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Author's Response

Sir,

We very much welcome the interest shown in our paper and appreciate the author's commentary, bringing our attention to the recent publication of a proposed unifying asphyxia classification that specifically defines the terms "choking" and "smothering" in describing asphyxia that occurs as a result of luminal obstruction to the upper airway (1). That paper uses the epiglottis as a landmark to separate luminal obstruction into smothering (above the epiglottis) and choking (below). In our discussion, we used the commonly expressed term "choking" as stated in DiMaio to be "asphyxia caused by obstruction within the air passages" in contrast to "smothering" being a "mechanical obstruction or occlusion of the external airways i.e. nose and mouth" (2). We concede that there is some confusion and overlap in application of these terms in forensic practice especially when an externally applied obstructive entity enters the oro- and/or nasopharyngeal cavities.

In general, we agree that it is important to assure reproducibility of research and uniformity of practice by the use of standardized definitions but believe it is important that those definitions are meaningful. The use of the epiglottis as a landmark for choking and smothering may be easy to define at autopsy; however, it will not receive universal support unless accepted as a reasonable approach by the forensic pathology community. We suspect the definitions of DiMaio albeit imperfectly applied are more understandable and readily accepted by those practitioners.

References

1. Sauvageau A, Boghossian E. Classification of asphyxia: the need for standardization. J Forensic Sci 2010;55(5):1259–67.
2. DiMaio VJ, DiMaio D. Asphyxia. In: Gerbeth VJ, series editor. Forensic pathology, 2nd edn. Boca Raton, FL: CRC Press, 2001;231–5.

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