SUSPECTED SNAKE BITE TURNING OUT TO BE DEATH DUE TO CHOKING ROUND WORM INFESTATION) - A CASE REPORT

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ABSTRACT

A six years old female child was brought to the casualty department of Dr. B.R. Ambedkar Hospital and associated Pt. J.N.M. Medical College, Raipur (C.G.) with the history of snake bite. On autopsy signs of asphyxia and one large round worm was found in lower respiratory tract. No animal bite mark could be found as alleged by relatives and police. Later on it was revealed by relatives of the deceased that the girl had passed four round worms in stool three year back. For which she was given some medications. The small intestine was studded with multiple round worms most of which were live. The intestine contained very little amount of digested food material. The social, ethical and medico legal issues involved in sudden suspicious deaths in the state of Chhattisgarh and too frequent history of snake bite in most of them is discussed in the paper.

Key Words: Choking, worm infestation, asphyxia, roundworm.

INTRODUCTION

Dead body of a Mohammadan female child aged about 6 years was brought for medicolegal autopsy with the history that the child was playing with kids near her house in the evening of the day before the date of autopsy, when she was bitten by some unidentified poisonous insect over 2nd toe of right foot which turned black. She was admitted in Medical College Hospital, Raipur (C.G.) approximately one and half hours after alleged insect bite, where she died after half an hour of admission.

The deceased was a thin built female child. Clothings were intact and in situ. White frothy fluid was present over nostrils and on compression of chest became more pronounced. Intravenous prick mark was present on dorsum of left hand. The whole of the body particularly feet and hands were closely inspected and examined for presence of any puncture wounds / bite marks with underlying ecchymoses / edema but none could be found as alleged by police and relatives.

Trachea was found full of white froth mixed with mucoid fluid. A 13 cm long round worm was found lying in the respiratory tract with the lower end present in secondary bronchiole of lower lobe of left lung. The mucosa of the respiratory tract was congested and slightly soft. Both lungs were heavy and voluminous. On cut they were markedly congested and edematous.

Heart was found normal in size, both chambers were full of blood, valves & appendages, cavities and myocardium were normal. One 11 cm long roundworm was also found lying in the lumen of esophagus. Small intestinal lumen was studded with numerous (counted to be 36) round worms, at three places they were found to be intertwined with each other forming a bunch overdistending the bowel. Only scanty amount of greyish brown digested material was found in the ileum at places, other wise it was empty. Stomach contained about 80 g. brownish pasty partially digested food material, mucosa was normal and healthy. Small amount of faecal matter was present in large intestine. Liver was congested, spleen and kidney were normal and healthy. Brain was congested and healthy. A piece of skin and underlying subcutaneous tissue was excised,
preserved, sealed and labelled surrounding the alleged bite site and handed over to police constable concerned.

The relatives were again enquired after completion of autopsy. The father of the deceased was specifically and assertively asked about past history of worm infestation. He admitted that the child has passed four round worms three years back when they had consulted a medical practitioner and he had given single tablet of some medicine and as per him self she never had any problem except for mild pain in abdomen off & on and unsatisfactory weight gain.

On the day of incidence he told that while playing she suddenly was reported to develop inability to speak, made gestures indicating choking in the neck, was desperately opening mouth as if was hungry for air. Then she turned blue, fainted and had fits (as per him self) for one to two minutes. She was immediately shifted to hospital where she died in half an hour. The hospital record mentioned that child was brought in asphyxiated and gasping condition and could not be saved despite all the heroic cardiorespiratory resuscitative efforts there was no past history of epileptic fits.

**DISCUSSION**

It is relevant in the present case to note that large number of unnatural deaths due to snake bite and wild animal attacks are annually reported in the state of Chhattisgarh. Taking strong note of this fact, the state government has decided to compensate monetarily, the family of deceased dying due to animal bites. Owing to this fact it is felt and substantiated by investigative agencies & physicians dealing with such medicolegal cases also, that claims of death due to animal bite with false history regarding the same have become quite common. As in few cases of death due to insect bite the bite mark may not be detected in spite of very sincere efforts to locate it. False and misleading history of snake/ insect bite in such cases is very common. In the present case however the death clearly and unquestionably was due to choking of lower respiratory passage with round worm. The basic principle of not relying too heavily on history provided by police & relatives in medicolegal cases and importance of meticulous autopsy therefore gets all the more substantiated.