CASE REPORT

G. P. Paparo, ¹ M.D. and Henry Siegel, ¹ M.D.

Histologic Diagnosis of Sodomy

In cases of death in which sodomy is suspected, careful examination of the anorectal area for trauma and the collection of a proper specimen for the detection of spermatozoa and the demonstration of elevated acid phosphatase (AP) activity are required. Whereas trauma in the anal region may be suggestive of sodomy, the presence of intact spermatozoa within the anorectal canal offers incontrovertible proof. Tests for elevated rectal AP activity in our experience, like that of Enos and Beyer [], have been disappointing.

This communication describes the use of the histologic section stained with hematoxylin and eosin. In an occasional case it may detect spermatozoa when other techniques fail.

Case Report

A young female was found dead, lying facedown on her own bed. The back of her skirt was elevated and her buttocks were exposed. A belt from one of her dresses had been used to strangle her. The bedroom and house appeared tidy. There was no evidence to indicate that a struggle had taken place. She had been dead approximately 5 h when first examined at the scene. Autopsy was performed approximately 18 h postmortem. In the interval the body had been refrigerated for approximately 12 h.

Pertinent autopsy findings revealed extensive petechial hemorrhages of the scalp, conjunctivae, face, and the neck above the ligature, hemorrhages in the soft tissues of the orbits, protruding eyeballs, and hemorrhages in the root of the tongue and in tonsils. There were also hemorrhages in the muscles of the neck above and below the level of the ligature, both anteriorly and posteriorly. The genital area revealed a very small contusion of a labium minorem. The anus was widely gaping. The vagina and perineal area showed no unusual secretions and were negative for spermatozoa and for elevated AP activity. The rectum contained very soft to semiliquid brownish feces. Acid phosphatase levels were of no assistance. Smears of several rectal contents revealed structures suggestive of spermatozoa. Interfering fecal material barred more definitive identification.

Since sodomy was strongly suspected, several pieces of tissue were taken from the anorectal junction for histologic study. Tissues from the vulvovaginal junction were also taken. The sections were processed in the usual routine manner and stained with hematoxylin and eosin. A moderate number of intact spermatozoa were demonstrated within a crypt at the anal-rectal junction (see Figs. 1 and 2).

Discussion

A search of the literature concerning procedures to follow at autopsy to demonstrate seminal fluid in either the vagina or anorectal area reveals no mention of the use of histologic sections to demonstrate spermatozoa.

Received for publication 9 Feb. 1979; revised manuscript received 6 April 1979; accepted for publication 13 April 1979.

¹Pathologist-medical examiner and consultant forensic pathologist, respectively, Office of the Medical Examiner, Westchester County, Valhalla, N.Y.

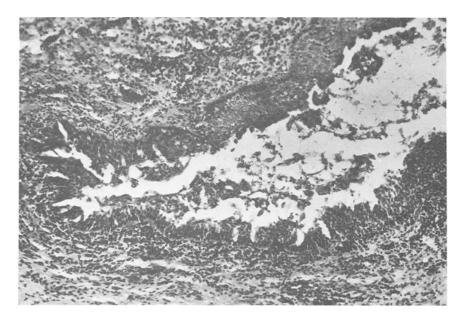


FIG. 1-Crypt in which spermatozoa were located.

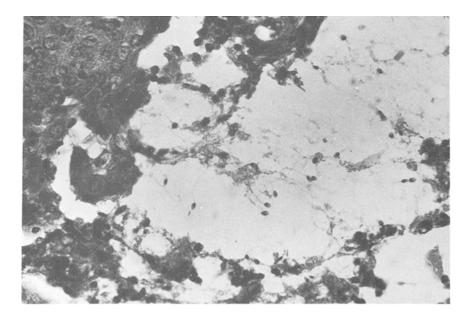


FIG. 2-Spermatozoa in crypt.

No studies have yet been made comparing this simple routine histologic technique to other methods of demonstrating seminal fluid in the anorectal area. Nevertheless, this procedure is recommended in cases of suspected sodomy (or even intercourse in any aperture) whenever smears are negative or inconclusive. In histologically positive cases there is the additional benefit of evidential preservation of spermatozoa in the tissue site of deposit.

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Summary

A case of homicidal strangulation with sodomy is presented. Without the use of a simple routine histologic technique, the diagnosis of sodomy could not have been unequivocally substantiated.

Reference

 Enos, W. F. and Beyer, J. C., "Spermatozoa in the Anal Canal and Rectum and in the Oral Cavity of Female Rape Victims," *Journal of Forensic Sciences*, Vol. 23, No. 1, Jan. 1978, pp. 231-233.

Address requests for reprints or additional information to Gary P. Paparo, M.D. Office of the Medical Examiner Westchester County Valhalla, N.Y. 10595