

L. R. Simson, Jr.,¹ M.D.

Sudden Death While Attempting to Conceal Illegal Drugs: Laryngeal Obstruction by a Package of Heroin

Laryngeal obstruction by an aspirated foreign body is not an uncommon cause of sudden death. Accidentally aspirated objects usually are such items as food, chewing gum, and balloons. The following case is unusual in that the victim was attempting to conceal a bulk quantity of narcotics when the fatal aspiration occurred.

Case Report

About 1:00 a.m. a gas station attendant telephoned the police to report that two strangers were loitering near his service station. Since a night attendant at a nearby station had been shot and killed by an unknown assailant(s) several days earlier, he was understandably apprehensive. Two police officers in a marked patrol car responded to this call.

As the police car approached, one of the two men turned his back to the officers, reached into his pocket, and appeared to put something into his mouth. He then turned to face the officers. Almost immediately he collapsed to the sidewalk and remained motionless. Recognizing the possibility of foreign body aspiration, the officers attempted to clear the victim's airway and to maintain ventilation. Despite their resuscitative efforts and those of paramedical rescue personnel who soon arrived, the subject was dead at the scene. Investigation of this dramatically sudden and clearly unexpected death was conducted on behalf of the medical examiner.

The subject was a 43-year-old Mexican-American male of medium stature. Multiple rows of old "needle tracks" and several recent needle punctures were observed on the forearms. Postmortem roentgenograms of the neck (Fig. 1) were obtained because of the likelihood of laryngeal obstruction. Examination of the viscera revealed no significant abnormalities except those of the hypopharynx and larynx (Fig. 2). Trace amounts of morphine were found in both blood and urine.

Distending the hypopharynx and projecting into the larynx was an irregularly shaped mass 7.5 by 7.0 by 4.5 cm (3.0 by 2.8 by 1.8 in.) (Fig. 2). This firm object consisted of a large quantity of high-grade heroin wrapped in aluminum foil, covered by a thin, clear plastic bag, and secured by several rubber bands. This object was directly behind the hyoid bone, displacing the epiglottis forward and extending downward to rest on the false vocal cords. Death was certified as accidental asphyxia caused by foreign body in the larynx and hypopharynx.

The deceased obviously was attempting to conceal narcotics from the approaching

Received for publication 27 May 1975; accepted for publication 20 June 1975.

¹Associate pathologist, Department of Laboratories, Edward W. Sparrow Hospital, Lansing, Mich.



FIG. 1—Roentgenogram (lateral projection) of subject's neck. The contours of the 7.5 by 7.0 by 4.5-cm (3.0 by 2.8 by 1.8-in.) mass is defined by the metal foil covering the bulk quantity of heroin.

police officers. He was unaware that the officers had no intention of making an arrest or search of his person. Several additional packages of heroin were, in fact, found in his clothing. His companion was not in possession of illegal drugs.

Discussion

Since a variety of objects, especially packages of drugs, are commonly swallowed to prevent their discovery and seizure as evidence, it is somewhat surprising that injuries or death are not more frequent. Ingestion of bulk quantities of drugs are likely to produce massive overdose if the wrappings should fail and the material be absorbed. Mechanical obstruction of the gastrointestinal tract, especially at the pyloric valve, and perforation of the stomach or bowel constitute further hazards.

When an attempt is made to swallow a large object, acute hypopharyngeal or laryngeal obstruction is a potential hazard. This method of evidence concealment would appear to be especially hazardous when judgment and swallowing reflexes are impaired by ethanol or other drugs.

The above case illustrates a dramatic sudden death analogous in mechanism to the well-known "cafe coronary" which is caused by the accidental aspiration into the larynx



FIG. 2.—*Base of tongue, epiglottis, and object wedged into hypopharynx and supraglottic portion of larynx. (Tape in photograph is 0.5 in. or 12.7-mm wide.)*

of poorly masticated food. It seems likely that injuries and death associated with attempts to conceal drugs and other objects by ingestion should not be rare but rather remain unreported.

Department of Laboratories
Edward W. Sparrow Hospital
Lansing, Mich. 48902