

Case Report

Accidental Death Due to Autoerotic Asphyxia: A Case Report

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ABSTRACT

This paper presents the case of a 26-year-old hotel management student who accidentally suffocated and died while practicing autoerotic asphyxia. The findings suggested that his death was accidental and due to asphyxia by suffocation performed to enhance sexual gratification during masturbation.

Keywords: Autoerotic asphyxia, Suffocation, Accidental death

INTRODUCTION

The various types of abnormal sexual behaviour, the most dangerous and bizarre is autoerotic asphyxiation, also known as asphyxiophilia, sexual hanging, sexual asphyxia, scarfing, breath control play, and terminal sex. It was first used as a treatment for erectile dysfunction and impotency. The idea for this came from subjects who were executed by hanging. Observers at public hangings noted male victims develop an erection (priapism) and occasionally ejaculated when being hung¹.

Transitory anoxia is intentionally induced to enhance sexual arousal produced by masturbation. Such deaths are rare, with the victim virtually always a male. The victim is typically found in a private area, nude or partially nude, sometimes wearing female clothing. There may be erotic literature, sexual paraphernalia or a mirror opposite the individual so that he can observe his actions. This behavioural pattern is repetitive and there may be evidence that the individual has performed this act numerous times over many years².

The most common method of sexual arousal is constriction of the neck by a ligature. The lesser common methods are electrical stimulation of the body, covering the head

in a plastic bag, bondage, and inhalation of volatile substances^{3,4}. These methods are known as a typical autoerotic practices. These are generally thought to be caused by some form of disruption of the normal sexual development during adolescence.

This paper presents the case of a moderately built and nourished adult male, who was suffocated accidentally while practicing asphyxia using a plastic cover to close his face.

CASE REPORT

The dead body of a 26-year-old male was brought for medico-legal autopsy. He was found partially naked in a frog-like position with his face covered by a plastic bag in his room that was locked from inside (Figure 1 & 2).

The material found at the scene were a pornographic magazine, an empty bottle of whitener, and a packet containing *ganja*. His parents could think of no reason for him to commit suicide. There was no history of any psychological problems, suicide note, or any evidence of foul play.

AUTOPSY FINDINGS

The dead body measuring 173 cm in length and weighing



Figure 1 Partially naked body found in frog-like position.



Figure 2 Plastic bag covering the face.

76 kg, and light brown in complexion, was that of a moderately built and nourished adult male. Its face was congested with multiple sub-conjunctival haemorrhages. Blood was seen coming out of the nostrils. Rigor mortis was present throughout the body. Stains of post mortem were present over front of the neck, chest and abdomen, both upper limbs and front of both thighs. Lips and nail beds were bluish in colour. White-coloured stains of whitener that gave out the odour of toluene were present around face and both lower limbs. There were dried seminal stains present around the tip of the penis and on the undergarment. No external injuries were found on the body. Interior surface of the plastic bag was smeared with whitener.

Internal examination revealed oedematous brain and the

cut-section showed multiple petechial haemorrhages in the cerebral white matter. All the other organs were grossly unremarkable. Toxicological analysis showed presence of ethyl alcohol in blood (103mg/dl).

Based on the autopsy findings, the toxicological analysis report, visit to the scene of death, and information furnished by the police, the cause of death was opined as asphyxia due to suffocation. The manner of death was considered to be accidental.

DISCUSSION

The most frequently reported method of typical autoerotic activity is asphyxia by hanging or ligature strangulation⁵. In the above-mentioned case, the mechanism was suffocation by wrapping a plastic bag over the face which is atypical and associated with inhalation of the volatile substance, toluene, present in whitener.

This is a very old practice and some reports have estimated that at least 500-1000 such cases occur each year in the United States⁶. Deaths due to autoerotic asphyxia are increasing. Majority of autoerotic asphyxia victims are reported to be adolescent or young adult males^{6,7}. The deceased in this report is also a young adult male. Only a few cases involving females have been reported⁸.

Autoerotic deaths usually happen in a secluded location^{6,7}. It may be an attic, closet, basement, bathroom, or bedroom where nobody can disturb or watch the victim, as was the case in the present report. Though all these features make the true nature of the death clear to the forensic pathologists, it is sometimes difficult to convince the police, the judge, and the relatives that the death was accidental³. The desired psycho-physiological effects of autoerotic asphyxia are associated with an insufficient oxygen supply to the brain. In some men, this appears to produce a 'hypoxic high' or orgasm-like reaction with dizziness, shivering, palpitation, breathlessness, pain, hallucinations of an erotic nature or even ejaculation⁹. However, the finding of semen on the clothes of a deceased, as in this case, is not reliable proof that ejaculation was achieved while the deceased was still alive, as this could also have been a post-mortem event.

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These deaths are typically not witnessed. The deceased in the present case seemed to create a partial asphyxia during masturbation. However, alcohol intoxication and unintentional prolonged covering of the face with plastic bag appears to have led to a sudden and unexpected loss of consciousness, probably because of the failure of self-rescue mechanism. Correct definition of the nature of death rests largely on adequate examination of the scene. Typical features of this include: a degree of undressing, commonly with exposure of genitalia; transvestism; pornographic literature; the presence of a mirror; semen consistent with recent ejaculation; and some form of bondage¹⁰.

Many learn about this practice word-of-mouth, through sex manuals, medical books, pornographic literature, detective magazines, media, and accidental discovery or through some self-generated experiences. Practitioners generally tend to not explain this phenomenon clinically or make this type of behaviour widely known. Hence, detailed information on paraphilia is not widely available in medical literature. Attempts to study sexual behaviour in the normal population are hindered by unwillingness on the part of the respondents, because sexuality is still considered as a taboo topic of discussion by the larger part of the Indian society. Tragically, this sexual behaviour in the victim is usually first discovered only when he/she dies of accidental asphyxia. The deaths that occur are obviously a small proportion of the total incidence of this strange practice³.

Police investigators are often ignorant of the signs and indicators of this behaviour and hence, these cases are officially reported as suicides. A certain number of cases may be missed, as the circumstances surrounding the discovery of the victim might not always be clear. Sometimes, family or friends of the victim may destroy evidence out of shame. This is the reason why many cases of sexual asphyxiation do not come to the fore in our country.

CONCLUSION

In the case described in this paper, asphyxia probably resulted from suffocation by a plastic bag while the victim was under the influence of alcohol. The analysis of the death scene, external examination, and forensic and psychological autopsy findings supported the conclusion that this was a case of accidental autoerotic asphyxiation and not a suicide or homicide. People need to be made aware of the risks of such activities and of the danger of being unable to stop the process of asphyxiation leading to loss of consciousness. However, how this is to be done is still a matter of discussion

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