

## SEMINARI 4: LES CIÈNCIES FORENSES

*Professor: Xavier Jordana Comín*



## **Casos pràctics**

1. Determinació del sexe i edat a la mort en restes esquelètiques
2. Determinació de les causes i les circumstàncies de la mort
3. Identificació genètica
4. Identificació dactiloscòpica

## Casos pràctics

### 2. Determinació de les causes i les circumstàncies de la mort

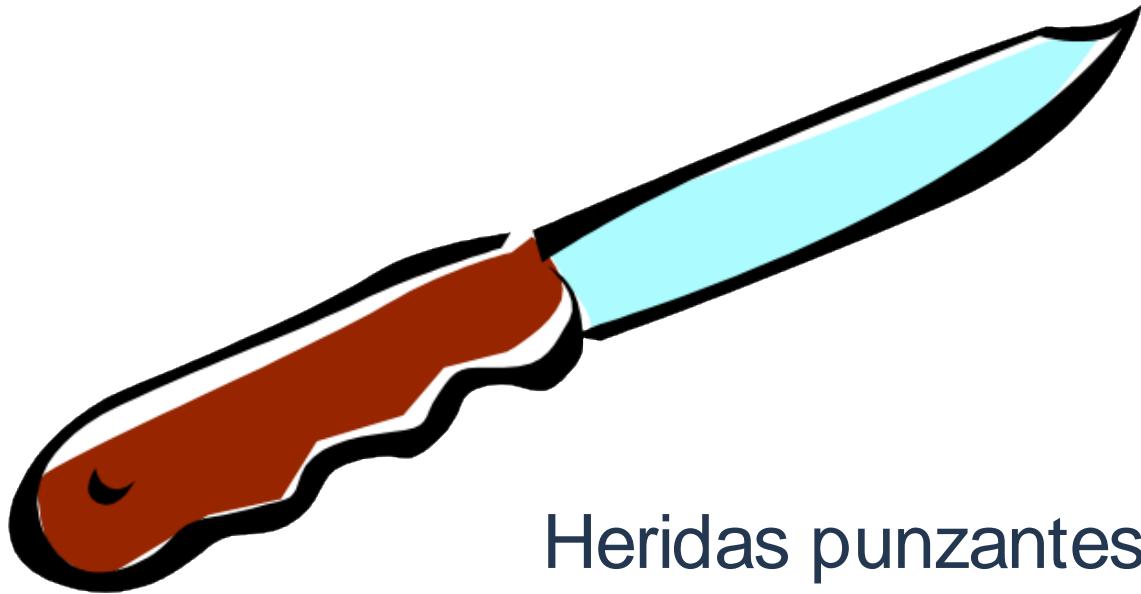
- *Quines causes de mort podem determinar?*
- *Què podem determinar sobre les circumstàncies de la mort?*

## Causes de mort

- *Cardiovascular*
- *Neurològica*
- *Infecciosa*
- *Gastrointestinal*
- *Respiratòria*
- *Mort violenta*

## Etiologia de mort

- *Natural*
- *Accident*
- *Suïcidi*
- *Homicidi*

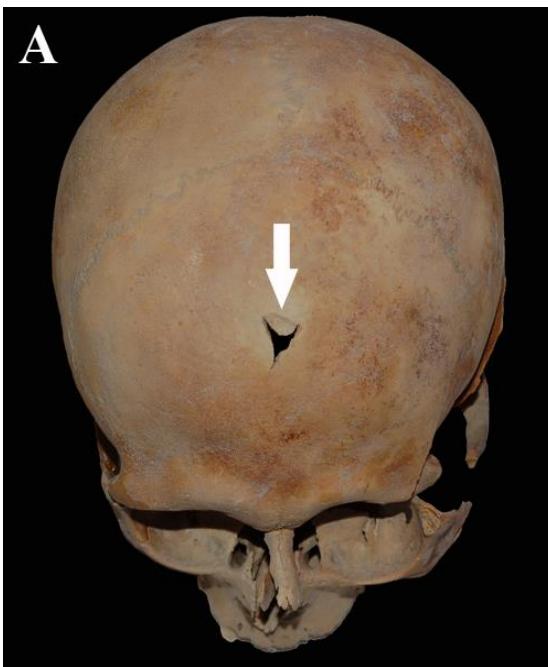


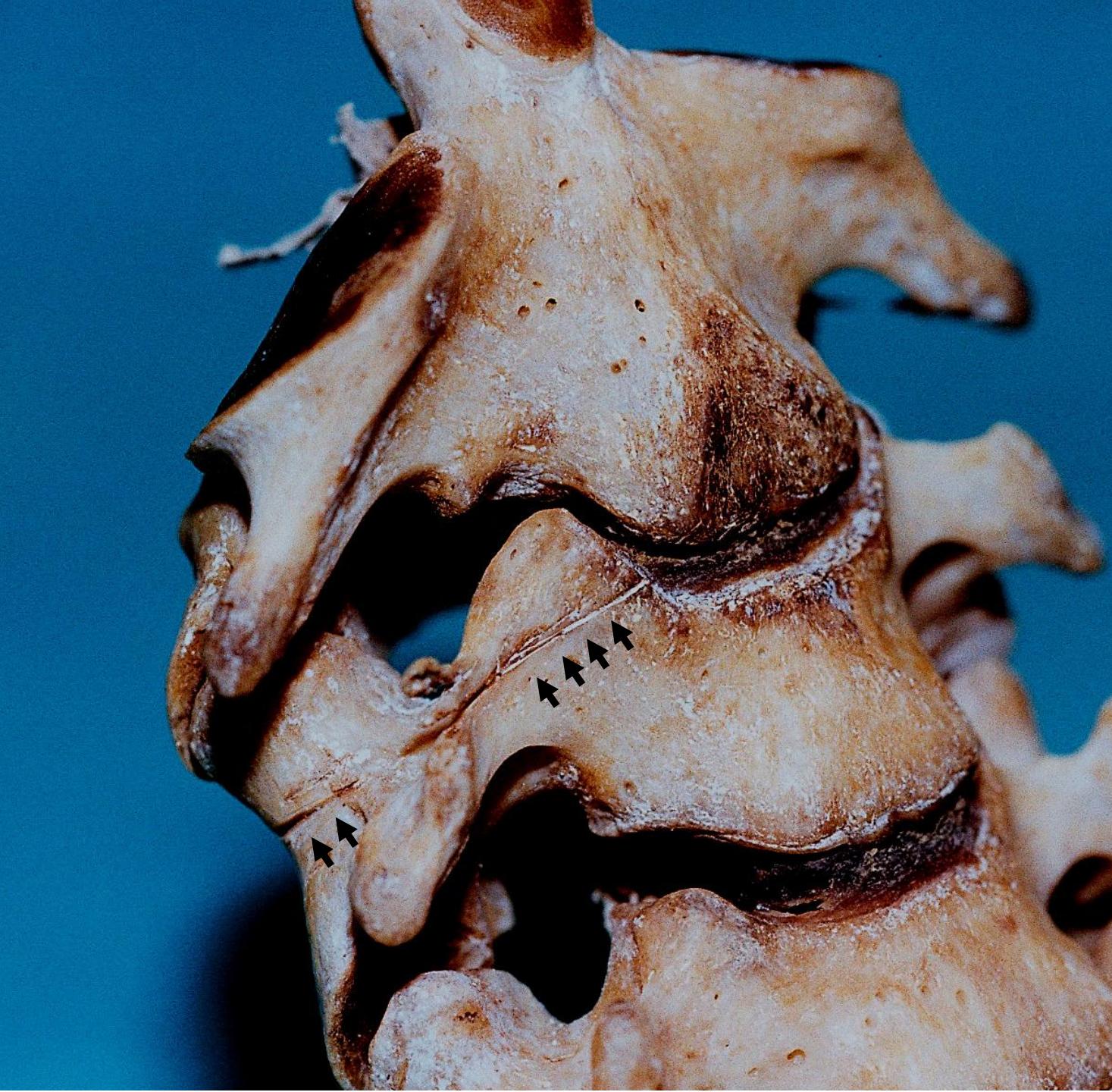
Heridas punzantes o penetrantes

Heridas incisas o cortantes

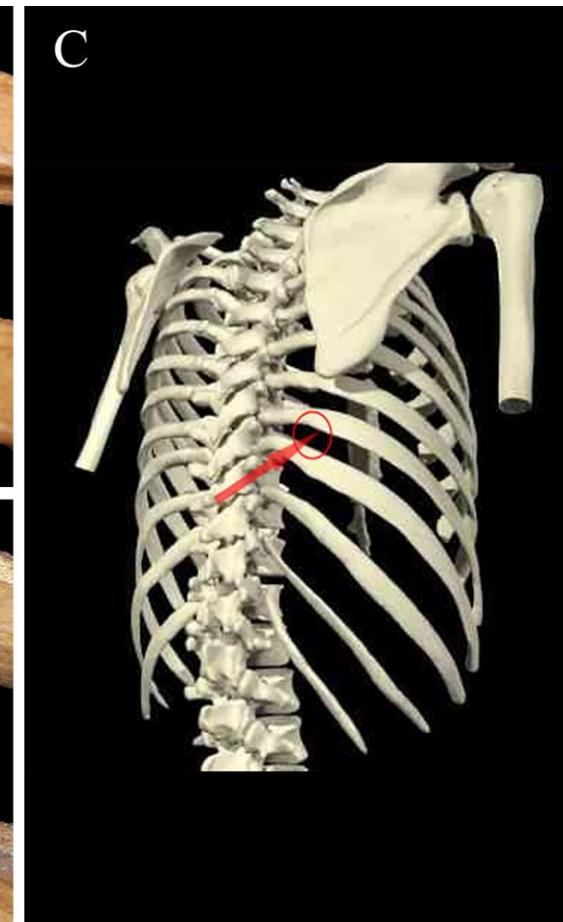
Heridas inciso-punzantes

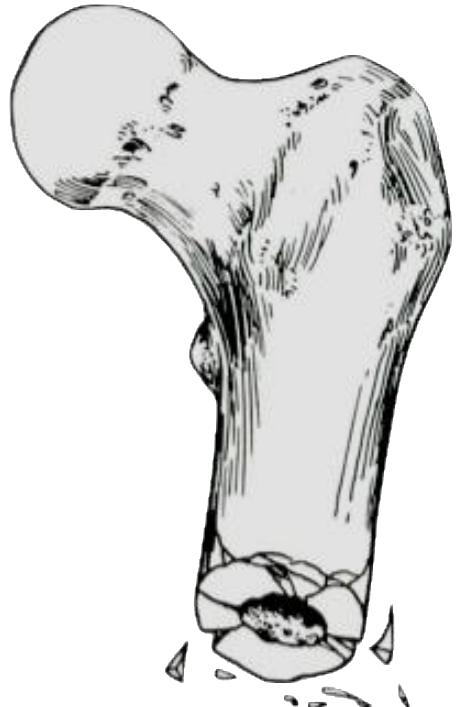
Heridas inciso-contusas









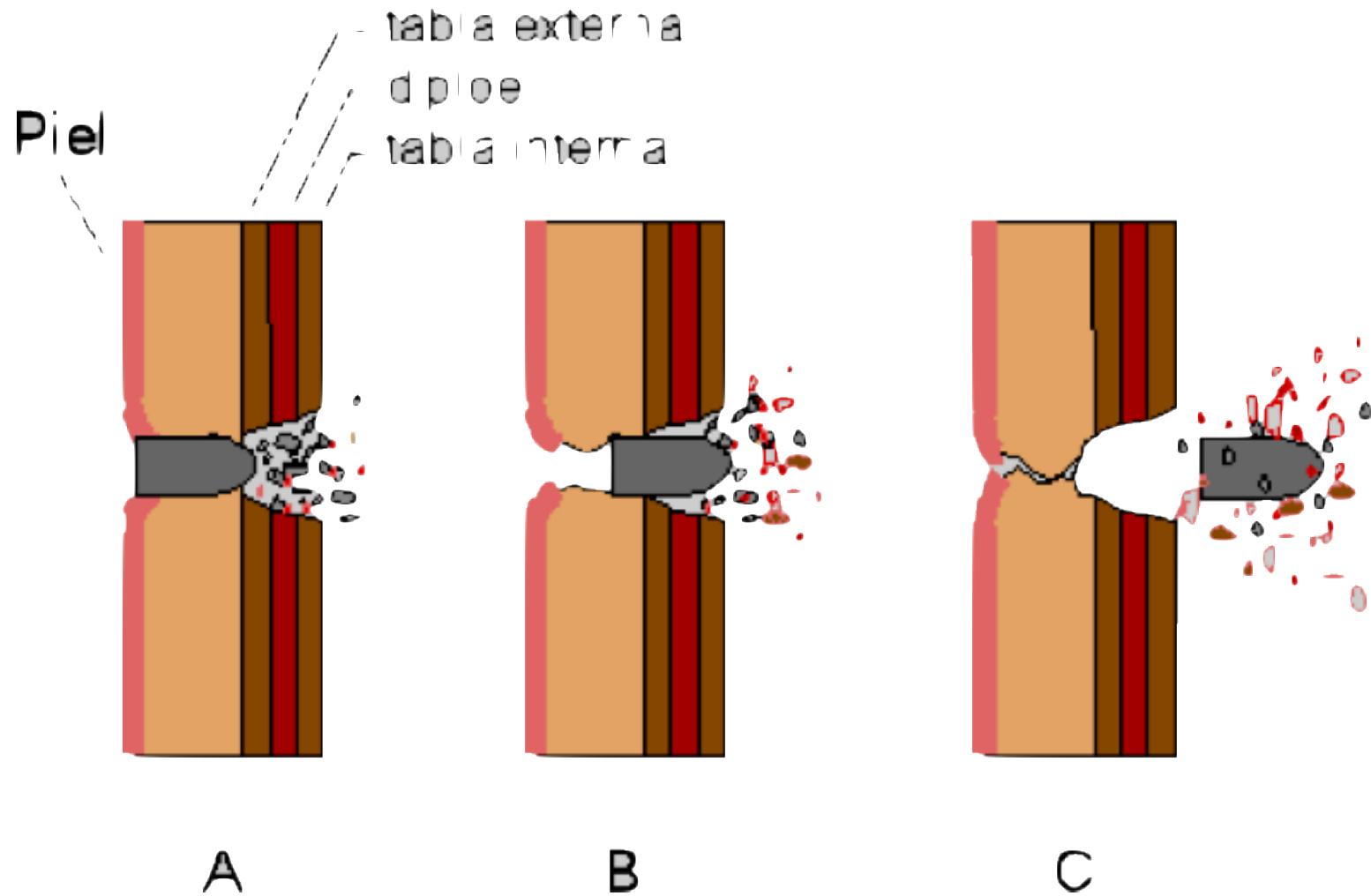




# Lesiones por arma de fuego



## Hueso:





---

Baja velocidad  
200 a 300 m/s

Alta velocidad  
 $>700$  m/s

Proyectiles múltiples

---

Pocas fracturas

Fracturas importantes

Fracturas importantes

Deformidad plástica

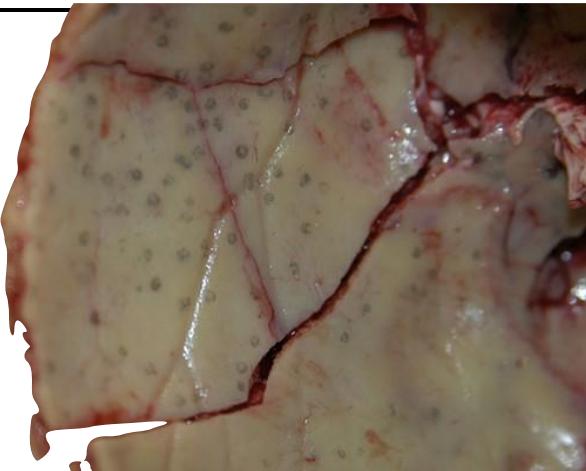
Poca deformidad

“Efecto billar”

“Proyectiles oseos”

Impactación balines

---





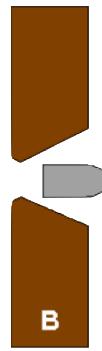
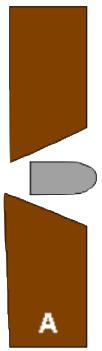
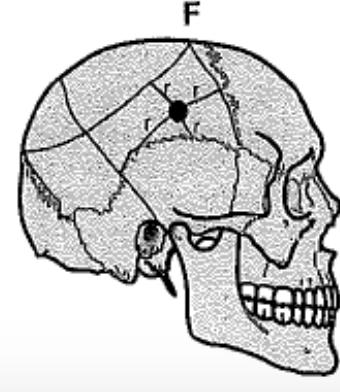
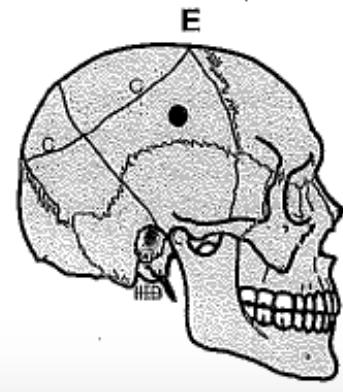
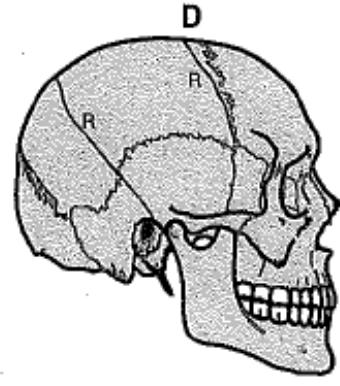
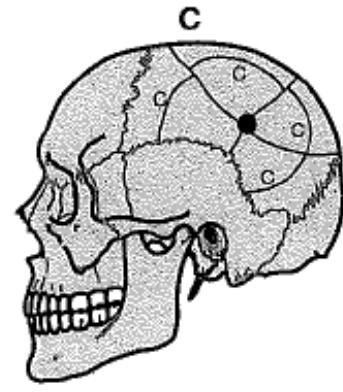
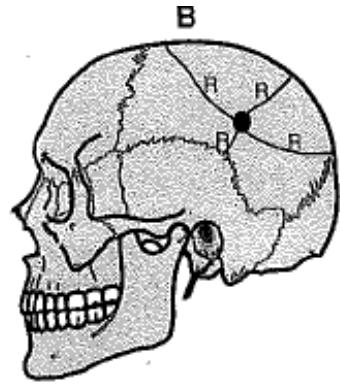
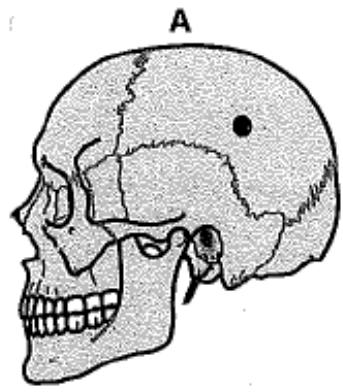




# Stress fractures

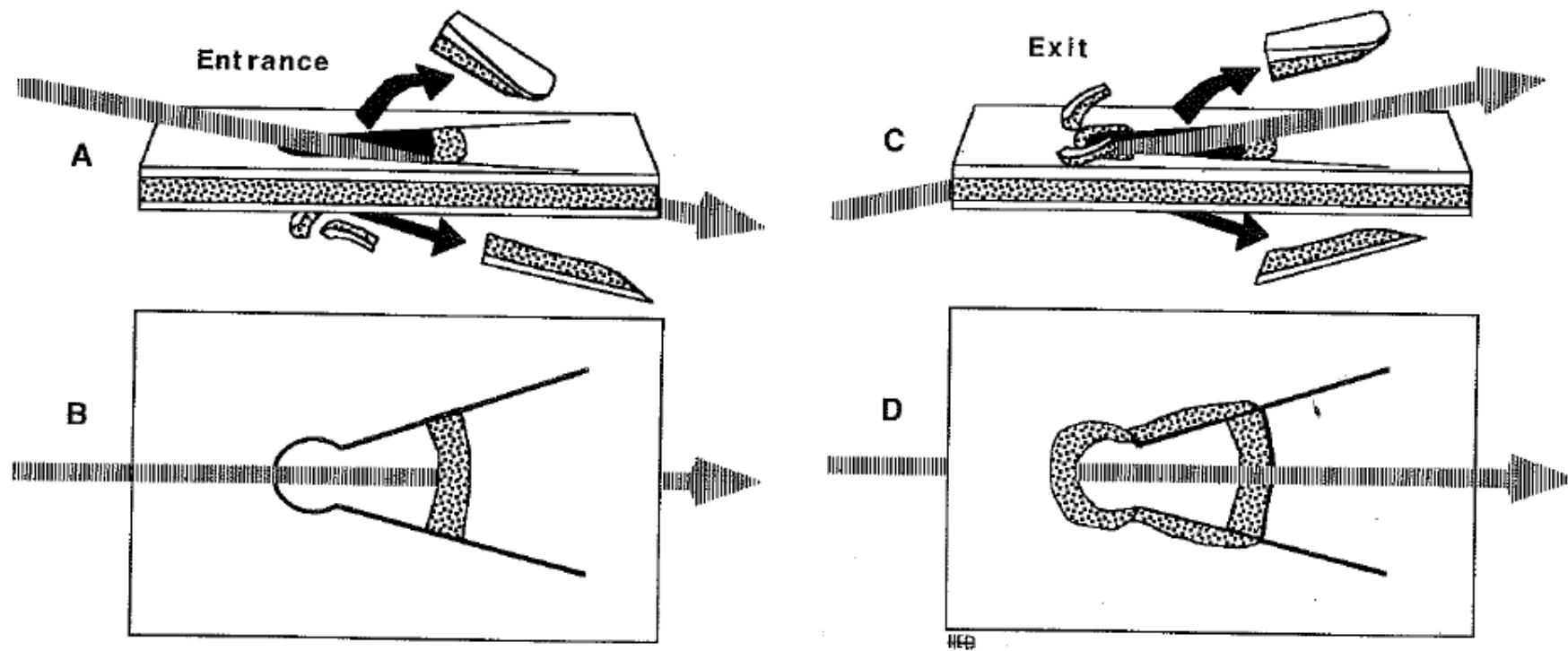
Spondylolysis of lumbar vertebra









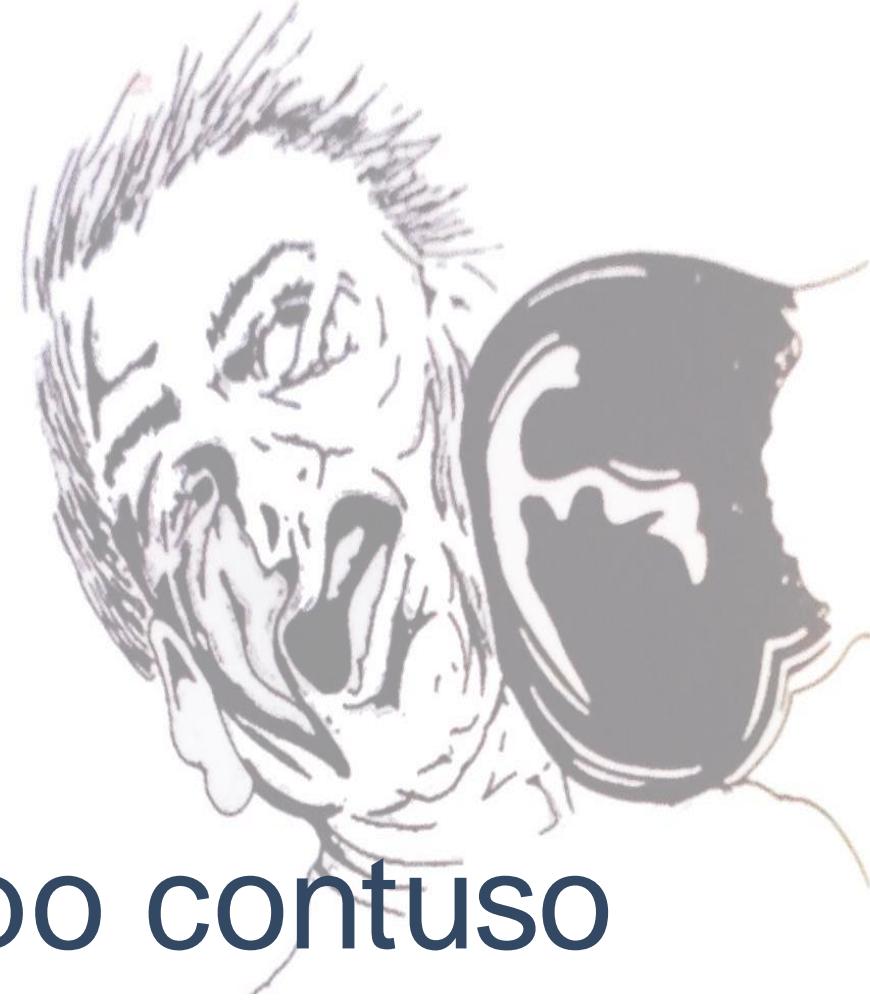




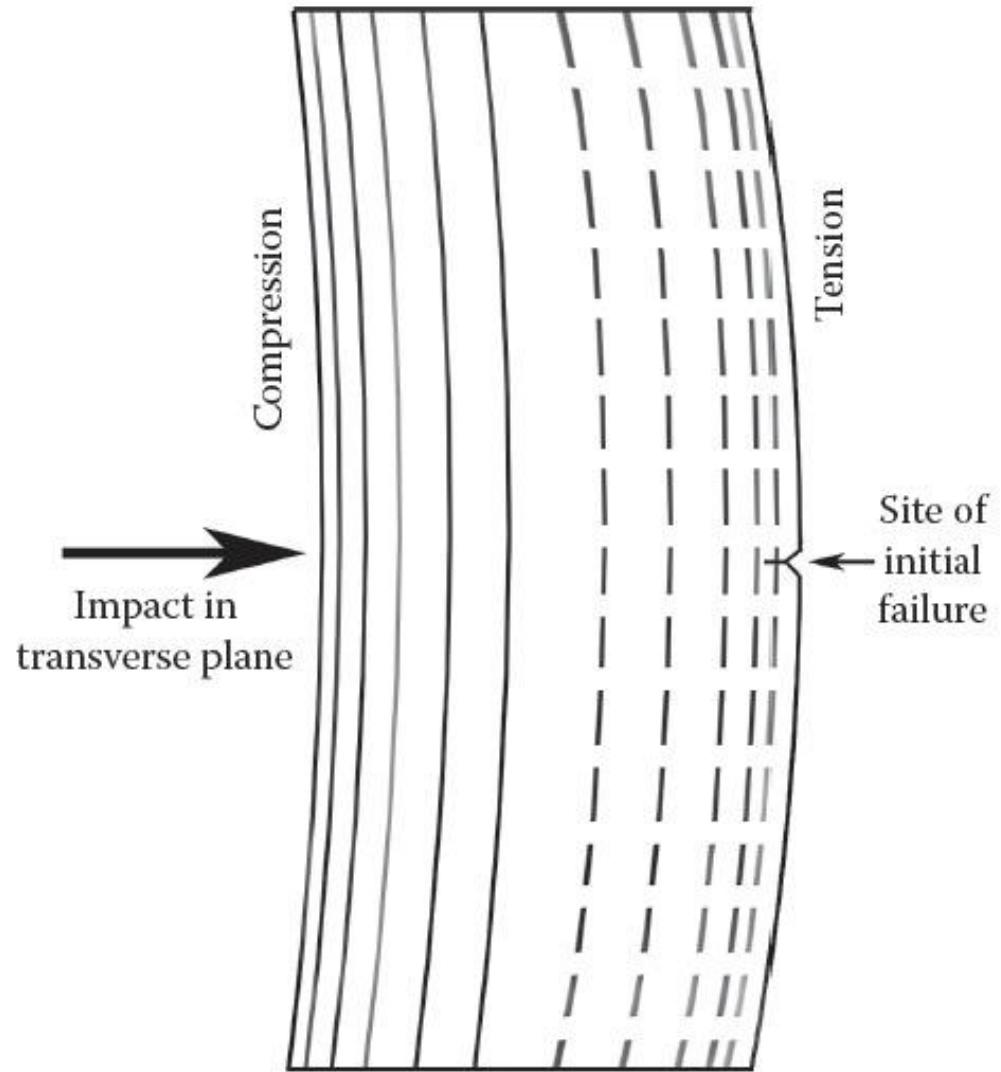
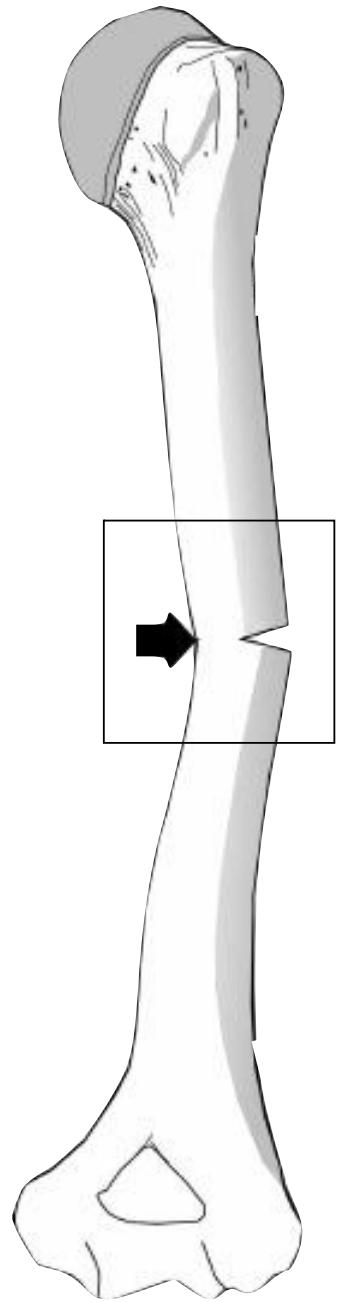


Sternal foramen

FIGURA 1.- Esternón.



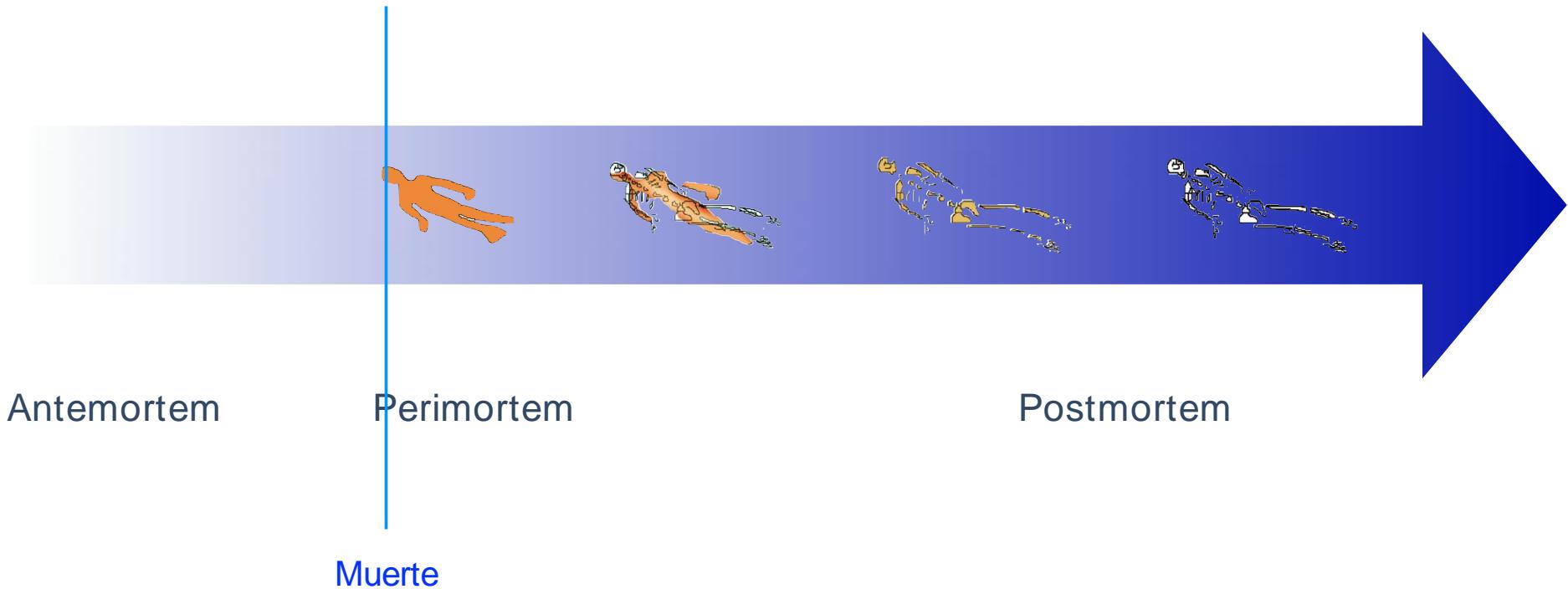
Lesiones de tipo contuso



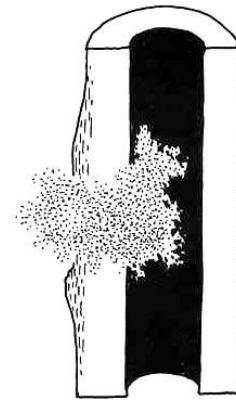
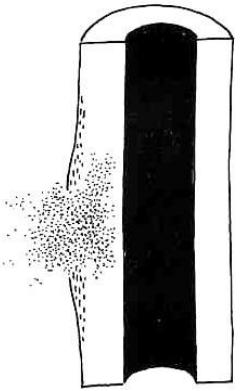
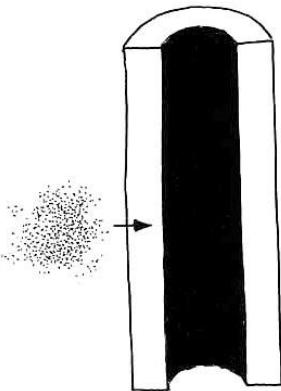
## Casos pràctics

### 2. Determinació de les causes i les circumstàncies de la mort

- *Podem distingir entre un traumatisme durant la vida de la persona (antemortem) d'un relacionat amb la causa de la mort (perimortem) o un dany tafonòmic (postmortem)?*







## Ossifications and periostitis

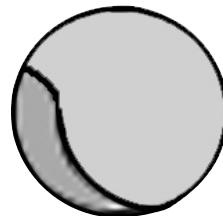


Figura 7.- Miositis osificante a nivel de la bifurcación de la línea áspera del fémur izquierdo.

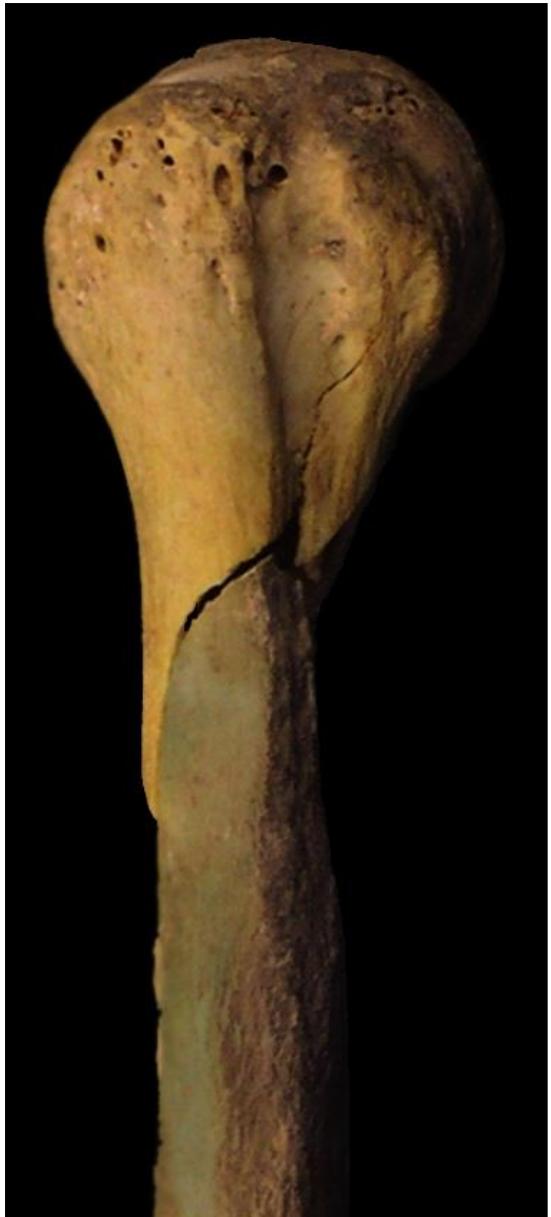


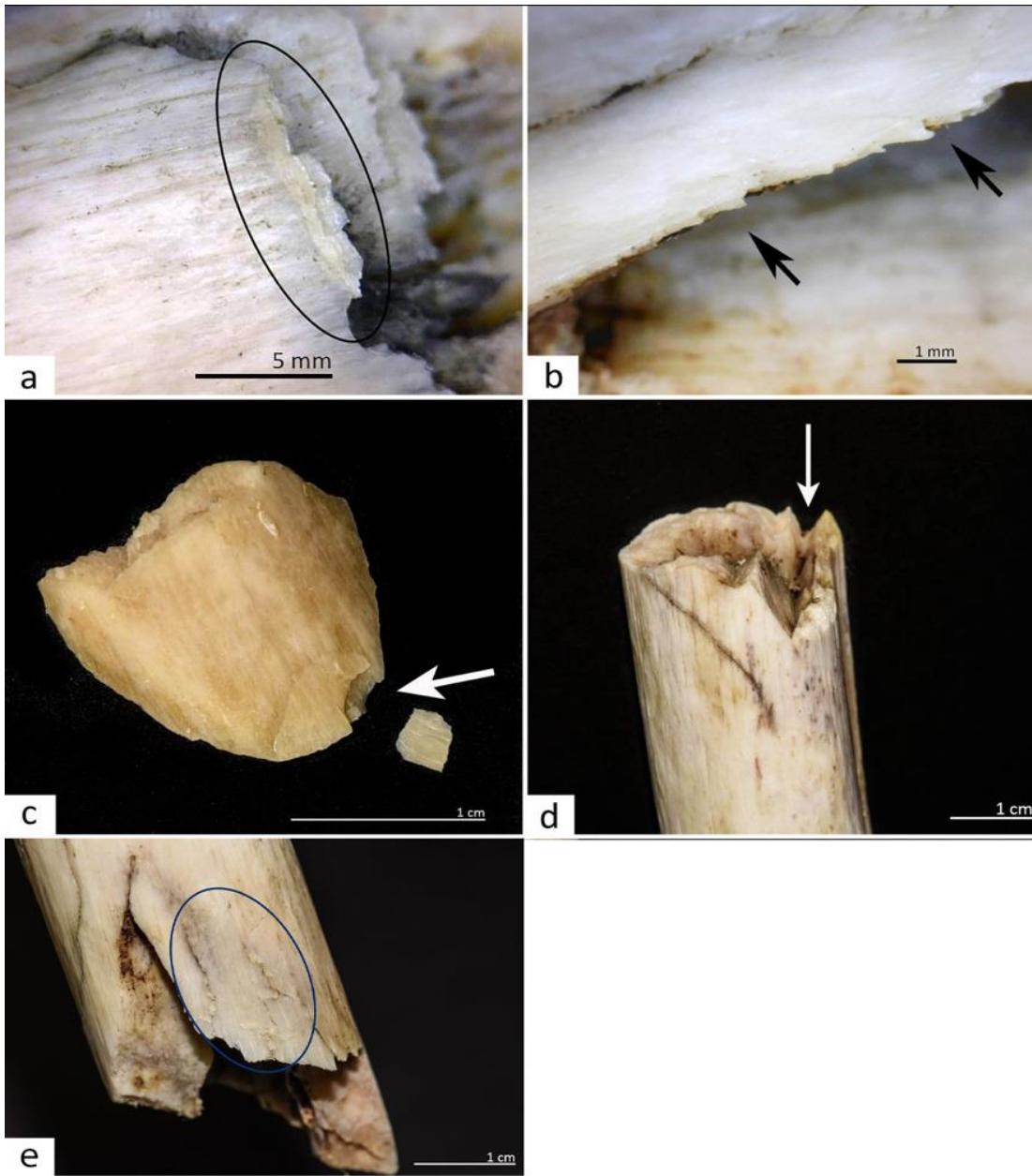
Figura 8.- Imagen radiológica de una osificación subperióstica a nivel de la cara interna de la diáfisis femoral.

Perimortem	Postmortem (Tafonomía)
No signos de regeneración Deformidad de fragmentos Presencia de pátina Márgenes suaves, romos Márgenes en bisel Patrón de fractura (?) Presencia de “splinters”	Análisis del contexto Ausencia de pátina Fragmentación de márgenes



Etxeberria F (2003) Patología Traumática. In: Isidro Llorens A, Malgosa Morera A (eds) Paleopathología: la enfermedad no escrita. Masson, Barcelona





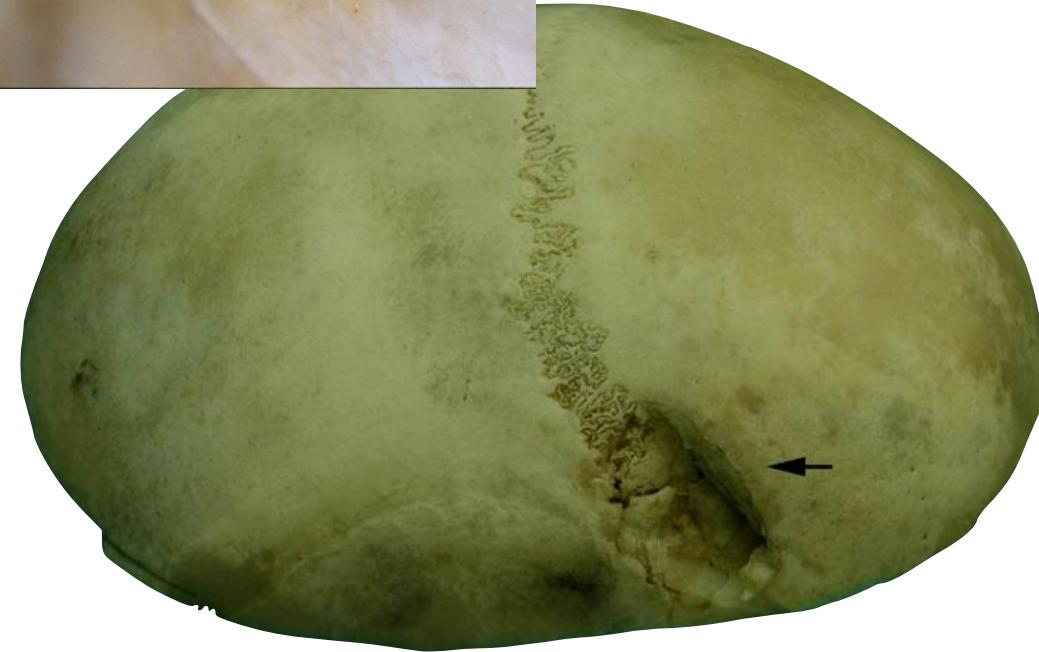
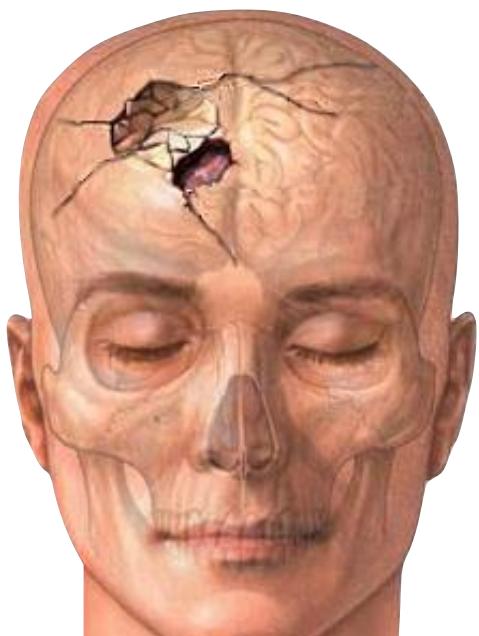


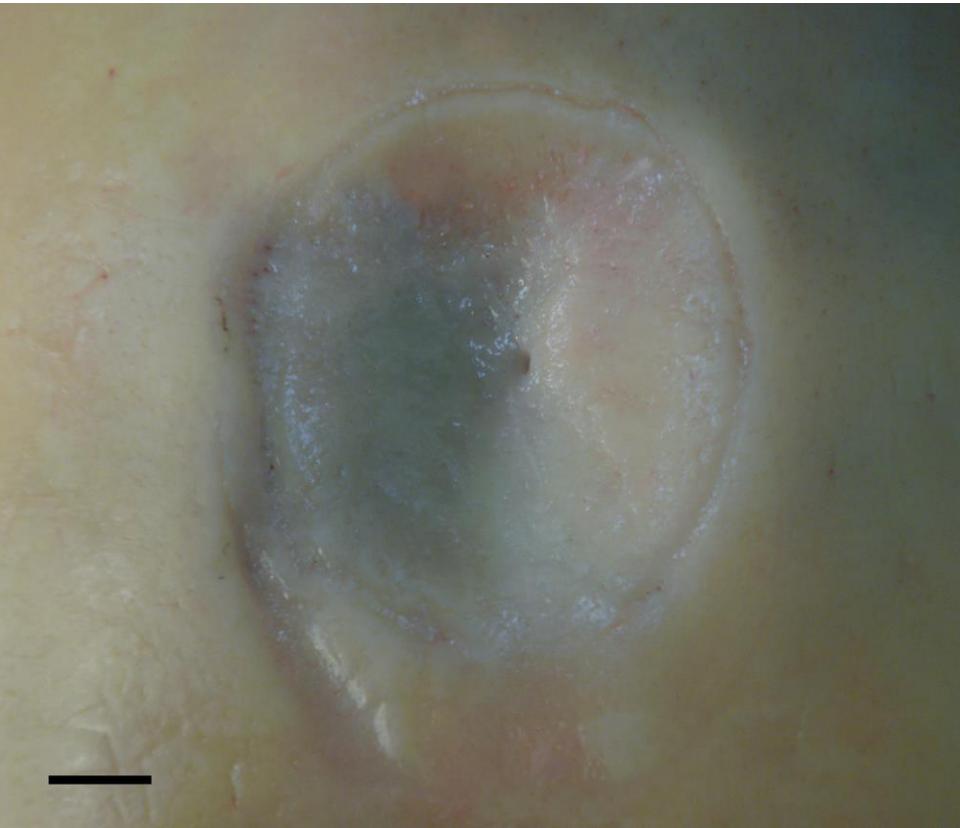
Pick TP (1885) Fractures and Dislocations. Lea Brothers & Company, Philadelphia

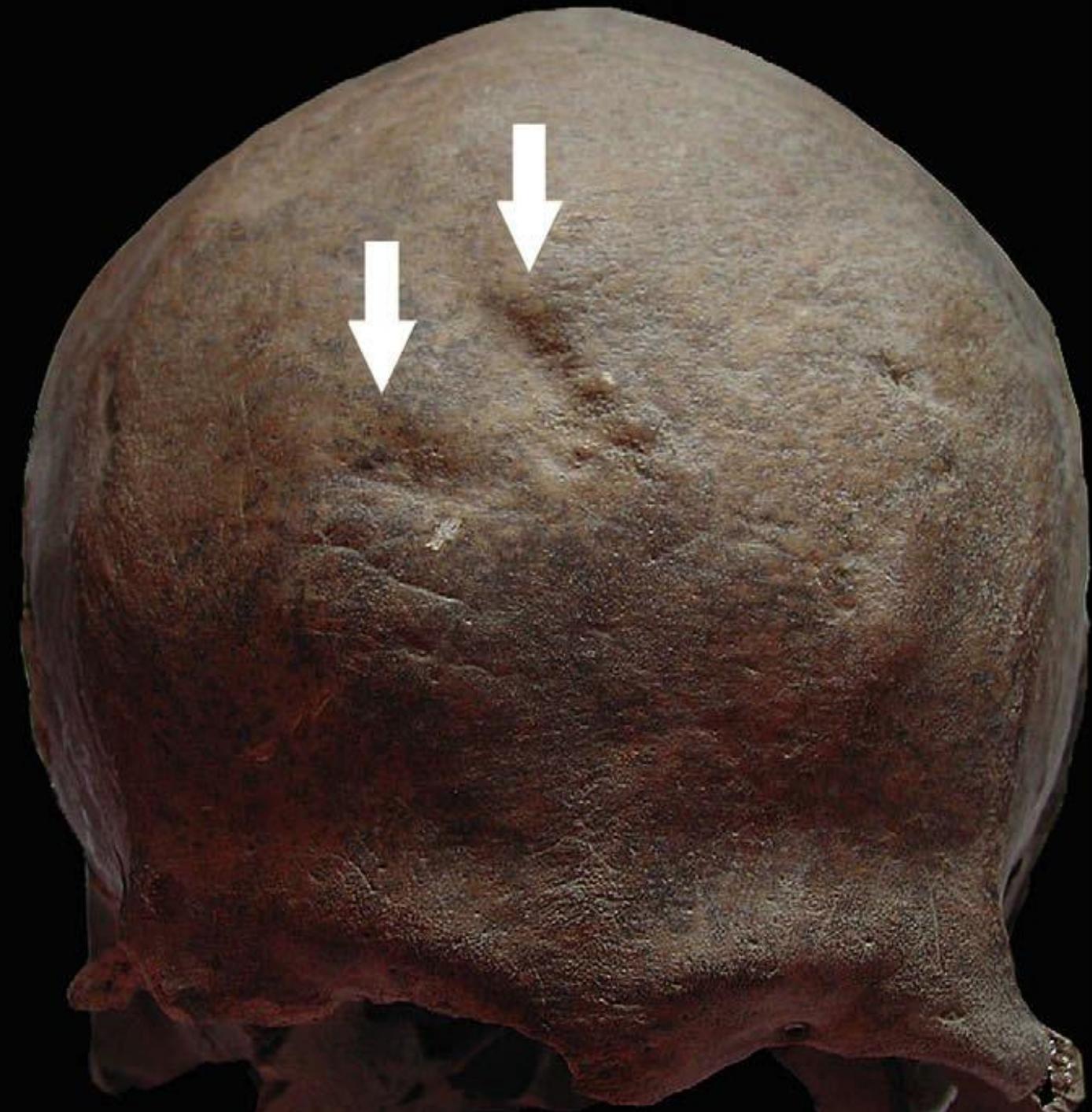
Etxeberria F (2003) Patología Traumática. In: Isidro Llorens A, Malgosa Morera A (eds) Paleopathología: la enfermedad no escrita. Masson, Barcelona

Sen S, Ando T, Kobayashi E, et al. (2014) Development of Femoral Bone Fracture Model Simulating Muscular Contraction Force by Pneumatic Rubber Actuator. Eng Med Biol Soc 6872–6875.

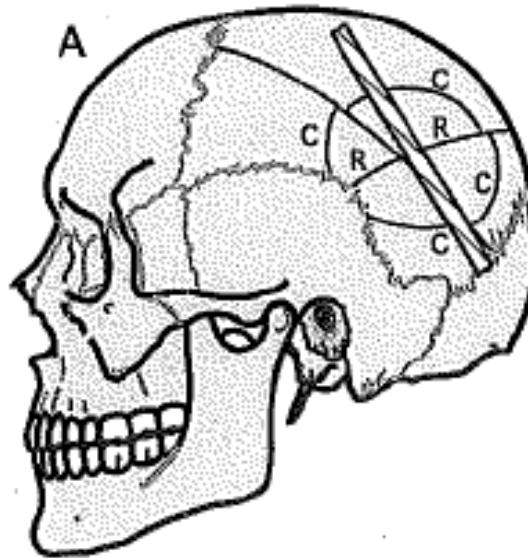




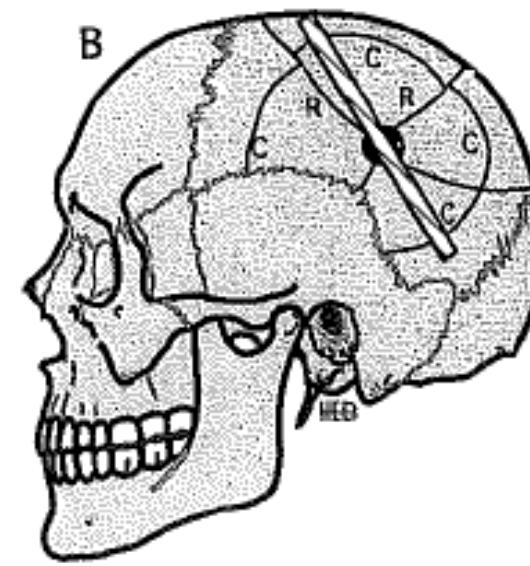




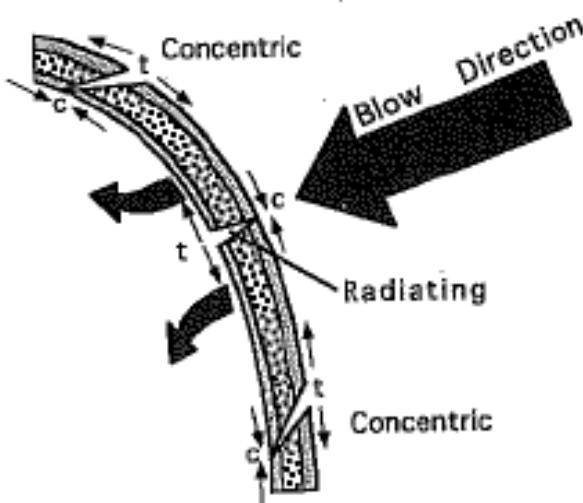
Blunt Trauma



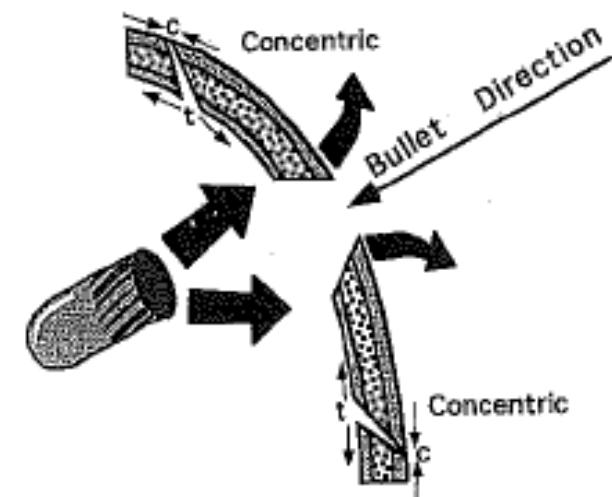
Gunshot Trauma

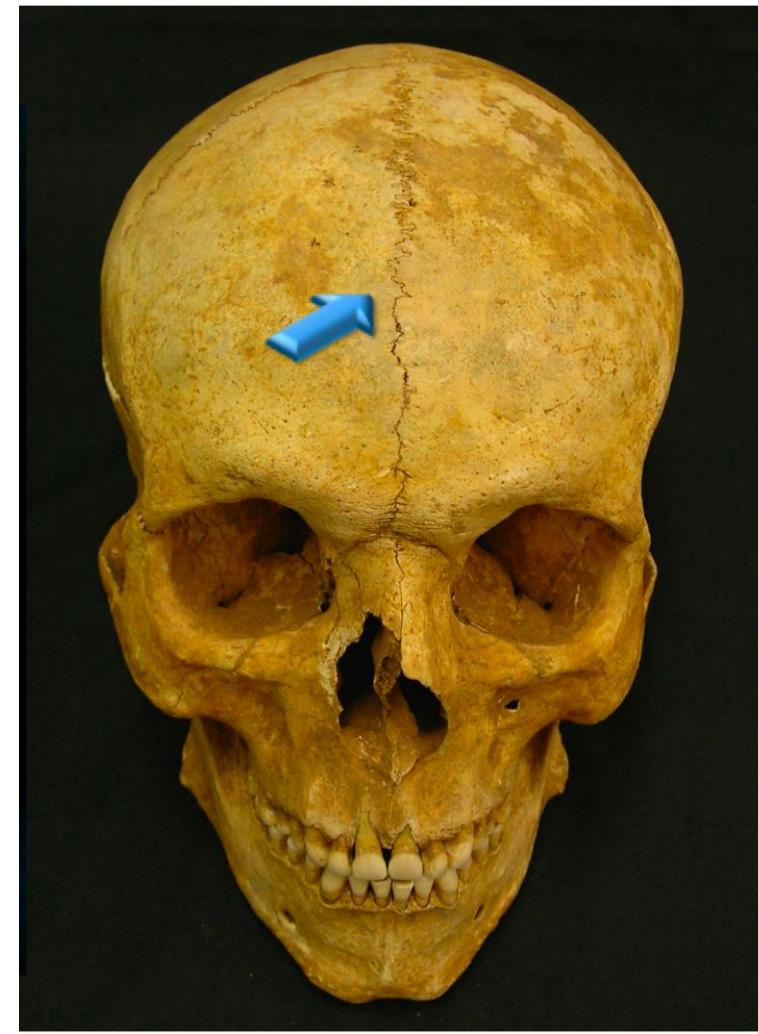
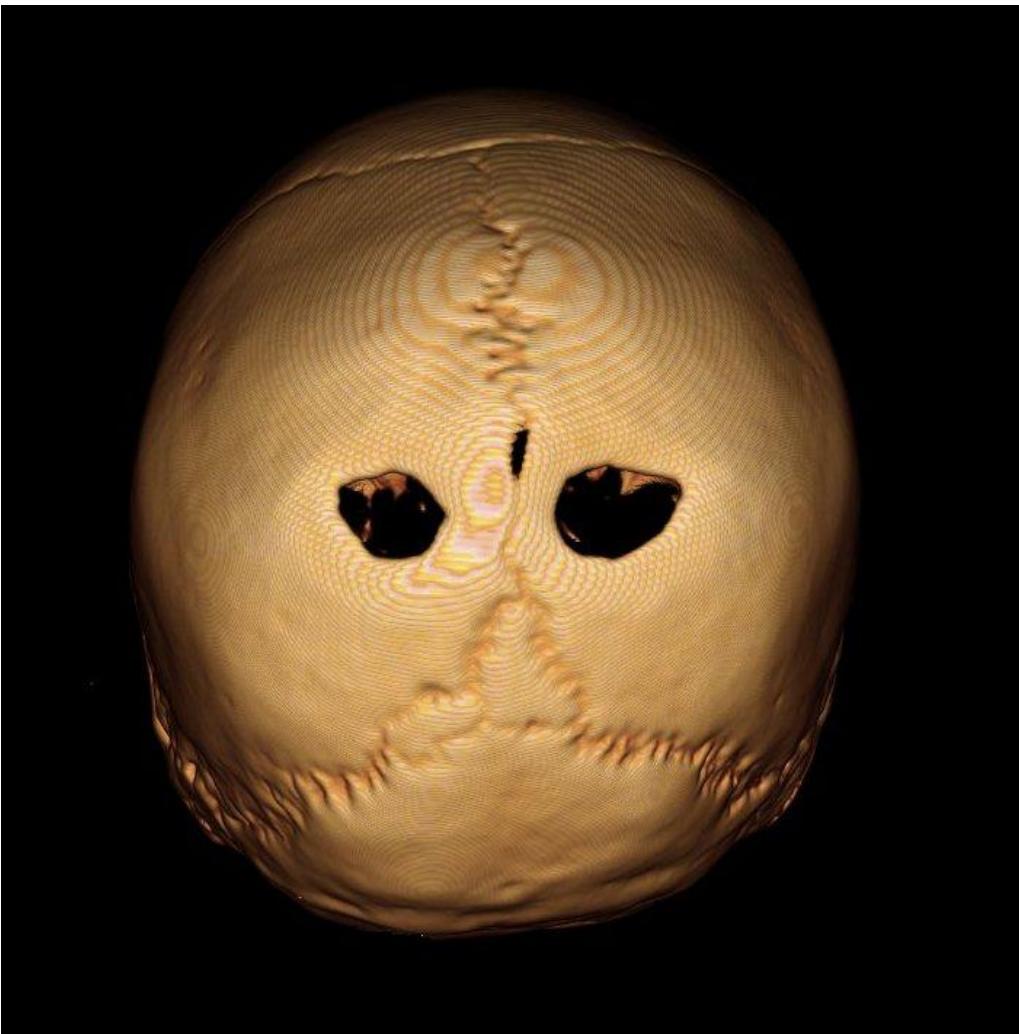


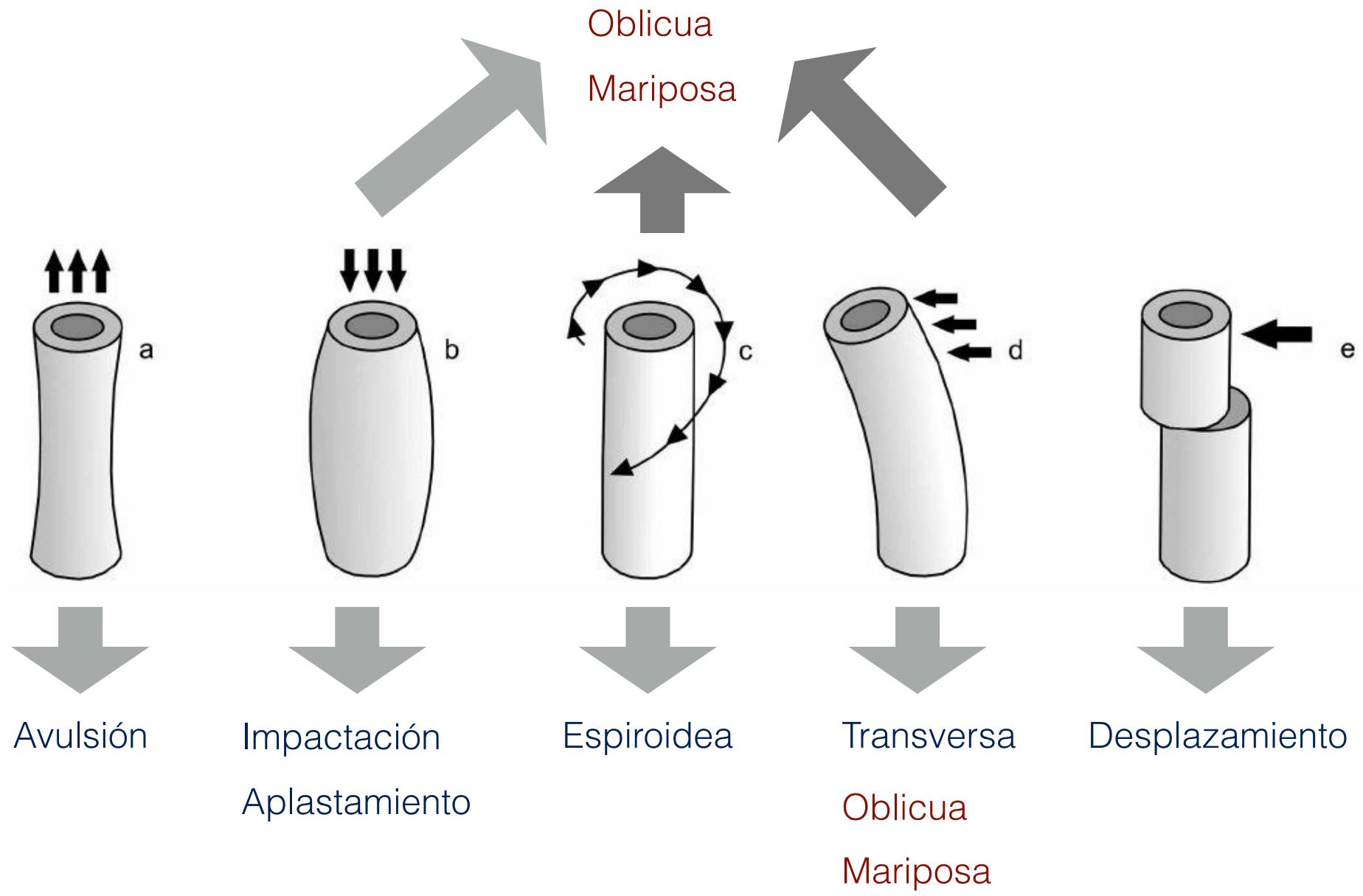
C

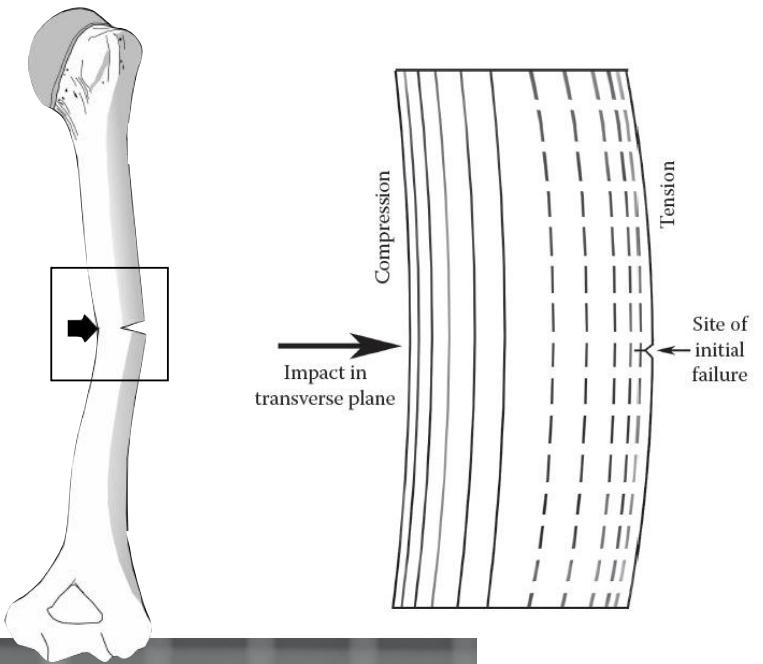


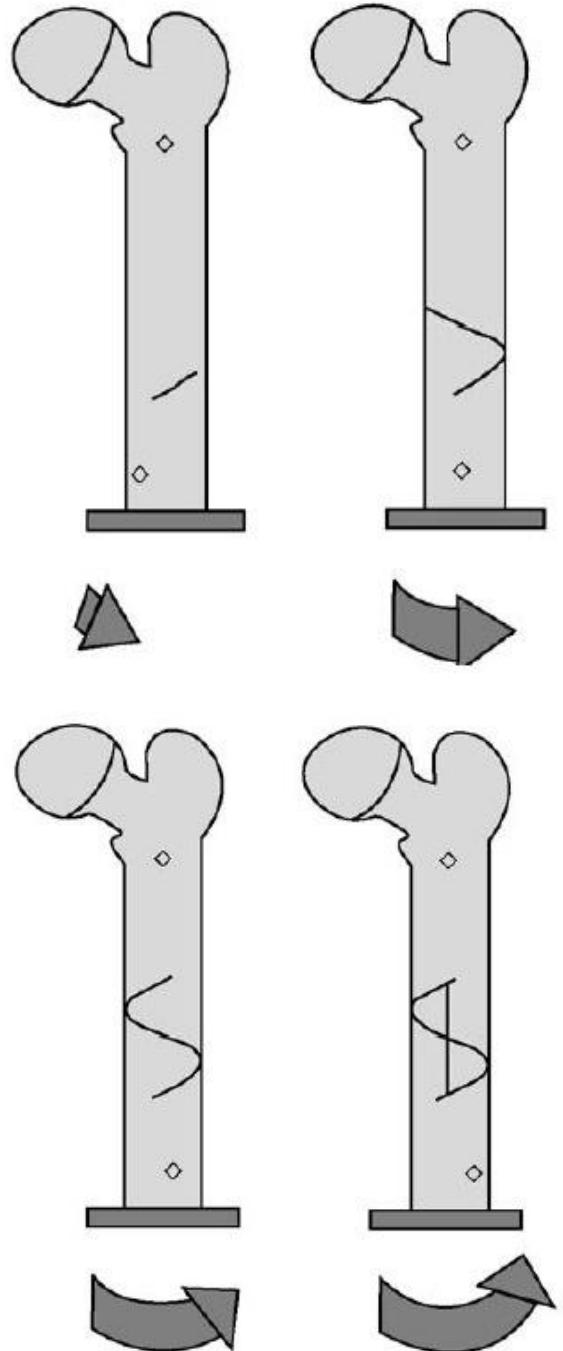
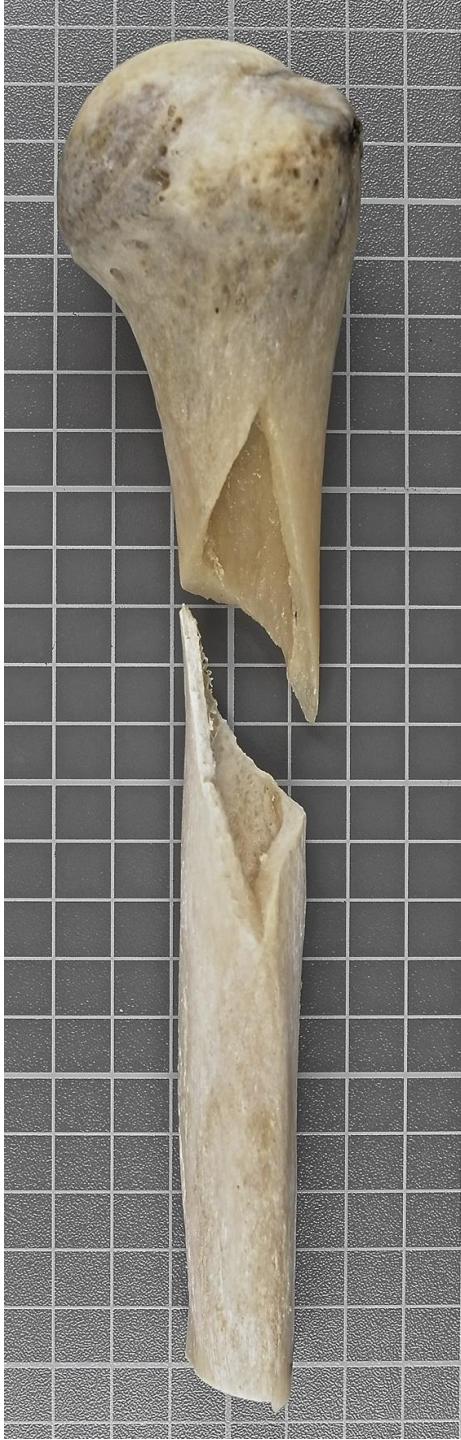
D











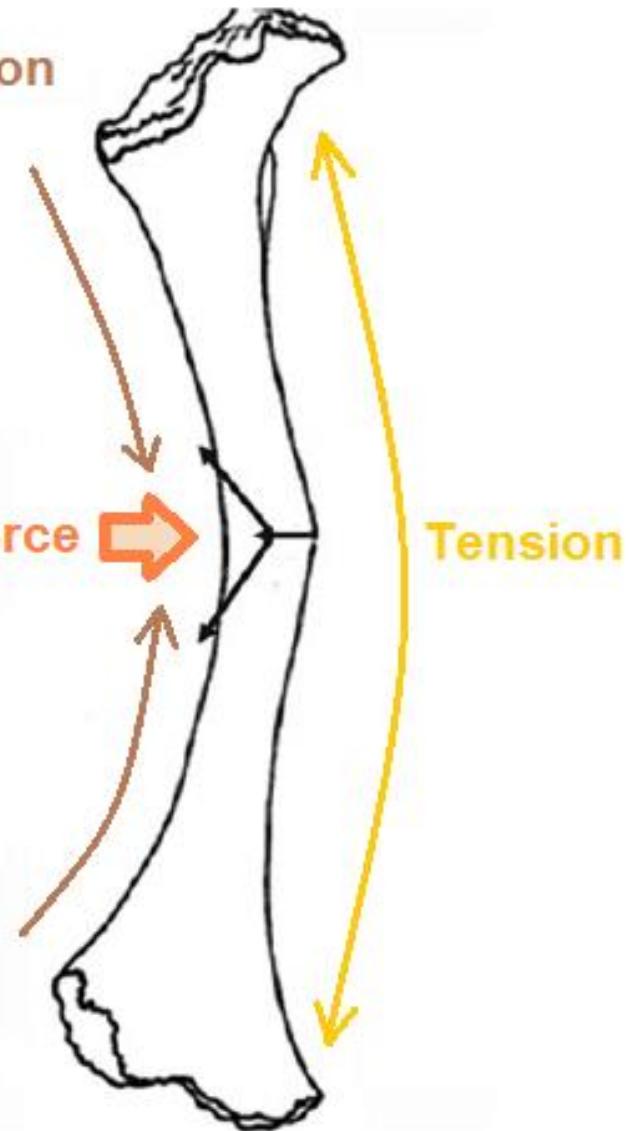
## *Postmortem Trauma Simulator*

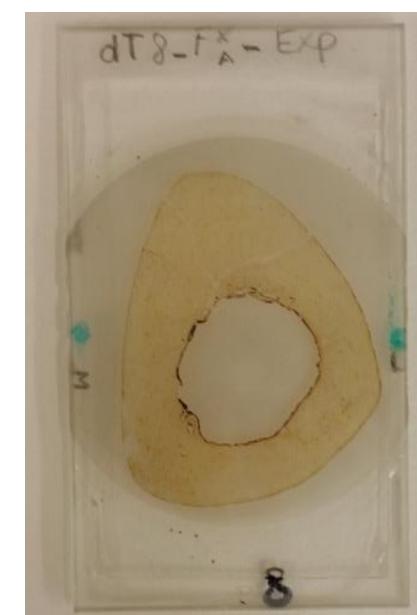


Compression

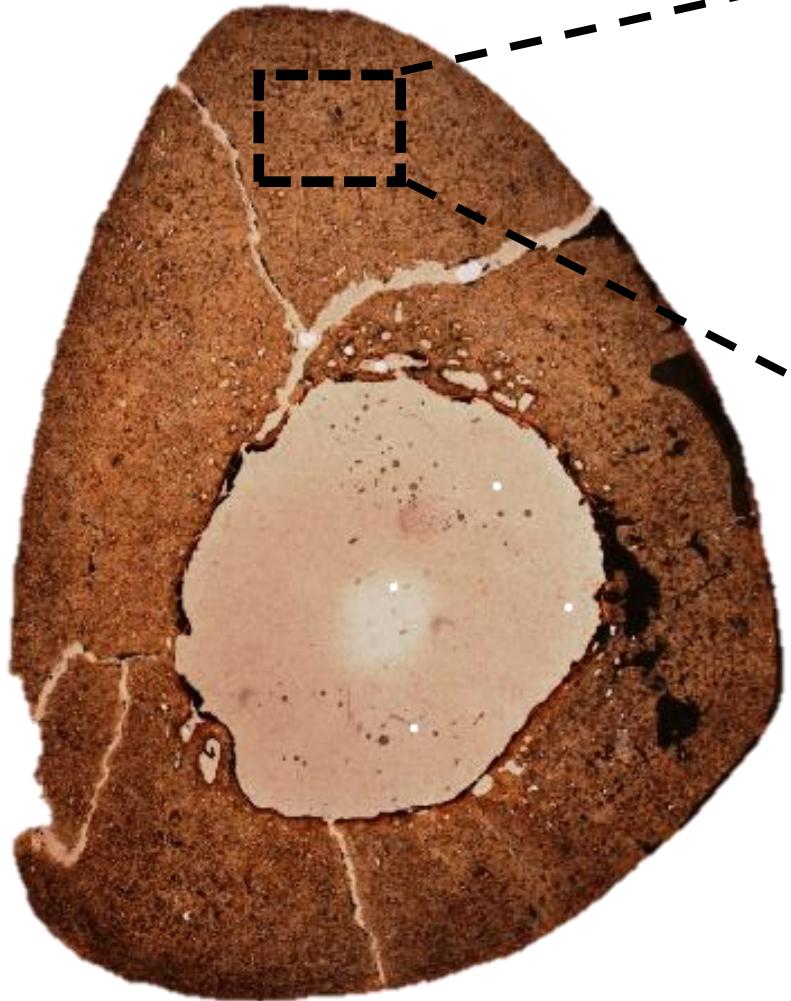
Applied force

Tension

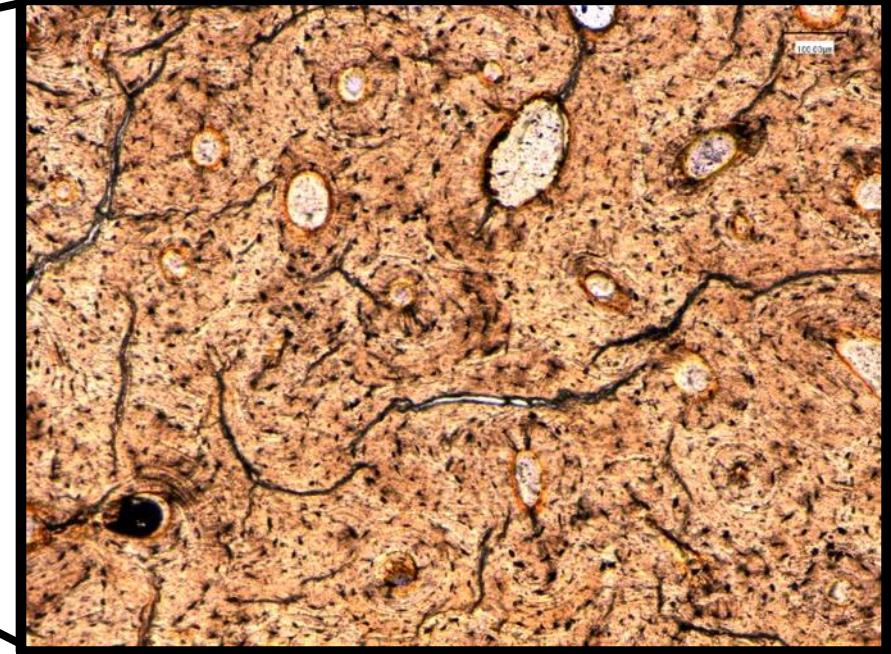




ANTERIOR: COMPRESSION AREA



POSTERIOR: TENSION AREA

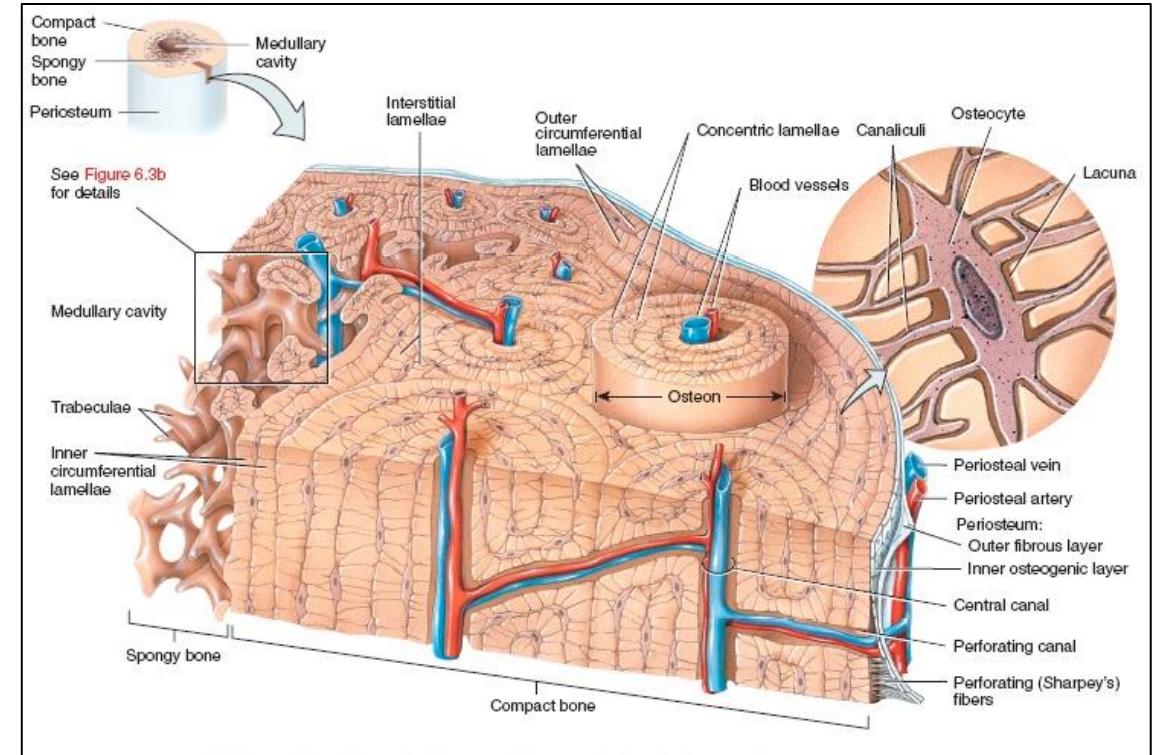
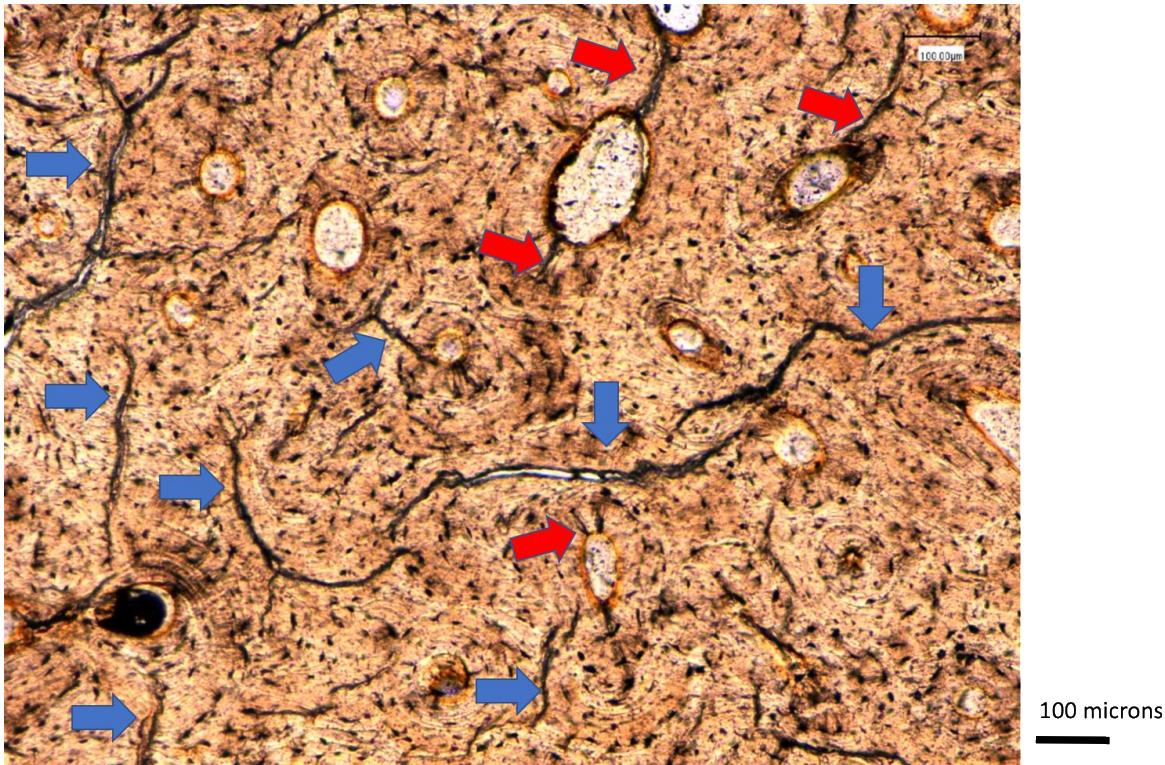


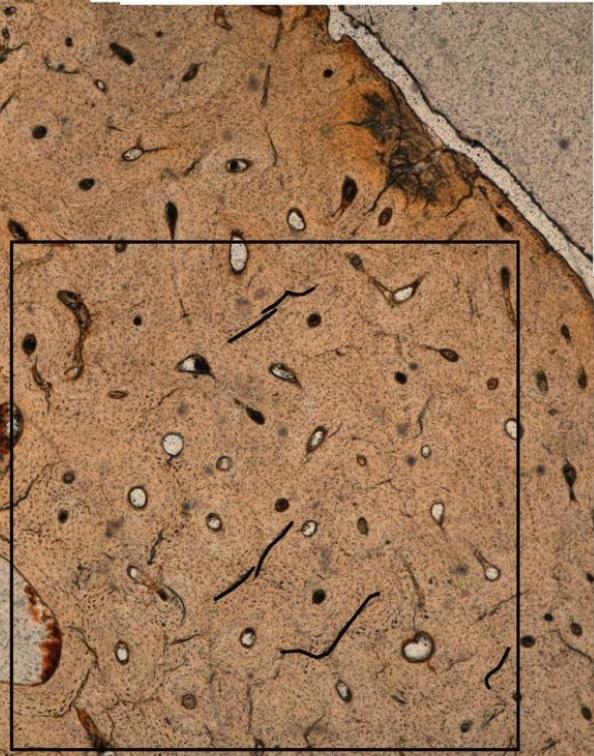
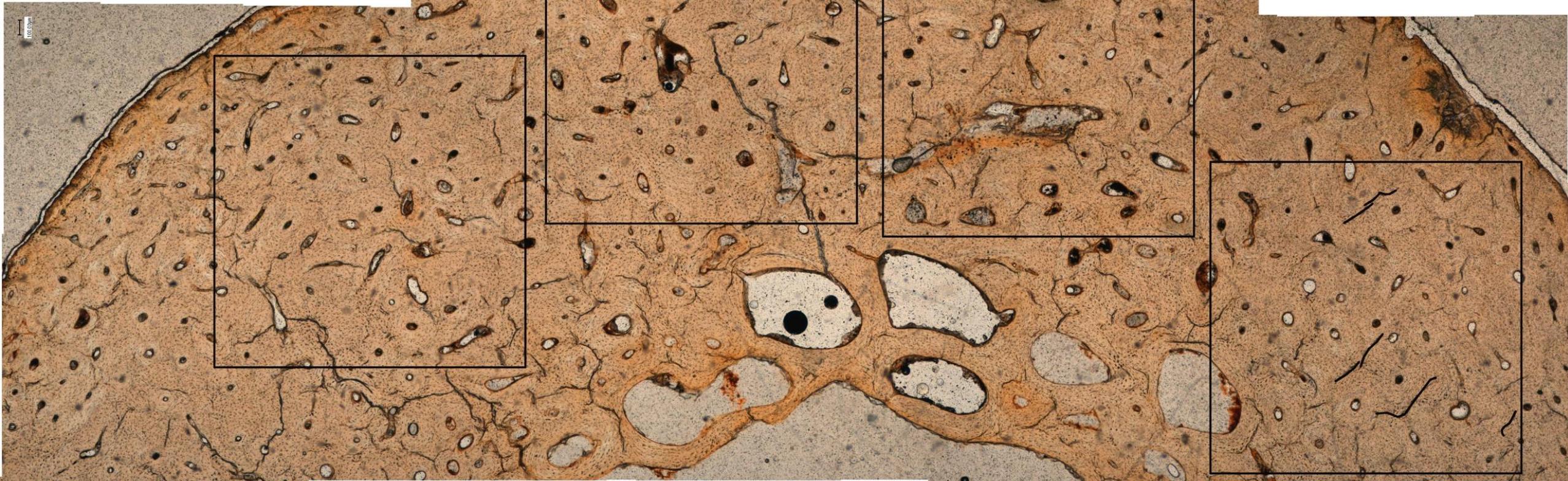
## MICROCRACKING PATTERN

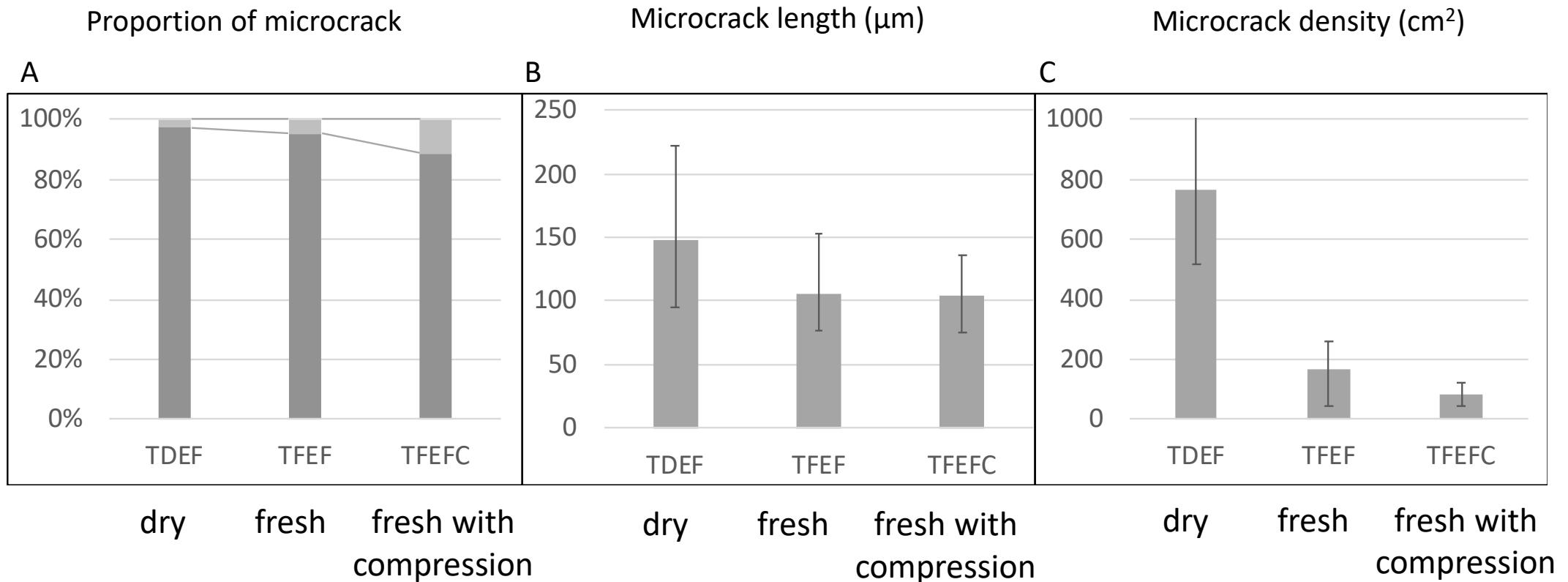
- MCK LOCATION
- MCK LENGTH
- MCK DENSITY

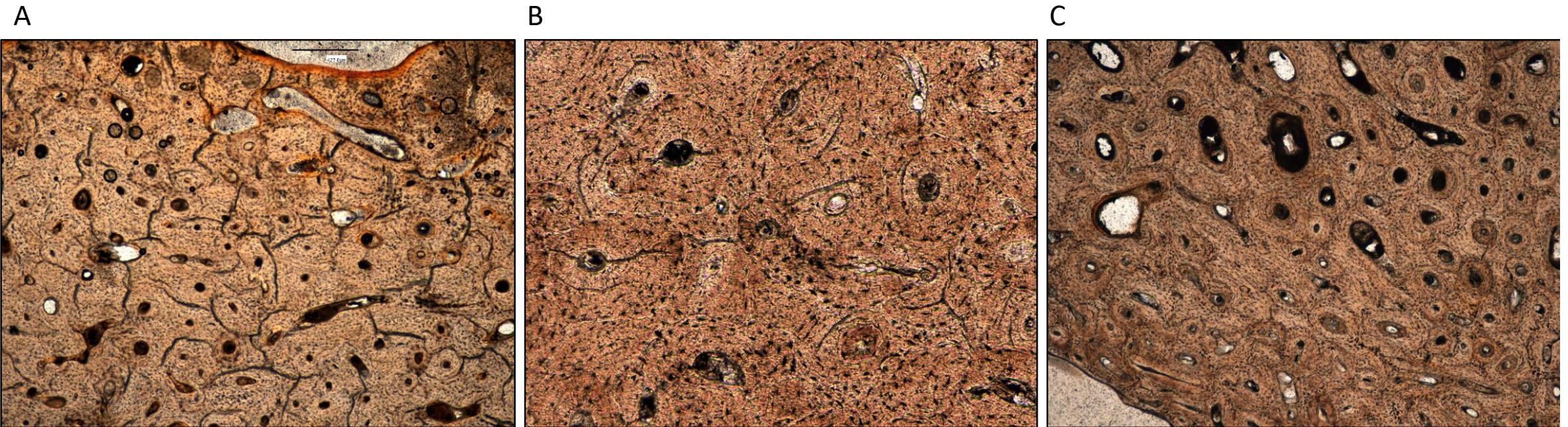
INTERSTITIAL MCK

OSTEONAL MCK









Dry tibia

Fresh tibia without axial  
compression

Fresh tibia with axial  
compression