

A questionable bruise

Hossein Sanaei-Zadeh¹, Kamran Aghakhani²

¹ Medical School, Shiraz University of Medical Sciences, Shiraz, Iran

² Department of Forensic Medicine and Toxicology, Iran University of Medical Sciences, Hazrat Rasoul Akram (p) Hospital, Tehran, Iran.

SUMMARY

It is occasionally difficult to distinguish between a self-inflicted bruise and true bruise. The important point of diagnosis is a good, thorough history taking and detailed examination of the affected area.

Keywords: artificial bruise – assault – heparin

Arteficiální hematom

SOUHRN

I když je to vzácné, lidé si mohou způsobit hematom z vlastní vůle z různých důvodů. Člověk si je může způsobit sám na svém vlastním těle, nebo mu je způsobí druhá osoba s jeho souhlasem. Jsou označovány jako vymyšlené, umělé, vykonstruované, falešné, fiktivní, apod. Je to tupé poranění, proto nejčastěji vzniká přímým působením tupého předmětu, nebo pevným stiskem. U hematomu vzniklého sacím mechanismem po pečlivé prohlídce můžeme odhalit petechie kolem oblasti pohmoždění. Hematom může být ovšem simulován i aplikací šťáv různých dráždivé zeleniny, kdy vzniká barevná skvrna, která je podlitině na první pohled velice podobná. Okraje takových skvrn jsou však dobře ohraničené. Kromě toho se v těchto lokalizacích mohou objevovat vezikace a pruritus. Diferenciálně diagnosticky je proto nutné důkladné prověření anamnézy a podrobné vyšetření postižené oblasti.

V práci je popisován případ muže ve věku 56 let, s akutním infarktem myokardu, u kterého byl při přijetí jako vedlejší nálezný subkonjunktivální hematom. Po 4 dnech hospitalizace se u něj objevil hematom vel. 5x5 cm v oblasti břicha s několika nažloutlými skvrnami vel. 3 – 6 cm. Původní subkonjunktivální hematom zmizel. Vznik hematomu byl vysvětlen subkutánními injekcemi aplikací heparinu do oblasti břicha.

Klíčová slova: arteficiální hematom – ublížení – heparin

Soud Lek 2014; 59(3): 26-27

Although rare, people may cause bruises on their bodies using blunt objects, pinching, squeezing, or sucking with different motives. It is occasionally difficult to distinguish between a false bruise and true bruise. However, a good history taking

and physical examination will help in giving the final opinion. A 56-year-old man was admitted to the coronary care unit due to acute myocardial infarction. He was a known case of hypertension and ischemic heart disease. On visit, he was complain-



Fig. 1. Bruise on the patient's abdomen. Several pale yellowish spots are seen close to the bruise.



Fig. 2. Close-up photo of the patient's bruise.

✉ Correspondence address:

Dr. Hossein Sanaei-Zadeh
Medical School, Shiraz University of Medical Sciences
Emergency Room/Division of Medical Toxicology
Hazrat Ali-Asghar (p) Hospital
Meshkinfam Street, 7143918796 Shiraz, Iran
e-mail: sanaeizadeh@sums.ac.ir

ing of feeling chest pain and nausea after multiple blows to his face and chest during an altercation. On physical examination, subconjunctival hemorrhage in the left eye as well as a right side black eye was seen. Injury to other parts of the body was not detected. Four days later, in general medical ward, he claimed to have another bruise on his abdomen which he had not noticed before. On re-evaluation of the patient, there was a bruise of 5x5 cm in diameter on his abdomen. Also, there were several pale yellowish spots of varying diameter from 3 to 6 cm adjacent to this bruise (Fig. 1,2). The

previous bruise around his eye and subconjunctival hemorrhage had completely been resolved. His general medical condition was good.

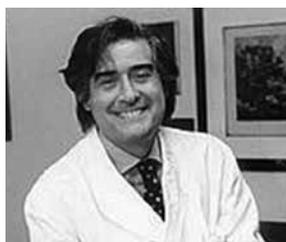
According to the patient's clinical chart, in the coronary care unit the patient had been treated by multiple subcutaneous heparin injections in his abdomen. Subcutaneous administration of heparin often causes problems such as bruise, pain, induration, and hematoma at the injection site (1,2). Therefore, this bruise and other spots could not be due to the assault and were definitely because of multiple injections.

REFERENCES

1. **Avşar G, Kaşıkçı M.** Assessment of four different methods in subcutaneous heparin applications with regard to causing bruise and pain. *Int J Nurs Pract* 2013; 19: 402-408.
2. **Palese A, Aidone E, Dante A, Pea F.** Occurrence and extent of bruising according to duration of administration of subcutaneous low-molecular-weight heparin: A quasi-experimental case-crossover study. *J Cardiovasc Nurs* 2013; 28: 473-482.

SLOVO PREZIDENTA IALM

A GLOBAL VISION FOR THE FUTURE DEVELOPMENT OF THE *INTERNATIONAL ACADEMY OF LEGAL MEDICINE (IALM)*.



Prof. Santo Davide Ferrara

President
INTERNATIONAL ACADEMY
OF LEGAL MEDICINE

President-Dean
SCHOOL OF MEDICINE

Director
SCHOOL OF SPECIALIZATION IN LEGAL MEDICINE
COMPLEX STRUCTURE OF LEGAL MEDICINE &
FORENSIC TOXICOLOGY AND ANTI-DOPING
HOSPITAL - UNIVERSITY OF PADOVA

The International Academy of Legal Medicine was founded in 1938 in Bonn, Germany, and is the longest-standing as well as one of the most prestigious International Scientific Associations in the field of Legal Medicine and the Biomedicolegal Sciences, its Members consisting of those Scientists and Professionals involved in the practise and development of the Bio-Medicolegal and Forensic Sciences.

The aim of the Academy is to **promote the development of the Bio-Medicolegal Sciences** into a mature field of **multidisciplinary research**, enhancing **competitive peer-reviewed research**, information **sharing** and **trans-national educational programmes**, as well as improving the **accuracy, precision and reliability of Biomedicolegal practice** in the various sub-disciplines.

During my mandate as President of the Academy, which commenced in January of 2013, I envision a greater scope for fostering **relationships of collaboration** between **IALM** and other **National and International Societies**, and it is with this in mind that we have established **6 new Continental Sections** representing the **Middle East, the Far East, North America, Central – South America** and **Oceania**, each led by a related **Referent** with the task of **cultivating and maintaining collaborative alliances** both **within** and **beyond** the particular area in which they operate.

In light of the aforementioned ethos, a newly updated **IALM Website** with a number of innovative features has been created, including the seven distinct Continental Sections of IALM, each consisting of State Member Sections and enabling IALM Members from each State to put on the Website content relating to their own country, including National Journals and National Societies, Institutes and International Collaboration. The intrinsic nature of the Website is that of a forum fostering cross-cultural communication and sharing of information, knowledge and projects, as well as providing notification of Meetings and Conferences in the Member Countries. In addition, a regular **Newsletter** has been created,

circulated via email to IALM Members, detailing Congresses, Conferences and Meetings to be held, which are of interest to the field of Forensic Medicine, along with brief descriptions of these events.

A number of **innovative statute modifications**, to be ratified during the next General Assembly of IALM, have been formulated in order to **facilitate communication**, the **spread of information** and news of **scientific initiatives** within IALM itself, but also with those outside of the Academy.

As such, the Academy, in order to attract new members from the **Developing Countries**, has introduced a **Reduced Membership Fee** for those practitioners and academics originating from the aforementioned Countries.

In addition, the creation of a **network of communication** between IALM and the main European National Societies and Associations in the field of Legal Medicine and Forensic Sciences, with a view to improving to improving the diffusion of information regarding Congresses, Meetings and Scientific Research will be implemented.

The Organization of a **IALM Symposium in Venice**, at the end of October in **2016**, in addition to the **Main Triennial IALM Congress** to be held in **Dubai** in January **2015**, is currently underway. On behalf of IALM I would therefore like to extend the invitation to attend the aforementioned initiatives and to wish to all of you the best success in your future work.

Correspondence address:

Prof. Santo Davide Ferrara
Hospital - University of Padova
Via Falloppio 50, I-35121 Padova, Italy
santodavide.ferrara@unipd.it
presidente.medicinachirurgia@unipd.it
president@ialm.info