

Medicolegal Approach to Diogenes Syndrome: a Case Report

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ABSTRACT

Because of the way of life Greek philosopher Diogenes lived, in the medical literature some older individuals characterized with collection of symptoms and the psychopathology associated with the lack of concern about a person's living conditions were called as Diogenes Syndrome. In this study we presented a case in terms of Diogenes Syndrome. We aimed to discuss by using the recent medical literature. Our case was a 62 year old male living alone and there were a variety of diseases he had. Diogenes Syndrome was previously identified in 30 elderly patients for the first time in 1975. As well as the typical clinical features of Diogenes Syndrome were defined, for being of potential forensic value, case characteristics belonging to the crime scene, and also probable changes that may be encountered at autopsy were discussed.

Keywords: Diogenes Syndrome, forensic, autopsy

INTRODUCTION

Diogenes of Sinop (412-323 BC) was a man, philosopher, who rejected whole tradition by developing a different philosophy in religion, behavior, dressing, housing, food, manner and although was said to walk around in a vat, he was also said to live

in a pot made of soil used for funerals (1). Because of the way of life Diogenes live, some older individuals who have social isolation and severely neglect their personal self-care, including a characterized collection of symptoms and the psychopathology associated with the lack of concern about a person's living conditions were defined as 'Diogenes Syndrome' (2-5). In these cases accumulation of a large

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amount of substances such as garbage, paper, newspaper in their environments is characteristic (4,5). Although psychiatric and clinically well-defined patients are reported beforehand the forensic aspect of this kind of life style or conditions, the number of cases reported and studies are very low. A squamous cell carcinoma of the larynx was identified in the presented case and his evaluation in terms of Diogenes Syndrome, aimed to be discussed by using the recent medicolegal literature. □

CASE REPORT

Our case was a 62 year old male living alone. In the examination of death report, he was found lying on his right side on the

benches at the edge of the street and dead, according to the registered testimony of one of his relative: the dead man lived alone and there were a variety of diseases he had. In external examination he was in cachectic appearance and on the left submandibular region 4.5x6x3 cm of mass was detected, on the left side chest post-mortem abrasions and on abdomen presence of a 12 cm-old operation scar beginning on umbilicus was seen. At autopsy, in pericardium, 50 cc of liquid in serous character and 90% occlusion of the left anterior descending branch of coronary artery was found. In the heart, in septum myocardial sections, 6x4 cm of full-thickness old silvery colored myocardial infarction area was detected (Figure 1). Lung surfaces were in anthracotic appearance and the right lung was 850 gr and the left lung was 600 gr. weighed. Lung sections were edematous and had pale appearance. In autopsy examination when the skin and subcutaneous tissues of the neck were dissected, in sections of the mass in the neck on the left side; it was found to be associated with submandibular gland with areas of firm consistency in dirty yellow color, with multifocal hemorrhage areas. An ulserovegetan tumor, settled on the left side of the supraglottic region of larynx spreading to the epiglottis was revealed (Figure 2). In the histopathological examination of larynx, squamous cell carcinoma, neck metastasis on the left side, healed and new myocardial infarction areas at the heart, and pneumonia were identified. With no significant feature in toxicological analysis and having metastatic laryngeal carcinoma, the person's death was diagnosed as a result of the combination of old ground effects of an acute myocardial infarction and having pneumonia. □



FIGURE 1. Transmurular myocardial infarction area on septal wall of the heart.

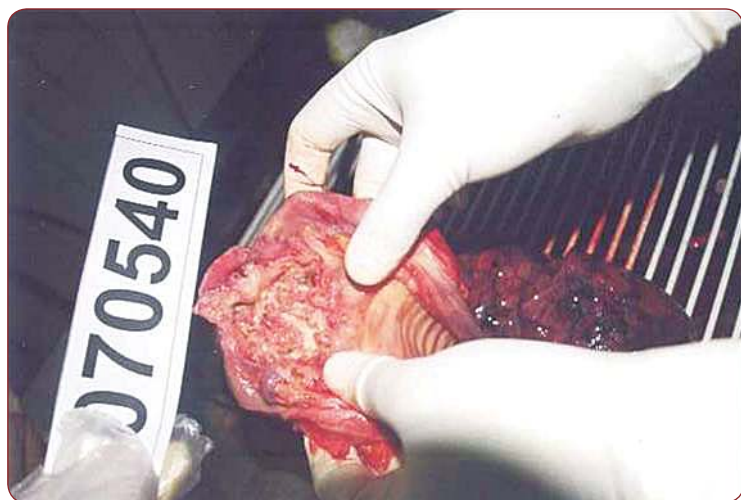


FIGURE 2. An ulserovegetan tumor settled on the supraglottic area of larynx.

DISCUSSION

The syndrome, defined as self-neglect, depression, lack of care and social isolation, is known as ‘Diogenes Syndrome’ because of having similarities to the lifestyle of a Greek philosopher Diogenes’ lived in 4th century BC. The syndrome was identified in 30 elderly patients treated by Clarke and colleagues for the first time in 1975 (6). Although exact causes of this kind of behavior and way of life are not still well known, it has been hypothesized that illness may occur as a result of a response given to the various stress factors such as death of

spouse or a significant medical illness among people with subclinical personality disorder (7,8). However, it was indicated that an exaggerated sense of self disorganized lifestyle or indifference depending on the aggravation can occur together with older ages (6). In some studies, it was reported that there were no mental illness in patients affected by the illness; on the contrary they have average or high intellectual level (6,8,10). However, differences among the cases in cognitive and socio-economic levels were reported (11). At least in 50% of the cases a kind of psychiatric disorder was described (3). Therefore, these cases can be classified as secondary Diogenes Syndrome (11). As in our case and observed in other studies, it causes lack of hygiene due to self-neglect, poor nutrition which causes anemia and vitamin deficiencies, and due to take or refuse medical care it may lead aggravation of diseases such as congestive heart failure, bronchopneumonia, diabetes mellitus, ischemic heart disease, cerebrovascular disease, and different malignancies (11). While it can be treated with medical support, death may also occur as a result of these diseases. However, it may be confused with abuse or neglect of the elders depending on malnutrition and poor living conditions, especially vitamin K and C deficiencies, coagulopathies due to alcoholic liver disease and common bruising and severe hemorrhage as a result of minor traumas. Because of the social isolation and living alone, disappearance of these cases may go unnoticed by

those who live around and in most of the cases they found dead by chance and when they found there can be seen in various stages of decay on corpses. Organ and tissue losses that occur depending on decay or due to changes in the postmortem examination and autopsy, there may be identification and investigation difficulties in determining the cause of death. However, as mentioned before, in evaluation of the detected lesions, there may be encountered various forensic medicine problems in separation of forced deaths. Detection of these exaggerated lesions, seen as depending on the current diseases in patients, lacking of witnesses in accidents such as falling and generally event location's not being suitable for a reliable investigation can make the situation even more complicated. In these cases, as their companion, living together with pets is a common reported situation (4). Changes that these animals make on the body after death and in scene may also cause misleading results in detection and identification of traumatic lesions.

In conclusion, as well as the typical clinical features of Diogenes Syndrome is defined, for being a potential forensic valuable cases, characteristics belonging to the crime scene, and also probable changes that may be encountered at autopsy and its accurate assessment in terms of forensic medicine aspects is required.

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