



Medico-legal study of intracranial causes of death

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ABSTRACT

Background- Head injury is a significant public health problem worldwide and is predicted to surpass many diseases as a major cause of death by 2020.

Methods- This study was carried out in department of Forensic Medicine and Toxicology. Epidemiological data viz. age, gender, occupation, date and time of incident will be collected from patient, their relatives and Bed Head Ticket (BHT).

Results- EDH was observed in 5 cases at autopsy, SDH were observed in 9 cases at autopsy, SAH were observed in 11 cases at autopsy, ICH was observed in 5 cases at autopsy.

Conclusion- SAH was observed in 36.67% of head injury victims.

Keywords: head injury, autopsy, SAH.

INTRODUCTION

Head injury is a significant public health problem worldwide and is predicted to surpass many diseases as a major cause of death by 2020. Data indicate that majority of traumatic brain injury cases (60%) are as a result of road traffic accident, followed by falls (20-30%), and violence (10%). Traumatic head injury is a leading cause of death and disability in children and adults. Each year in India nearly 2 million people are injured with about 1 million deaths due to head injury. 60% of total cases are due to road traffic accidents followed by falls and violence¹.

Among all the regional injuries, the injury to the head and neck are most common and important in Forensic practice. As head accommodates one of the most vital organs of

the body- The brain. The external injury on the head and the face may or may not be representative of internal injury and the extent of danger of the impact.

Materials & Method

This study was carried out in department of Forensic Medicine and Toxicology.

Epidemiological data viz. age, gender, occupation, date and time of incident will be collected from patient, their relatives and Bed Head Ticket (BHT). Post mortem examination was recorded in specially designed proforma. Finally the detail was analyzed and the conclusions were drawn after comparing and discussing with similar type of the work carried out by foreign and Indian authors. This study was conducted on total 30 numbers of cases.

Inclusion Criteria:

All cases with acute head injuries.

Exclusion Criteria:

The cases that have been operated for head injury during their course of admission.

Results

Table 1: Type of Intracranial haemorrhage observed at autopsy

Haemorrhage	Autopsy
EDH	5
SDH	9
SAH	11
ICH	5
Total	30

As per table no.1 EDH was observed in 5 cases at autopsy, SDH were observed in 9 cases at autopsy, SAH were observed in 11 cases at autopsy, ICH was observed in 5 cases at autopsy.

Discussion

In our study EDH was observed in 5 cases at autopsy, SDH were observed in 9 cases at autopsy, SAH were observed in 11 cases at autopsy, ICH was observed in 5 cases at autopsy.

Sharma and Murari ² in their study have observed that among EDHs 66.7% were diagnosed in both CT scan and autopsy;

whereas 33.3% of them remained undiagnosed by CT scan. The SDHs were diagnosed in both CT scan and autopsy, and no mismatch was noted. Among SAHs 64.3% were diagnosed in both CT scan and autopsy; whereas 35.7% of them remained undiagnosed by CT scan. Among ICHs, 70% were diagnosed in both CT scan and autopsy; whereas 30% remained undiagnosed by CT scan.

Pathak et al.³ in their study observed that traumatic SAH was detected in CT scans only in 10 cases but were detected in 33 cases at autopsy. CT scan revealed thin SDH in 5 cases only, however, autopsy showed the same in 15 cases. In 4 cases, extradural hematoma was noted at autopsy, which was detected in 3 cases on CT scan.

Conclusion

SAH was observed in 36.67% of head injury victims.

References

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