

Putrefaction Caused Much Autolysis in Forensic Pathology in a Developing Community



Wilson I B Onuigbo*

Pathology Department, Medical Foundation & Clinic, Enugu, Nigeria

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***Corresponding author:** Wilson I B Onuigbo Pathology Department, Medical Foundation & Clinic, Enugu 400001, Nigeria
Email: wilson.onuigbo@gmail.com

Abstract

Previously, the author surveyed the battered specimen syndrome with special reference to the recognition of autolysis. Here, attention is drawn to the field of forensic pathology. In this context, it is shown that, among the ethnic group called the Igbos, several forensic specimens received by the author were so autolysed as to render opinion impossible. They deserve recognition as was firmly suggested by the pathologists working in an Indian Government Medical College.

Keywords: Death; Forensic Pathology; Autolysis; Developing Community

Introduction

The battered specimen has been recognized as an unfortunate syndrome. In the words of Barr and Williams [1], "Indeed, time should be taken to provide as much knowledge about the patient as possible." Personally, I recommended that the importance of autolysis should be recognized in general [2]. Here, attention is drawn to forensic pathology. In particular, a Birmingham (UK) group emphasized the role of a histopathology data pool in facilitating epidemiological analysis [3]. In this context, the one

set up at Enugu, the Capital City of the Eastern Region of Nigeria, has been used personally as the Pioneer Pathologist, from 1970, to serve the indigenous Igbo ethnic group [4].

Investigation

Since I kept a personal copy of all the Laboratory Records, it was easy to retrieve those that exhibited the problem of autolysis in the specimens. They may be tabulated hereunder.

Result

Table 1.

Table 1: The putrefacted cases of autolysis.

No	Initials	Age	Sex	Organ	Town
1	OP	25	F	Breast	Onitsha
2	OM	67	M	Prostate	Port Harcourt
3	AO	20	F	Uterus	Afikpo
4	KN	41	F	Kidney	Enugu
5	EA	40	F	Uterus	Emene
6	AA	33	M	Skin	Enugu
7	OO	50	F	Breast	Enugu
8	US	1	F	Peritoneum	Enugu
9	OV	29	F	Intestine	Nsukka
10	OC	36	F	Uterus	Enugu
11	CO	49	F	Uterus	Owerri
12	NO	39	F	Breast	Ehime
13	NA	39	M	Skin	Enugu
14	NH	24	M	Appendix	Enugu
15	EC	15	F	Lip	Enugu

16	EC	14	M	Neck	Enugu
17	ET	26	F	Uterus	Enugu
18	EC	27	F	Uterus	Enugu
19	EO	34	F	Jaw	Afikpo
20	EG	30	F	Breast	Ngwo
21	EO	55	M	Lymph node	Uburu
22	EE	63	M	Skin	Enugu
23	CJ	63	M	Appendix	Enugu
24	CN	50	F	Breast	Afikpo
25	BI	33	F	Uterus	Onitsha
26	AP	55	F	Skin	Enugu
27	AJ	38	F	Breast	Umuahia
28	EJ	25	F	Breast	Enugu
29	OA	32	F	Appendix	Onitsha

Discussion

Some special circumstances were not always supplied. However, drowning and exhumation featured. Males preponderated. The male/female ratio came to 7:3. Probably, this was due in part to the masculine exertion of drowning. The exhumation was also attributable to the male factor in family squabble. The age range was 22 to 66 years (mean 39.7 years). Most of the cases were submitted from towns distant from Enugu. This exemplifies the advantage gained by distant doctors using a central histopathology data pool [5]. Indeed, it falsifies the debate once held in the UK concerning whether such a centrally sited service could ever be useful to distant doctors [6]. Normally, autolysis should not be involved in the general practice of pathology [7,8]. Alas! In the above collection, the circumstances were self explanatory as in the exhumation case in which putrefaction had set in. I agree whole heartedly with the Indian pathologists [9], who concluded that “In case of advanced autolysis, the histological diagnosis may be hindered or rendered impossible.” In particular, the stage of putrefaction should never be allowed to set in.

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