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Forensic issues in suicidal single gunshot injuries to the chest: an autopsy study

[Veljko Strajina](#)¹, [Vladimir Živković](#), [Slobodan Nikolić](#)

Affiliations

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Abstract

This study presents a case series of suicides carried out by self-inflicted gunshot wounds to the chest—a relatively uncommon means of suicide. The retrospective autopsy study performed included all cases of single suicidal gunshot injuries to the chest during a 20-year period and which were committed by the use of a handgun. The sample included 67 deceased persons that were an average of 44.4 ± 19.1 years old (range, 12–89 years; 58 men and 9 women). The most common region of the entrance wound was the left side of the chest (54/67), followed by the sternum (10/67), and the right side of the chest (3/67). For 9 subjects, the range of fire could not be determined, as well as whether the shot went through their clothing. In the remaining 58 subjects, only contact or near-contact wounds were found. Of the 58, only 3 subjects had their clothing removed between the chest wall and the muzzle. Three directions of the internal bullet paths were those most frequently found: downward right-to-left (27/67), downward left-to-right (20/67), and downward parallel (10/67) ($\chi = 101.045$, $P = 0.000$). Also, most bullet paths were directed downward (57/67, $\chi = 32.970$, $P = 0.000$). The most frequently injured organ was the heart (47/67), and the immediate causes of death were exsanguination (49/67), heart disruption (14/67), and tamponade (4/67).

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