

Forensic mini osci first month

Case 1 :

A picture of a person who was shot in his head

And another picture of bevelling

1. what is the type of weapon used? Rifled firearme
2. What is the mode of death? Coma
3. Is the 2nd picture shows bevelling , is it the entrance or exit of the bullet ?
Entrance
4. What is the range of shooting? Near (Intermediate) 15-60 cm
5. What is the difference between entrance and exit firearme wound ?
Exit is wider (in the slides and the summary they say that the exit wound is smaller, but dr Osama emphasized that the exit wound is larger but can be smaller in exception cases - the general rule is that exit is larger-)

Differentiation 12.1: Entry and exit wound (Fig. 12.18)		
Feature	Entry wound	Exit wound
Size	Smaller than the diameter of the bullet (except contact shot)	Bigger than the bullet
Edges	Inverted	Everted, puckered
Skull	Clean cut on outer table and beveled in the inner table	Beveled in the outer table and clean cut on inner table
Bruising, abrasion and grease collar	Present	Absent
Burning, blackening, tattooing	May be seen	Absent
Bleeding	Less	More
Fat	No protrusion	May protrude
Wound track	May be cherry-red due to carboxyhemoglobin	No color change
Fibres of clothes	Turned in	Turned out
Radiological/micro-chemical examination	Lead ring may be seen	Absent
Spectrograph	More metal is found	Not so

Case 2 :

A picture of multiple fabricated insiced wound on forearm and there is marbling on the forearm

1. what is the type of wound and what is the circumstance of this wound?
Insiced wound , self fabricated (self harming)

2. What is the object used? Sharp object
3. Mention one difference between this type of wound and stab wound? The depth in insiced wound is less than its length (the stab wound is deeper and narrower than incised)
4. What is the postmortem sign that appears in the picture? Marbling.
5. How can we know the direction of the wound? From tailing

Case 3 :

A picture of cherry-red liver mortis :

1. What is the cause of this sign (pathophysiology) ? Gravitation of the blood in a toneless vessels (blood stasis)
2. What is medico legal importance of this sign? Determine the cause , position and time of death
3. When does this sign (start) after death? Immediately after death "The question asked about when does it "start" not "appear "
4. Mention one cause of the sign in the picture? CO poisoning or cyanid poisoning
5. According to the picture, what was the position that the person died in? Supine position (maybe)

Case 4 :

A picture of a hanging person

1. describe what you see? An atypical, incomplete (partial) hanging
2. What is the suspected manner of death? Suicidal
3. What is the type of anoxia ? Anoxic anoxia (bcz it is mechanical asphyxia)
4. Mention one pathological abnormality appears **ABOVE** the rope? petechial hemorrhage , congestion, contusions (maybe)
5. What is the mechanism of asphyxia ? Mechanical asphyxia

Toxicology

Case 5:

A case of methamphetamine toxicity :

- diagnosis :

(amphetamine poisoning)

- gastric decontamination method :

(Charcoal)

- how can you suppress the agitation caused by the overdose?

(Give benzos)

- antidote :

(No antidote)

- effect of blood pressure

(Elevated)

Case 6:

CO Poisoning (case)

- diagnosis:

(co poisoning)

- antidote :

(100% oxygen, hyperbaric oxygen)

- effect on pH :

(Decreased) acidosis

- level of deoxyhemoglobin :

(>50%) (this is the level that is sufficient to cause death)

- type of anoxia

(anemic anoxia)

Case 7:

Heroin Toxicity (case) the keyword is (pinpointed pupils)

- diagnosis :

(heroin toxicity)

- metabolite :

(6-MAM) specific for heroine

- reason why it causes toxicity:

(excessive activation of (mu) receptors)

- antidote :

(naloxone)

- drug that helps with withdrawal symptoms:

(methadone , buprenorphine)

Case 8:

Ingestion of acid (case)

- do you neutralize with an alkali?

(No)

-what is the reaction that happens if we neutralize acid with alkaline?

(Heat), (more damage)

- is activated charcoal effective?

(No)

- what do you give to emulsify the acid?

(Milk)

-why we (don't) induce emesis ?

Due to risk of perforation, abrasion of the esophagus, and risk of aspiration