



Elder Abuse: An observation of two autopsy cases

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Introduction :

Elder Abuse is defined as any “single or repeated act, or omission in the context of any relationship where trust is presumed, which causes suffering or distress to an elderly person”. This topic remains to this day a highly underestimated taboo subject in our society, since the victims do not complain for fear of enduring more violent reprisals.

We report in this study two cases of fatal mistreatment of two elderly subjects, autopsied in the department of Forensic Medicine at Charles Nicolle University Hospital of Tunis, in which we propose to discuss the diagnostic criteria of abuse and the forensic implications in this circumstances.

Cases Report :

	Facts Collected From Families	External Examination Data	Autopsy Findings	Toxicological Report	Cause of Death
Case n°1	<ul style="list-style-type: none"> A 66-years-old man with antecedents of Alzheimer's disease, who had been confined by his wife for a year and was bedridden for about two days before his death. He later was found dead at his home. The family denied any notion of accidental or inflicted trauma. 	<ul style="list-style-type: none"> A cachectic body A poor state of personal hygiene The presence of traumatic lesions such as greenish anterior thoracic bruise, a purplish right basithoracic bruise, a purplish banding bruise on the right leg. Multiple bedsores of different stages, some of which are infected 	<ul style="list-style-type: none"> Heavy pulmonary edema Bilateral pulmonary embolism, well organized and adherent to the arterial wall 	<ul style="list-style-type: none"> Negative 	Massive Bilateral pulmonary embolism
Case n°2	<ul style="list-style-type: none"> A 76-years-old unmarried man living with his brother, with a history of high blood pressure and a brain- stroke leaving a right hemiplegia. He was reported to have progressively deteriorated his general condition during the two months preceding his death. He was found dead at his home. The family denied any notion of accidental or voluntary trauma 	<ul style="list-style-type: none"> A cachectic body A poor state of personal hygiene The presence of traumatic external lesions such as bruises, abrasions and hematomas that are recent and in process of resorption, found in the craniofacial region, at the upper limbs with the presence of a semi-recent fracture of the of the right ulna and a comminuted fracture of the left ulna. 	<ul style="list-style-type: none"> Fractures of different seat sizings and different ages with the presence of bone calluses. Visceral congestion An occipital subdural hematoma. 	<ul style="list-style-type: none"> Negative 	Severe craniocerebral trauma

Discussion :

- Elder abuse is nowadays considered as a subject of human rights. There are four types of abuse: physical, psychological, financial and neglect. Abuse of the elderly people is a highly under-evaluated topic. The forensic scientist is usually confronted with this delicate situation during a forensic medical examination of a living or deceased victim. The diagnosis is evoked in front of a bundle of arguments sought during the collection of the memorials of the external examination, the autopsy and the results of the complementary examinations such as the toxicological samples.
- First, we have to look for certain risk factors which must to be investigated. For example, the victim's profile is an essential parameter (presence of mental and / or physical disability, loss of autonomy, isolation and poor socio-economic conditions, psychological fragility....).
- One of the two cases had Alzheimer's disease and had no interaction with his entourage since he was sequestered by his wife.
- The second case was hemiplegic and bedridden.
- During the external examination and the autopsy, it is necessary to evaluate the state of the bodily hygiene the presence of a possible malnutrition. Particular attention will be given to traumatic lesions (bruises, hematomas, dermabrasion, wounds ...) whose different age is in favor of repeated abuse. It is necessary to be able to differentiate between the **lesions inflicted by a person** (different directions, non-edge zones, defensive lesions which are localized at the forearms and the hands, lesions reproducing the form of a blunt object), **the accidental lesions** (on edge zones) and **self-inflicted lesions** (accessible area, repetitive and superficial lesions). The individualization of fractures that go unnoticed and untreated is strongly suggestive of abuse. This was the case for the second autopsy observation.
- For the living victim, the forensic scientist can extrapolate these arguments on the clinical patient's examination. Note that this examination must be done in the absence of the person accompanying the patient, who's usually the author of the abuse.

Conclusion :

The analysis of these two cases by means of the integrated study of anamnestic and autopsy data, highlights the fact that elder abuse must necessarily be considered and investigated, especially by physicians operating in public healthcare facilities and by healthcare workers. As the population ages, the abuse and abandonment of the elderly can be expected to increase. As in the two cases reported, the phenomenon of neglect can impact not only on the quality of life but also on survival.