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Case Report
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An Autopsy Case of 12 Gunshot Wounds Caused by 3 Bullets

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SUMMARY

A 52-year-old man was found dead after having been shot. The following wounds were discovered at autopsy : a penetrating cranial wound ; two penetrating wounds in the right arm ; two penetrating wounds in the anterior chest ; one blind wound in the right side of the chest ; and one blind wound in the left arm. Although a total of 12 gunshot wounds were present, it was considered that these were caused by only three bullets.

Key Words : forensic autopsy, bullet pathway, multiple wounds

INTRODUCTION

In Japan, although possession of firearms is subject to strict regulation, gun-related crimes are increasing in frequency. Firearm possession is reported not only among gang members but also among the general public.

We report an unusual homicide in which 12 gunshot wounds were caused by 3 bullets.

CASE HISTORY

A 52-year-old Japanese man, who had previously been in good health, was found dead with gunshot wounds to the head, chest, and arms. The murderer, his brother, had shot himself and died near the victim, and a 38-caliber found by was presumed to be the murder-suicide weapon. One bullet was discovered at the scene of the homicide. The motivation for the crime was thought to business management problems.

Forensic autopsy of the victim was performed the following day. The deceased was 177 cm tall, with a moderate build. Slight postmortem change was evident. In the head, a penetrating gunshot wound was visible ; the entrance wound was located in the right temporal area (Fig. 1) and the exit wound in the left temporal area. The bullet channel had caused brain laceration and the adjacent cerebral tissue was hemorrhagic. In the chest, two subcutaneous penetrating wounds were present anteriorly, and one blind wound was apparent in the right side (Fig. 2). In the right arm, there were two penetrating gunshot wounds : two entrance wounds on the lateral aspect and two exit wound on the medial aspect. The left forearm exhibited one blind wound and a bullet was discovered in the muscle tissue of the forearm. Injuries to the right lung, right diaphragm, liver, small intestine and mesentery were evident, associated with a 950-ml right hemothorax and a 170-ml intraperitoneal hemorrhage. No rib fracture was apparent. The bullet was found in a hemorrhagic area of the left psoas major. No other injuries or evidence of disease were found.

Cause of death was considered to be brain laceration due to gunshot head injury.

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Fig. 1

Entry wound in the right temporal region caused by the first bullet.

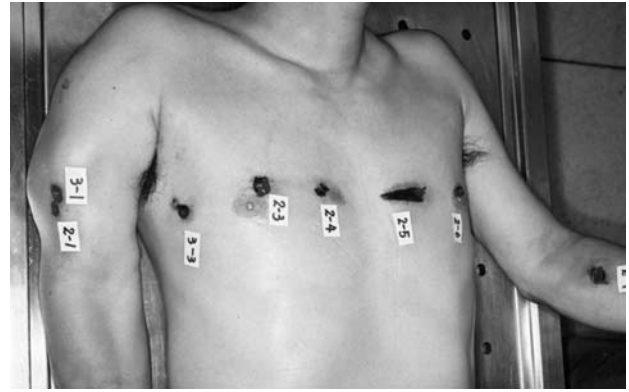


Fig. 2

The second and third bullet penetrated the left arm. Second bullet subcutaneously penetrated in chest twice and third bullet formed a blind wound in the right chest.

DISCUSSION

In autopsy cases in which firearm wounds have occurred, careful observation is necessary as atypical gunshot wounds can occur for a variety of reasons^{1,2)}. Single gunshots causing multiple entrance wounds are rare³⁾. In the present case, although the victim was shot three times, 12 wounds were found.

Bullet 1 penetrated from the right to the left temporal region. Bullet 2 penetrated the right arm, and caused two subcutaneous penetrating wounds in the chest without rib fracture and a blind wound in the left forearm. Bullet 3 penetrated the right arm and entered the thorax from the right chest to injure the thoracic and abdominal organs.

The gunshot entrance wounds exhibited variation in angle and muzzle velocity⁴⁾. All wounds on the right side of the body had regular edges with bruising, while the edges of those on the left side were irregular and

devoid of bruising. We therefore considered that all bullets were fired from the right side. And all gun shot wounds were formed by close but not contact range from discharge.

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