Journal of Forensic Sciences And Criminal Investigation
ISSN: 2476-1311

Juniper Publishers key to the Researchers

Case Report
Special Issue - May 2018
DOI: 10.19080/JFSCI.2018.08.555742

J Forensic Sci & Criminal Inves

Death Due to Trauma to the Head While Fighting: Case Report

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Submission: April 12, 2018; **Published:** May 10, 2018

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Abstract

Trauma to the head is an important forensic theme. It can vary in the directions of boxing and machete injuries in general. Therefore, a local case report is deemed worthy of documentation from a developing community with reference to death after a fight.

Keywords: Head, Fighting, Death, Developing Community

Introduction

Researchers at the famous Institute of Neurological Sciences based at the University of Glasgow, which is my Alma Mater, provided a timely theme on the epidemiology of head injury [1]. In their own words, "Head injury is a major health problem in Westernized nations." In Hawaii, machete wounds to the head featured in 3 cases [2]. Therefore, 2 cases of head trauma while fighting in a developing community are deemed to be worthy of record.

Case Reports

a) AA, a 8-year-old boy, fought with a fellow and his head hit the ground. He had rigor and epileptic fit on admission prior to death on the second day of admission. At necropsy, there was no subdural or intracranial hemorrhage. Both liver and spleen were enlarged. Microscopy showed fibrosis of the spleen as well as round cell infiltration of the portal tracts. The blood vessels were packed with sickled cells which were best preserved in the brain. Accordingly, death was due to sickle cell crisis.

b) UO, a 25-year-old man, died following trauma to the head while fighting with another man. He became unconscious after the incident and was admitted at the Private Hospital where he died without regaining consciousness. The findings at autopsy included damaged frontal lobe of the brain with greenish pussy discharge in the ventricles. The lungs also showed pneumonic consolidation. Microscopy showed edema, congestion, and focal early pneumonic changes while the brain manifested poor cellurality with infiltrating inflammatory cells; especially plasma cells. Bronchopneumonia and encephalitis were diagnosed.

Discussion

Another Glasgow expert concluded that "in many situations all the pathologist can do is to reconstruct the haemodynamic disturbance that led to the infarction" [3]. Elsewhere, there have been of late contributions from Spain [4,5], Sweden [6], UK [7], and USA [8-10]. Perhaps, in comparison with the early deaths in this locality, such deaths were exemplified in terms of the first 48 hours of injury [4,5]. As for age incidence, it was inferred that, in all westernized nations, the range is ≥ 40 years [5]. My local figures are much lower, although the 2 to 82 years range was found in Spain [5]. The British account of premature deaths after predominantly minor healthy are commonly "alcohol related" [7]. It may well have been an unmentioned factor in the local fight. A United States group noted an independent risk factor as "male gender" [10]. Therefore, it is not surprising that local males were involved here.

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DOI : 10.19080/JFSCI.2018.08.555742

How to cite this article: Wilson I B O. Death Due to Trauma to the Head While Fighting: Case Report. J Forensic Sci & Criminal Invest. 2018; 8(4): 555742. DOI: 10.19080/JFSCI.2018.08.555742