE 6: The leather harness, which was found surrounding the face, head, and neck.

A medicolegal autopsy was performed in accordance with the South African Inquests Act Number 58 of 1959. The autopsy was performed within 24 hours after death.

The autopsy showed an adult White man with nonspecific asphyxial signs on the body. There were no scars on the extremities to indicate that the decedent may have participated in cutting behavior in the past. Early postmortem changes were present. A leather “muzzle”-strap-type device accompanied the body to the mortuary.

There was a 2-cm superficial incised wound located on the anterior aspect of the left thigh, which showed vital reaction. The most likely cause was the emergency medical services crew members who removed the wrappings at the scene. There were no further significant injuries to the body.

Both eyes showed subconjunctival hemorrhages. There were petechiae over the skin at places. There was a 17 cm × 9 cm area of petechiae overlying the right-lateral aspect of the chest. There was an area measuring 32 cm × 27 cm overlying the anterior upper-chest region, which showed purple lividity and petechiae. There were petechiae located overlying the left anterior hypochondrium, and there were petechiae located within the left inguinal region.

The blood was dark and fluid and oozed from the cut ventricular chambers. Internal organ examination showed no abnormalities. Toxicology results proved negative.

The cause of death was in keeping with that of an atypical asphyxial type death.

DISCUSSION

Asphyxial deaths occur when the body is deprived of oxygen. Asphyxia may be divided into different categories, including external pressure on the neck, airway obstruction both externally and internally, mechanical chest compression, and exclusion of oxygen by vitiated atmosphere, or other inhaled gases. Autoerotic asphyxia, a subset of asphyxial deaths, uses numerous varying mechanisms which may fall into any of the aforementioned categories.^{1,2}

Autoerotic asphyxia typically involves intentionally induced transient cerebral oxygen deprivation to enhance sexual gratification. This may involve neck compression via a ligature around the neck with a self-rescue mechanism; however, countless other methods have been used. Autoerotic asphyxial deaths may ensue unexpectedly from participation in a wide variety of methods capable of enhancing sexual arousal, usually when there is failure of the rescue mechanism as the subject engages in solo sexual activity.^{1,2}

Hazelwood and colleagues³ have proposed the following criteria for determining an autoerotic death: a method of attaining sexual arousal with a well-defined self-rescue mechanism, a solitary activity that uses sexual fantasy aids, previous autoerotic behavior, and no suicidal ideation.

Atypical autoerotic asphyxial deaths have used methods other than ligature around the neck, such as plastic bags placed over the head, compression of the chest or abdomen, electrical current, inhalation of gases, and/or drowning.²

When death results from such practices, it is often difficult to ascertain the manner of death, which may have significant social, legal, and economic consequences. They are usually

deemed accidental (misadventure); however, natural, suicide, or homicide must also be considered, based upon a meticulous scene examination, autopsy, and interrogation into the circumstances of the death.^{2,4}

Limited previous studies have attempted to review and analyze cases of atypical autoerotic asphyxial deaths. The data reveal the typical victim to be a White man, in varying states of undress, or atypical attire, often with pornographic material nearby. There is usually a history of previous similar autoerotic behavior and/or background of psychological factors.¹

The deceased was a White man discovered on his personal secured property, unclothed beneath harness-type devices, which covered his face, neck, and head and compressed the chest. The deceased was known to have an underlying psychiatric illness and was reported to have engaged in similar behavior on previous occasions. The autopsy showed nonspecific features in keeping with an asphyxial-type death, including cutaneous petechiae, bilateral subconjunctival hemorrhages, and fluidity of the blood.

Obviously, homicide made to simulate suicide will always need to be excluded, especially the involvement of a third party.⁵ In view of the secured residence, absence of signs of breaking and entering and theft, the self-made nature of the device, and absence of a struggle and after in-depth interviews with family and friends, the detectives did not suspect third-party involvement.

According to the deceased's relatives, this type of behavior had happened before. There was a pattern of previous behavior. He was once found in a similar situation and was released by his girlfriend. There was no reported suicidal ideation. There was no well-defined self-rescue mechanism, and no sexual fantasy aids were discovered within close proximity to the deceased. Thus, this case did not fulfill the strict criteria proposed by Hazelwood and colleagues³ for the diagnosis of autoerotic asphyxia.

In South Africa, the manner of death is determined by the presiding judicial officer. In our opinion, we believe that this represents an accidental death (misadventure), because of similar behavior in the past, the background psychiatric history, and statements from the girlfriend and relatives.

We therefore propose that this case represents an atypical asphyxial death.⁶

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