

Case Report

Violent Death: “Homicide in South Eastern Nigeria”

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Abstract: A study of a year report in our centre revealed thirty five (35) cases of such violent deaths. A particular case in study appeared so interested in traditional African set up how a married woman will arrange with some miscreants to kill husband resulting to multiple gunshots injuries. The sole reason has been incessant extramarital affairs. In all the cause of death (COD) was seen to be massive exsanguination. The presented case is unique in that as a culture is pretty difficult to be seen in Africa and in Nigeria worst still in core traditional area of south eastern part that is well embellished with norms and a highly respect institution of marriage. The deceased was a known hypertensive and diabetic patient as testified by his personal physician of ten (10) years duration in court. The main objective is to evaluate the cause and draw attention to emergency physicians, society and the government to the above social menace for a possible solution.

Keywords: Homicide, Death

INTRODUCTION

There have been laws in some well developed nations, example United Kingdom, United States over use of firearms but some miscreants activities continue to be on the increase high level [1]. Since most of those firearms are gradually becoming easier to acquire and cheaper to purchase in most developing nations as there is no effective laws guiding such acquisition it then becomes available to all and sundry easily for any illicit activities as in our case-miscreants [1]. Deaths resulting from firearms, has become a global entity thus in the increase on daily basis [2]. In most of the Asian areas like Pakistan it has become an easy way of homicide [3-5].

It is well known in this part of the world with poverty, corruption in high places and associated low income seen in most developing nations incidence of such crime is on high pedestal [6]. However, severity of injuries sustained depends on the driving force of the bullet(kinetic energy),distance to the tissue or structures- as in our case the extent of damage to the soft tissue and skeletal(fracture of the ribs) preclude how close the range of shooting [7]. That's why it is imperatively important for a trained specialty in emergency physician (traumatologist) to be employed in any accident and emergency unit or at death for a proper evaluation by a forensic pathologist.

CASE REPORT

A fifty – three (53) years old married male, serving politician then, who was in habit of gross extramarital affairs with university students that has

resulted to series of rift with wife and family. In a few occasion he had been caught in close relationship with those students; and after several days a perfect resolution and assurance was given by the husband of not repeating such ugly incident. Despite all assurance of stopping these extramarital affairs it continues unabated.

On the fateful day of the incident, the wife in confessional statement arranged with “hired assassin” (miscreants) to kill the husband as she could not endure further this grave extramarital affairs. It happen that exactly 12:05a.m midnight there was a bang on the entrance gate. The wife then asked the husband to check who is/are on the gate; only for the later on getting there was shot severally and slumped. He was rushed to the hospital where an inexperienced physician attended and left him for observation. He later died in about 50 minutes early hours of that day.

Autopsy examination : He was an obese man body mass index (BMI)=38 (Normal18.0-24.9kg/m²)with multiple ten (10) entry points of gunshot on the body - right axillary region as seen in figure 3 below; right mid-clavicular at level of 5th intercostal two entries and 2cm medially to the umbilicus an entry point. At the back level of the right scapula blade eight exit points; and level of lumbar 2 -3 vertebrae was a point which traverses the vertebrae.

The thoracic cavity has a massive haemothorax of (1000ml) a litre with the lung parenchymal tissue completely lost on the upper and middle lobes of left

and the right spared. A silver coloured capped remnant of a bullet sheath was recovered on the torn lungs as seen in figure 4 below. There was fracture of ribs 7th to 9th. The lungs were severely edematous weighing 450 and 650 gms for left and right lobes respectively. The heart was torn from the left atrium to the right atrium with haemopericardium of 25mls and enlarged (weighed=850gms). The ventricular wall thickness was 2.8 and 1.2 cm left and right respectively. The mitral valve measured 12cm with fibrosis of the valve and markedly pointal/bulging chorda tendinea. There was atherosclerotic narrowing of the 3 major coronary vessels to about 70 - 80% of the lumen. All these point to severe hypertensive cardiovascular heart disease.

The abdomen has the liver mildly enlarged (weighing =1583gms) with moderate fatty change. The subscapular surfaces of the liver showed multiple linear laceration of the gunshot injuries as seen in figure 5 below. The left kidney apical region was lacerated with scanty scarring on the subscapular surfaces (left kidney weighing=220gms, right weighing=310gms). The cut surfaces showed distinct –cortico-medullary differentiation thus pointing to shock kidneys mostly due to loss of the blood products and electrolytes as in Figures 1 and 2 below.



Fig-1: Right Kidney



Fig-2: Left Kidney



Fig-3: Right Axillary(Multiple gunshot)



Fig 4: Silver Cap Gun pellet



Fig-5: Laceration on the liver

The cause of death to us was massive exanguination with multiple soft tissue and skeletal injuries (fractures of 5th and 9th ribs) consequent to gunshot injury.

Toxicology analysis showed no alcohol or drugs/other chemical substances in the body evaluated using the standard liquid and gas chromatography and mass spectrometric.

DISCUSSION

Massive exanguination was found to be the cause of death (COD) following the injuries to the thoracic and abdominal regions with massive blood collection to (1000mls) a litre. This is supported by the report of Udosen *et al.* [8] in calabar, Nigeria where abdominal injury from gunshot took the lead in all other anatomical region. Also these agrees with Turkey and Japan studies where massive exanguination from gunshot at chest and abdomen have drastic death consequence despite efficient emergency intervention [9, 10]. Since this is purely a homicide as confessed by wife at cross examination in the court it goes to agree with incident seen in india where it accounts for 92.6% of all gunshots attacks [11].

In this study, emergency intervention was attempted by inexperienced physician as organs were not evaluated for possible rupture. The time limit of leaving patient for observation fifty (50) minutes must have accounted for the extensive neurogenic edema seen at autopsy. However, emergency thoracotomy would have been useful in this case to maintain haemostasis as Nguyen *et al* in France [12] and Habdank in Canada [13] reported but this was grossly lacking in our case because of inefficiency on part of the emergency physician on night duty.

CONCLUSION

It is pertinent to draw the attention of evidence of deceased physician in court that the said deceased has been a known hypertensive and diabetic for past ten years. These might have contributed to excessive adrenergic receptor stimulation which we could not be surprise to have seen the shocked kidneys and massive neurogenic edema.

Finally, there is an important need for emphasis on training and re-training of physicians at all level on emergency units of hospitals as to face challenges that are seen on daily basis in their unit plus empowerment of the youths by the government as to prevent this ugly incident in the future.

REFERENCES

1. Richard shepherd; Simpson's forensic Medicine 12h edition chapter 11; 79.
2. Rawson B; Aiming for Prevention: Medical and Public Health approaches to small

- arms,gun violence and injury. Croat Med J, 2002; 43(4): 379-385.
3. Miller M, Azrae ID, Hemenway D; Rate of household gunshot ownership and homicides across US regions and States,188-1997. Am. J Public Health, 2002; 12: 88-93
4. Chapman J, Milroy CM; Gunshot deaths in Yorkshire and humberside. Forensic Sci Int, 1992; 2: 81-91.
5. Bashir MZ, Saeed A, Khan D, IqbalJ J, Ahmed M; Pattern of homicidal deaths in Faisalabad. J Ayub Med Coll Abbottabad, 2005;016: 2-9.
6. Muniu E, Katsivo M, Mwaura LW, Amuyunzu M; Fatal Non-Tanspot injuries in Nairobi, Kenya. East Afri Med J.; 1994; 71(6): 346-349.
7. Kohhneier RE, McMahan CA, Dimaio VJM; Suicide by gunshot. Am J. Forensic Med Pathol 2001; 22: 37- 40.
8. Udosen AM, Etiuma AU, Ugare GA, Bassey OO; Gunshot injuries in calabar,Nigeria. An indication of increasing societal violence and police brutality. Afr Heath Sci., 2006; 6(3): 170-182.
9. Inci I, Ozcelik C, Tacyildiz I, Nizam O, Eren N, Ozgen G; Penetrating chest injuries: Unusually high incidence of velocity gunshot wounds in civilian practice. World J surg, 1998; 22(5): 38-42.
10. Kawamura M, Takahashi Y, Hoshino R, Ookubo TA; A case of Penetrating Chest injury with tension hemothorax by gunshot. Kyobu Geka, 1994; 47(7): 577-579.
11. Kohli A, Aggarwal NK; Forearm Fatalities in Delhi, India. Leg Med,2006; 8(5): 4-8.
12. Nguyen R, Ouedraogo A, Denuville M; Gunshot wounds to the Chest with arterial bullet embolization. Annals of vascular Surgery, 2006; 20(6): 780-783.
13. Habdank K, Nolan RL; Gunshot wound to the thorax with bullet embolization to the external carotid artery. J Thoracic imaging, 2003;18(1): 42-44