

Autoerotic sexual asphyxia – A case report

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Abstract

Volatile substance abuse and autoerotic behaviour are distinct phenomenon. Still considerable overlap is observed in some cases. Autoerotic deaths are reported in young males, who tend to experiment alone and are heterosexual. We present a rare case of an autoerotic death involving a plastic bag. In this case the victim is a very young individual who has failed in 10th class and has come to Chennai for joining a tutorial class. The victim is basically from Ooty (Tamil Nadu). He was sent to Chennai to his relative's house to study in a tutorial class at Chennai. His relatives made him to stay in their newly constructed office (Call Centre) which is yet to be opened, near their residence. Here a transparent plastic bag which came in with a new CPU of a computer was used; A plastic mesh was used to tie around the neck. The victim was aggravated by high sympathetic activity during autoerotic ritual. We discuss the death scene investigation and findings at autopsy in arriving at conclusion of accidental manner of death.


Key words: Transparent plastic bag, plastic mesh, auto erotic sexual asphyxia.

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Received Date: 14/01/2016 Revised Date: 22/02/2016 Accepted Date: 10/03/2016

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	DOI: 12 March 2016

INTRODUCTION

Autoeroticism represents deviant sexual behaviour (paraphilia) that seeks sexual gratification by means of manipulations with the own body. Different practices of autoeroticism are known like asphyxiophilia, anesthesiophilia, and electrophilia.¹ Most common methods of asphyxiophilia are, plastic bag asphyxia, strangulation, etc, while various methods used for anesthesiophilia may be inhalation of nitrous oxide, gasoline, propane, aerosols like toluene, etc.² The usual method of abuse is for a quantity of the solvent or other chemical to be placed in a plastic bag. The warmth of the hand holding the bag, as well as the warm breath, encourages vaporization of the solvent, which enters the tidal air stream and is absorbed through the pulmonary

membranes into the blood.³ Accidental deaths are occasionally reported due to such practices. Transvestism is described as the wearing of clothes of the opposite sex for sexual purposes. It is seen in both sexes. There are two types of transvestite, a heterosexual group and a group with strong homosexual tendencies. The homosexual male transvestite tends to wear clothes which caricature and mock women. The heterosexual male transvestite wears conventional female clothing and unresolved problems in his marriage or other heterosexual relationships are often evident.⁴

CASE HISTORY

We present a rare case of an autoerotic death involving a plastic bag. In this case the victim is a very young individual who has failed in 10th class and has come to Chennai for joining a tutorial class. The victim is basically from Ooty (Tamil Nadu). He was sent to Chennai to his relative's house to study in a tutorial class at Chennai. His relatives made him to stay in their newly constructed office (Call Centre) which is yet to be opened, near their residence. Here a transparent plastic bag which came in with a new CPU of a computer was used, A plastic mesh was used to tie around the neck. The victim was aggravated by high sympathetic activity during autoerotic ritual. The most unfortunate thing pertained to this case is the body was in a decomposed

state. We concluded that it may be a case of autoerotic sexual asphyxia based on the circumstantial evidence and visit of scene of crime.

The requisition was received from the police to the Department of Forensic Medicine and Toxicology, Kilpauk, Government Medical College and Hospital – Chennai on 06-07-2015 at 3.30 P.M. Case was registered under section 174 CrPc. Post mortem examination was done on 06-07-2015 at 4.00 P.M at Kilpauk Government Medical College and Hospital- Mortuary.

Its condition then was Rigor Mortis passed off. Decomposed male dead body lying on its back. Peeling of skin, post – mortem blisters is present all over the body. Body is clothed with green and red colour sweater, brown colour cut underwear with letter JOOKEY over the elastic strip. White with black stripes lungi and pink colour cotton towel which had a starchy feel, red with blue colour design cotton bed sheet which had a starchy feel. Green colour plastic wrist band over left wrist. A metallic chain with a heart shape and a round shape dollar in it. Heart shape dollar was in silver colour and a round shaped dollar with words play boy written in yellow colour with a rabbit image in white colour present in situ. Face covered with a blood stained transparent plastic cover with a length of 57cm and breadth of 38 cm and tied with a Plastic mesh of length 213 cm and breadth 4cm completely encircling the neck over the middle 1/3 of the neck. The upper border of the plastic mesh to front and sides of right mastoid process is 6 cm with width 4 cm, to the chin is 8 cm with width 4 cm and to the left mastoid process is 6 cm with width 4 cm, the lower

border of plastic mesh to the sternal notch is 6 cm. Face distorted, eyeballs deeply sunken, mouth open, tongue protruded out with Maggots crawling over the entire face. Rectum: Prolapsed. Peeling of the skin noticed all over the body. There were no other external injuries anywhere over the body.

Hyoid Cartilage: Intact.

Laryngeal Cartilages: Soft, decomposed.

Scalp: Intact, Skull: Intact. Brain: Soft and Pulpy.

Heart: Soft and flabby. C/S: Decomposed.

Coronaries: Patent, Great vessels: NAD.

Lungs: Soft, reduced in size due to decomposition. C/S: Decomposed.

Larynx and Trachea: Decomposed

Stomach: Empty, Mucosa: Decomposed.

Intestines: Distended with gas.

Liver, Spleen and Kidneys: Soft reduced in size due to decomposition; C/S: Decomposed

Bladder: Empty.

Pelvis and Spinal Column: Intact.

Viscera and clothes was preserved and sent to regional forensic science laboratory, Mylapore – Chennai for toxicological and semen analysis. Clothes collected at the scene of crime were also sent to regional forensic science laboratory, Mylapore – Chennai for semen analysis.

Viscera Report: All the samples sent for viscera were examined and alcohol or other poisons was not detected in any of them. Clothes (Towel, Lungi, and Underwear) detected presence of semen in it.

Final Opinion to the cause of death: The deceased would appear to have died due to suffocation.





Scene of crime photos

DISCUSSION

In this case scene of crime visit was very useful in coming to a conclusion that this may be a case of autoerotic sexual asphyxia. Autoerotic deaths can be classified into- Typical and Atypical depending on the presence or absence of accompanying non-lethal paraphilia. Lethal paraphilia may be in the form of compression around the neck, restrictive bondage, plastic bag asphyxia, chest compression, inhalation of volatile substances, insertion of objects in genitals, stimulation of genitals by low voltage electricity. While nonlethal paraphilia are fetishism, transvestism, usage of mirror, pornography, etc. An autoerotic death may be diagnosed if it is solitary, accidental, and caused by any lethal paraphilia.⁴ Volatile substance abuse and autoerotic behaviour are distinct phenomenon. Still considerable overlap is observed in 8% of cases reported by Anderson HR.⁵ Auto erotic deaths in transvestite are reported in young males.^{6,7} Adolescents tend to experiment alone and are heterosexual. On the other hand, adults often practice sexual asphyxia in pairs and are primarily homosexual in orientation. Clearly, the "sole-practitioner" in the adolescent population is at high risk for accidental death due to the lack of supervision by a sex partner.⁸

Description of scene of crime

The victim stayed in a newly constructed office (Call Centre) which is almost in the stage of completion. New computers were in the office. The victim has used available materials in the office to get sexual desire. The body was found lying on the floor between two lengthy tables where the computers has to be placed. The floor was completely blood stained with oozing of decomposed fluid blood. A computer box was open and the CPU was kept out separately. The plastic bag which was covering the CPU was taken by the victim, A plastic mesh which is supposed to be used for the window was also taken by the victim, A mobile phone, pornographic pictures were found at the scene of crime. There were pornographic videos in the mobile phone which was last seen by the deceased. A White colour towel which was blood stained was also found at the scene of crime. All these evidence

present at the scene of crime made us to conclude that it could be a case of autoerotic sexual asphyxia. However the most unfortunate thing was the body was in a decomposed state. This was the reason why the final opinion to the cause of death was given as suffocation.

CONCLUSION

Though sporadically reported in newspapers, magnitude of deaths due to autoerotic deaths, particularly in sexually perverts is highly unaddressed. There are several limitations in the data concerning autoerotic asphyxiation. Difficulty in ascertaining the number of practitioners of asphyxiophilia due to the social stigma, lack of statistics available in the Indian literature, relatives often hide the evidence of asphyxiophilic deaths due to the negative societal perception and finally, there is no specific category in the ICD codes for deaths by sexual asphyxiation, hence, these deaths may be misclassified as accidents, suicides, or homicides. As a result, there is probably an underestimation of the rate of death by sexual asphyxiation in Indian setup. We highlight importance of positive interpretation of autoerotic death with regards to death scene circumstantial evidence, past history of lethal and non-lethal paraphilia and autopsy findings in determining manner of death.

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Source of Support: None Declared
Conflict of Interest: None Declared