

CASE REPORT

DEATH DUE TO CHOKING IN AN ELDERLY PSYCHIATRIC PATIENT- A CASE REPORT

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ABSTRACT: Choking is a form of asphyxial death in which there is blockage of internal airways. Mostly it is either accidental or homicidal. In accidental choking, the airways are usually blocked by a large food bolus or some foreign objects in intoxicated adults, elderly with neurodegenerative disorders and young children. Elderly psychiatric patients are predisposed to the accidental form of choking. Hereby presenting a case of sudden death in a 75 years old male, who was being treated at the Regional Mental Hospital for Schizophrenia as an indoor patient for the last 30 years. Post-mortem examination showed whitish semisolid food particles mixed with mucus in the trachea, both principle bronchi, lower lobar bronchi of both sides and segmental bronchi of right lower lobe.

KEYWORDS: asphyxia, sudden death, accidental choking, psychiatric illness.

CASE HISTORY: A 75 years old male psychiatric patient was brought dead with history of sudden death while he was having meal. He was an indoor patient of Schizophrenia at Regional Mental Hospital for about 30 years. Magistrate's inquest was held and the postmortem examination was conducted on the following day.

On Postmortem, external examination revealed a thin built old man wearing hospital clothes. All clothes were dry and intact. There was no oozing through mouth & nostril. Nails were cyanosed. Rigor mortis was seen only in lower limbs. Postmortem Lividity was present over back and buttock except over pressure points and was fixed. No injury was noted over the body.

On internal examination all organs were congested. Petechial haemorrhages were seen on interlobar fissures of both lungs. Foreign body in the form of whitish semisolid food particles mixed with mucus in the trachea, both principle bronchi, lower lobar bronchi of both sides and segmental bronchi of right lower lobe was seen. The foreign body was blocking the airway completely.

Petechial haemorrhages were also seen on epiglottis and mucosal surface of trachea. Stomach contained about 50cc semi digested food material without any abnormal smell, still the viscera was preserved for chemical analysis. The organs were also preserved for histopathological examination. The final cause of death was issued as "Asphyxia due to choking".

DISCUSSION: Airway obstruction can be of anatomical or mechanical origin. Anatomical obstruction occurs due to anatomical structures such as tongue, swollen tissues of mouth and throat or results from injury to neck. Mechanical obstruction occurs due to foreign body. Physical findings of wheeze, rhonchi, stridor, or retractions are associated significantly with a diagnosis of an un witnessed foreign body.¹ Death due to choking is defined as unintentional ingestion or

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inhalation of food or other objects resulting in the obstruction of respiration.² In natural deaths due to choking there is obstruction of the airway by the inflamed epiglottis and adjacent soft tissue and are of anatomical origin as said above. But choking can also be homicidal or accidental.³

In 1973 the National Council reported nearly 2,500 such accidental fatalities a year; this ranks sixth in the United States among the leading causes of accidental deaths- far ahead of aircraft accidents, firearms, lightning and snakebite.⁴ The most common specified food objects that victims choked on were meat products.⁵ An aspirated Fis-Fis (Alfalfa, Lucerne) seed accounted for more than one-third of all foreign bodies.⁶ In both groups, males and females were distributed equally and the most commonly ingested object was a coin.² A retrospective review of all the charts of children less than 16 years old who underwent bronchoscopy shows, nuts and seeds are particularly dangerous.⁷ Food material was the most commonly aspirated foreign body than the nuts.⁸

In this case the moment of choking was while eating. There are various moments noted in the literature where the victims were either eating (11%), playing (83%) or studying (4%) or cleaning ears (2%).⁹ The majority of the choking episodes reported occurred at home (45%), followed by supervised facilities (26%), restaurants (14%), hospitals (3%), the street (3%), hotels (2%), schools (2%), other (3%), and unknown locations (2%).⁵

Some of the common risk factors are old age, poor dentition, and alcohol consumption. Other risk factors included chronic disease, sedation, and eating risky foods.¹⁰ In addition to this some of the other common causes of choking reported by American Red Cross are trying to swallow large pieces of poorly chewed food, eating while talking excitedly or laughing, or eating too fast. Walking, playing, or running with food or object in the mouth.¹ Many Indian authors reported that even a small object such as piece of coconut, gram-seed or monkey-nut partially blocking the air passage might cause death due to laryngeal spasm. Other foreign bodies noted are potato skin, fruit-stone, corn, button, coin, cork, rag, India-rubber teat, live fish, roundworm, mud, leaves.¹¹ Sonea Qureshi and Richard Mink noted that the most frequently aspirated objects are organic food items such as peanuts, popcorn, hot dogs, or vegetable matter. Non-food objects include balloons, coins, pen tops, and pins.¹²

Gyan C.A. reported one case where a young male died during an attempt of swallowing a pool ball.¹³ Tedeschi also reported four cases of accidental asphyxiation by food.⁴

CONCLUSION: Older age, male sex, higher dosage of hypnotics, previous choking attacks, organic mental disorder, and poor self-care are possible risk factors associated with choking. Knowledge of the fact that semisolid foods are a high-risk factor in elderly individuals should be distributed in public and private healthcare systems, and awareness could be a first step in reducing the incidence of food/foreign body asphyxia. The degree of airway compromise and the severity of symptoms depend on the location and nature of the aspirated object. Items lodged in the oral cavity, hypopharynx, or larynx can produce airway obstruction.

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FIG. 1

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FIG. 2

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