ORIGINAL ARTICLE

Medicolegal Aspect of Burn Victims

PERWAIZ AHMED MAKHDOOM¹, RIZWAN ZAFAR ANSARI², YASMIN AAMIR³, *MUDASER HUSSAIN ABBASI⁴, RANA AKHTAR ALI⁵, FARHAN UL AMIN MENGAL*⁶

ABSTRACT

Aim: To determine the prevalence of age and sex variation, manner of injuries among the burned patients.

Design: Observational descriptive study

Duration of study: One year

Methods: The study was conducted in Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AJ&K and data of all burn victims, were collected from the Sandeman provincial hospital Quetta and data collected during the period from January 2000 to December 2000.

Results: Out of the 114 burnt patients majority of the patients were female 70(61.4%) and males 44(38.6%). In females the most common manner in burned patients was accidental 50(43.9%) and the second commonest manner were Homicidal and suicidal 10(8.8%) each. In males the commonest manner was accidental 40(35.1%), and the 2nd commonest was homicidal 4(3.5%) and no any suicidal burn was reported among males in the age of 21–30 years are more susceptible to burns and the Liquid burns are most common cause of burns .In males and females the most common manner is accidental.

Keywords: Burn victims, MLC aspect

INTRODUCTION

Though fire has become the most useful agent, yet it has proved to be one of the most destructive enemies of man. Fire destroys property, wipes out thousands of lives every year and thereby cause wastage of human resources. Burn injuries are caused due to contact with dry heat 1,2. Burns are injuries to skin caused by heat which includes (flame, hot liquids electricity, radiation, or chemicals). Most commonly, burns result from heat exposure including fire, steam, tar, or hot liquids³. Burns caused by chemicals are similar to thermal burns, whereas burns caused by radiation, sunlight and electricity tend to differ greatly, Thermal and chemical burns usually occur because heat or chemicals contact part of the body's surface, most often the skin⁴. Severe surface burns may penetrate past the skin to deeper body structures, such as fat, muscle, or bone, when skin tissue is burned, fluid leaks from the blood vessels causing swelling and pain. In addition, damaged skin and other body surfaces are easily infected because they can no longer act as a barrier

against invading organisms⁵. Burn injuries occur universally and have adversely affected mankind since antiquity till the present day. In all societies burns constitute a serious medical and psychological problem. It has also severe economic and social consequences not only to the individuals, but also to their family and society in general⁶.

MATERIALS & METHODS

This is observational descriptive study .The study was conducted in Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AJ&K and data of all burn victims, were collected from the Sandeman provincial hospital Quetta and data collected from the period January 2000 to December 2000. Data were analyzed on using SPSS ver.20.All patients of more than ten years of age, irrespective of sex with burns injuries were included in the study. Patients reporting to casualty department or admitted in burn units were evaluated carefully regarding cause, manner, place and circumstances of injury, extent of involvement of area burnt. Patients less than ten years of age were excluded from the study because medico-legal aspect is least likely in these patients. Details of the cases were collected from the police papers, the inquest reports and from the hospital records. The main objective is to gather epidemiological information, to find the causes of death in different Burn injury cases, the sex ratio and the various factors of such injury. All findings were recorded on separate proforma containing all demographic details

¹Associate Prof. Forensic Medicine& Toxicology, Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AJ&K ²Assistant Prof. Forensic Medicine & Toxicology,Islam Medical College, Sialkot

³Assistant Prof. Forensic Medicine & Toxicology, Foundation University Medical College, Islamabad

⁴Assistant Professor, Department of Forensic Medicine &

Toxicology, Avicenna Medical College, Lahore. ⁵Prof.Community Medicine, Avicenna Medical College, Lahore

⁶PG trainee in Gastroenterology, S.Z.Hospital, Lahore Correspondence to Perwaiz Ahmed Makhdoom

of patient and their family, and evaluated statistically at the end of study. There were a gap between the trends and result which were on medicolegal record, so this study was planned to determine the prevalence of age and sex variation, manner of injuries among the burn patients.

RESULTS

A total of 114 patients were studied during the study period. Among them 114 burnt patients majority of the patients were female 70(61.4%) and males 44 (38.6%). In (Table 1) females the most common manner in burned patients was accidental 50(43.9%) and the second commonest manner were Homicidal and suicidal 10(8.8%) each. In males the commonest manner was accidental 40(35.1%), and the 2nd commonest was homicidal 4(3.5%) and no any suicidal burn was reported among males. Table 2 shown that the most common cause of burn victims was Hot liquids 47(41.2%) and the 2nd commonest cause was due to Flame 38(33.3%) and 3rd commonest cause was due to working in Coal mines 13(11.4%). Least cause of burn was chemicals 7(6.1%) and very least cause was due to electricity 9(7.9%). It is concluded that hot liquids cases are more than others with 41.2% of the total in which the ratio of female is high. Table 3 shown out of 114 patients, the most common age group in burned patients was 21-30yrs 45(39.5%) and 2nd common age group was 11-20yrs, 21(18.4%), 3rd common age group was 41-50yrs, 20(17.5%). The least common age group was 31-40yrs 15(13.2%), 2nd least common age group was 51-60 years 7(6.1%) and 3rd least common age group was 6(5.3%). It is found that the burn cases are most common in youngsters' i.e., 21-30 year; reason might be the emotional states and irresponsible behavior of this age group. Whereas there are very rare cases of burn in age group of 51-60 and more than 60 years, reason can be maturity level of the people of respective age group.

Table 1 Manner of injuries in gender variation

Gender	Manner of injuries				
	Accidental	Homicidal	Suicidal		
Male	40	4	0		
Female	50	10	10		

Table-2 Etiology of Burn Victims

Etiology	Male	Female	Total
Flame	15	23	38
Hot Liquids	10	37	47
Chemicals	4	3	7
Electricity	5	4	9
Coal Mines	10	3	13

Table-3 Age group variations of burn victims in gender

Age variation	Male	Female	Total
11-20yrs	7	14	21
21-30 yrs	15	30	45
31-40 yrs	5	10	15
41-50yrs	10	10	20
51-60yrs	4	3	7
>60yrs	3	3	6

DISCUSSION

Incidence of burns whether accidental, homicidal or suicidal are not uncommon in Indo-Pak society. Incidence, etiology and nature of burn vary from one community to another and depend mainly upon age, sex, customs, economic status, environmental and social circumstances^{7,8}. In the present study, out of 114 burnt victims, females were 70(61.4%) and males 44(38.6%). The reason for the predominance of the female may be for most of the housewives. kitchen and kitchen related activities place them at high risk of fatal burn accidents. Accidental burns are common in females as compared to males in Pakistan because working in kitchen is the prime responsibility of females. So they are more prone to burn accidents at home9. In our study majority of females 50(43.9%) and males 40(35.1%) were accidentally burned. On the other hand, male predominance was observed in studies carried out at China^{10,11}, Singapore¹² and Taiwan^{13,14}, Turkey^{15,16}, Spain¹⁷, South Korea¹⁸, Japan¹⁹. This may be explained by the fact that because of rapid industrialization in these countries, male become more susceptible to fatal burns at work place as compared to females²⁰.

Homicide by burning amongst women is a major concern in Indo-Pak as it has been common throughout all social strata and geographic areas^{21,22}. In our study, females 10(8.8%) patients have same ratio in homicidal as well as in suicidal manner as compared to males in which homicidal males were 4(3.5%) and there was no any case of suicidal burning was reported. In our study the most common age group in burned patients was 21-30yrs 45(39.5%) and 2nd common age group was 11-20yrs, 21(18.4%), 3rd common age group was 41-50yrs, 20(17.5%). A study supports our results in Pakistan which showed that majority of the patients were belonged to the 2nd and 3rd decade of life⁹. Another study in India showed the same results was observed in 11-40yrs of age group 10,20. It is very clear that adolescent and young adults (11-40 yrs) are commonly involved in fatal burn accidents in India as this is the most active group and burns may occur while working, where awareness and adequate safety measures are lacking. As far as burns are concerned, effective burns prevention programme needs to be

launched and implemented taking into consideration high risk group and population. Also there is an immense need for nationwide drive to create awareness regarding safety.

CONCLUSION

- Females &Males in the age of 21–30 years are more susceptible to burns.
- 2. Liquid burns are most common cause of burns.
- In males and females the most common manner is accidental.

REFERENCES

- 1. Modi N.J. 'Burns and Scalds', Modi's Medical Jurisprudence and Toxicology, 2009, 23rd ed, LexisNexis-Butterworth's Wadhwa, Nagpur, p 629.
- Mukherjee J. B. Injury and its Medico-legal aspects, 2007, 3rd ed, Karmakar R.N., Academic publisher, p591.
- Macedo JL, Santos JB. Predictive factors of mortality in burn patients. Rev Inst Med Trop Sao Paulo 2007; 49:365-70.
- Mashreky SR, Rahman A, Chowdhury SM, Giashuddin S, Svanstr Om L, Linnan M, et al. Epidemiology of childhood burn: yield of largest community based injury survey in Bangladesh. Burns 2008; 34:856-62.
- 5. Hilal A, Cekin N, Arslan M, Gulmen M. Deaths due to burns in Adana, Turkey. Burns 2008; 34:982-5.
- Ghaffar UB, Husain M, Rizvi SJ. Thermal burn: an epidemiological prospective study. J Indian Acad Forensic
- Med 2009;30:10-4. Available from http://medind.nic. in/jal/t08/i1/jalt08i1p10.pdf.
- Ambade VN, Godbole HV, Kukde HG. Suicidal and homicidal deaths: a comparative and circumstantial approach. J Forensic Leg Med 2007;14(5):253-60.
- Yasti AC, Tumer AR, Atli M, Tutumcu T, Derinoz A, Kama NA. A clinical forensic scientist in burn unit:

- necessity or not? A prospective clinical study. Burn 2006;32(1):77-82
- Ishtiaq Ahmed1 Umar Farooq2,Wiqas Afzal3.Medicolegal Aspect Of Burn Victims: A ten years study Pak J Med Sci 2009;25(5):797-800.
- Tang K. et al, Characteristics of burn patients at a major burn center in Shanghai, Burns; Dec 2006, 32(8): 1037-43.
- Yonggiang F. et al, Epidemiology of hospitalized burn Patients in Shandong Province: 2001, J. Burn Care Res; Apr 2007, 10.
- Song C., Chua A., Epidemiology of burn injuries in Singapore from 1997 to 2003, Burns; Jan 2005, 31 Suppl 1:518-26.
- Chien WC, Pai L., Lin CC, Chen HC, Epidemiology of hospitalized burns patients in Taiwan, Burns; Sep 2003, 29(6): 582-8.
- 15. Tung KY et al, A seven-year epidemiology study of 12381 admitted burn patients in Taiwan using Internet registration system of the childhood Burn Foundation, Burns; Jan 2005, 31 suppl 1: 12-7.
- Haberal M., Ucar N., Bilgin N., Epidemiological survey of burns treated in Ankara, Turkey and desirable burn prevention strategies, Burns; Dec 1995, 21(8): 601-6.
- 17. Turegun M. et al, The last 10 years in a burn centre in Ankara, Turkey: an analysis of 5264 cases, Burns; Nov-Dec1997, 23(7–8): 584-90.
- 18. Benito-Ruiz J. et al, An analysis of burn mortality: a report from a Spanish regional burn centre, Burns; Jan 1991, 17(3): 201-4.
- 19. Han TH et al, A retrospective analysis of 19,157 burns patients: 18-year experience from Hally Burn Center in Seoul, Korea, Burns; Jun 2005, 31(4): 465-70.
- 20. Kobayashi K. et al, Epidemiological and outcome characteristics of major burns in Tokyo, Burns; Jan 2005, 31 Suppl 1: S3-S11.
- N. P. Zanjad, H. V. Godbole Study of Fatal Burn Cases in Medico- Legal Autopsies JIAFM, 2007 29 (3); ISSN: 0971- 0973.