A Case of Atypical Self-inflicted Gunshot Wounds of the Head Inflicted by the Simultaneous Use of Two Hand Guns

Djordje Alempijevic MD *, Slobodan Kovacevic MD, PhD, Slobodan Savic MD, PhD, Institute of Forensic Medicine, 31a Deligradska St., 11000 Belgrade, Yugoslavia; and Tatjana Popovic MD, Medical Centre Pozarevac, Dept. of Pathology and Forensic Medicine, 12000 Pozarevac, Yugoslavia

LEARNING OBJECTIVES: Upon attending this presentation, the participant will be aware that (1) in the cases of multiple gun shot wounds, even if more then a single fire arm were used, one must not exclude a suicide as a manner of death, and (2) that doubt concerning the manner of death in such cases may be resolved only when thorough investigation take place.

Gun shot wounds in the cases of suicide are usually inflicted by using of a single fire arm, most often by sole bullet. In the cases of suicide head, chest, and abdominal wall are among the dominant localisation of entrance wound. Research conducted in the Institute of Forensic Medicine in Belgrade (Savic, 1992) failed to determine using of multiple fire arms in the cases of suicide where the full post-mortem were performed. On the other hand, analyse perform by Hadson P. (1981), based on 3,522 suicide cases revealed multiple gEn shot wound in 1.6%. Multiple self-inflicted gunshot wounds of the head are uncommon. In the case of multiple self-inflicted gunshot wounds involved head and brain the question of physical activity capables may arise. In such case determination of the manner of death must be based on detailed history, scene investigation, autopsy findings and consideration of ballistics.

We report the case of atypical self-inflicted bullet wounds of the head of a 71-year-old male. On the scene, in the bathroom of the deceased apartment, two hand guns (“Zastava”, cal. 9 mm and AKTGES, cal. 6.35 mm) where found. There was no eyewitness, but the deceased’s spouse, who was in the kitchen at that moment, reported as a earwitness a single discharge of a firearm. The suicide victim wrote on the day before a letter to his family explaining in details how they should live after his death, giving them instructions for his funeral, etc. The victim was admitted to the Neurosurgery department in deep coma. The CT scan of head and brain was performed and the patient was transferred to the intensive care unite where he died a few hours later. No surgery was performed, except wound toilette and suture.

On the autopsy, the two near contact entrance wounds were found. One was located in the right temple region, and it’s trajectory extends through right frontal lobe, falx, and left frontal lobe to the exit wound in the left frontotemple region. Slightly below the exit wound, mentioned above, there was another entrance wound. In the subcutaneous tissue of the left temple region, and in the left temple muscle heavily distorted bullet was found. At that point cranial vault was fractured and slightly impressed, dura lacerated, and some bone fragments were found impressed in the lacerated brain tissue.

Reconstruction of the case disclosed that both shut were fired almost simultaneously. This was supported by the findings of the powder residue on the skin of both victims hands, trace evidence et the scene, and at last regard by the earwitness statement. Reported case may be important in different ways. First of all, in the cases of multiple gunshot wounds, especially when there are proofs for using of more than one fire arms, the question of the manner of death may arise. Those cases are always suspected to be of homicidal origin. Such dilemma may be resolved only by thorough investigation starting on the scene, and in the cases of fatalities, ending with full post-mortem examination. Puzzling manner of death is usually explained by putting together all medical, as well as non-medical facts in a reasonable story. Also, in the cases of the multiple gun shot wound to the head the crucial question is how does a bullet stop the physical activity of the person it strikes? Reliable incapacitation may be due to direct disruption and/or indirect elimination of the CNS activity by cerebral hypoxemia from bleeding. Albeit “nerve shock” may be considered as a possible mechanism of incapacitation, experimental studies failed to proof it.

Key terms: Gunshot Wounds, Multiple Gunshot Suicides, Head, Case Report