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# A Case of Suicide by Hara-Kiri in Turkey

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## Abstract

**Introduction:** Hara-Kiri, a traditional way of suicide in Japan, is a transverse stab wound on the abdomen. Suicide attempt rate with knife injuries on the abdomen is higher in Japan than in other countries, and especially there are very few clinical data about stab wound injuries involving the transverse section of the abdomen. There are no studies in our country about self-stabbing which is a psychiatric-surgical problem.

**Case:** A 62-year-old male patient admitted to the emergency department by ambulance for stabbing himself due to psychological problems. The omentum, stomach major curvature, and transverse colon were protruded from the transverse defect on the midline of the abdomen which is approximately 20 cm. After initial intervention and stabilization in the emergency room, the patient was transferred to the operation room and underwent urgent surgery.

**Conclusion:** The evaluation of the vital signs and physical examinations are important in suicidal patients and also the anamnesis regarding the source of the stab wounds could help dictate treatment and predict outcomes. Although mostly being non-lethal, abdominal stab injuries in suicidal patients can be significant. Also, the treatment should be planned in collaboration with the psychiatric team in survivor suicidal patients postoperatively.

**Keywords:** Abdominal injuries, Turkey, self-harm, stab wound, Hara-Kiri, suicide, emergency

## Introduction

Hara-Kiri, a traditional way of suicide in Japan, is a transverse stab wound on the abdomen. Suicide attempt rate with knife injuries on the abdomen is higher in Japan than in other countries, especially there are very few clinical data about stab wound injuries involving the transverse section of the abdomen. There are no studies in our country about self-stabbing which is a psychiatric-surgical problem. In the first evaluation of these cases in the emergency room, tips on whether suicide or murder should be noted. A rare self-inflicted abdominal stabbing was discussed in this case, which is also known as Hara-Kiri.

the inotropic support after fluid and erythrocyte suspension replacement was performed because the patient was hypotensive and his Glasgow coma scale was 10 points. Antibiotherapy and tetanus prophylaxis was given. The patient's defect on the abdomen was covered with isotonic wetted compress and the patient was referred to the operation room. Anamnesis obtained from his relatives revealed that the patient had psychological problems and that he had attempted suicide before. Recently, he suffered from pain due to additional illnesses and stabbed himself because of financial problems. After the operation, he returned to health in a couple of days and also confessed his suicide. As the follow-up in the intensive care unit, psychiatric consultation was performed and the patient was discharged after treatment.

## Case

A 62-year-old male patient was admitted to our emergency department with a penetrating stab injury. Approximately 20 cm horizontal incision was observed at the midline of the abdomen is where the omentum, stomach major curvature, and transverse colon protrude. No signs of assault on his body. The patient was consulted with general surgery and anesthesia to take the patient to emergency operation with

## Discussion

Abdominal stab injuries and suicide attempt rates are higher in Japan than in other countries, and there are few clinical data on injuries involving the transverse incision of the abdomen, especially the hara-kiri<sup>1</sup>. Due to its rarity in our country, there is no study on the incidence of hara-kiri injuries. According to the study by Kato K<sup>2</sup> and colleagues, the ratio of males to



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females and the ratio of mood disorder patients to normal patients were significantly higher in the hara-kiri group compared to the others. Male sex and mood disorder are noteworthy in this case. Results of Takai M and colleagues' study indicated that those who attempted hara-kiri suicide were likely to be male, be diagnosed with schizophrenia, survive, and be married<sup>3</sup>. Although there were no symptoms of schizophrenia, in this case, there was a mood disorder and the patient was a married male. However hara-kiri patients are observed to be susceptible to depression, it is important to note the evidence of suicide attempts or murder wounds in the first examination of the cases<sup>4</sup>. The location of the stab wounds on the physical examination, vital signs, and state of consciousness are indicative of determining the treatment method and prognosis of the patient. Vital signs stabilized with supportive treatment and no signs of assault have been seen except only 5 cm transverse incision with organ protrusion on the abdomen. Suicidal abdominal and retroperitoneal injuries are most likely not-lethal. The traditional approach to patients with penetrating injuries with evisceration is the operation of all patients. Suicidal self-inflicted injuries can be fatal, should be treated with a cooperative approach in terms of surgery and psychiatry, even if there may be changes in treatment according to the site of the wound<sup>5</sup>. Psychiatric support was obtained in the post-op period during follow-up and discharge planned by the surgical team.

## Conclusion

Suicide attempts involving the abdominal transverse incision called Hara-Kiri is rare in Turkey. Vital signs, state of

consciousness and locations of the stab wounds in the first examination at the emergency room provide dictating the treatment and predict the prognosis.

The condition and location of the stab wounds overestimate about suicide attempts or attempted murder (self-inflicted vs. assault-induced) and affect clinical outcomes. Mostly non-lethal self-stab wounds can sometimes cause significant and urgent surgical intervention. As a consequence, the traditional approach to the management of penetrating injuries with evisceration is surgical intervention, and the treatment should be planned in collaboration with the psychiatric team in suicidal patients postoperatively.

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