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Внутричерепное инородное металлическое тело (швейная игла): попытка детоубийства

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АННОТАЦИЯ

При обязательном обследовании в психиатрической клинике у 25-летнего военнослужащего были выявлены черты психопатического расстройства, в том числе обнаружено внутричерепное инородное тело металлического происхождения (швейная игла). До момента обследования ни пациент, ни его родители не знали о существовании иглы и не смогли предоставить врачу никаких анамнестических сведений о причинах её попадания в черепную полость. Очевидно, что швейную иглу можно ввести в теменную область лишь до того момента, пока она не затвердеет. Поскольку кончик иглы был направлен вниз, считалось, что иглу ввели намеренно. Дальнейшее расследование показало, что пациент был единственным внуком в семье, и ближайшие родственники из зависти ввели швейную иглу в теменную область младенца, чтобы убить его. Происшествие было расценено как результат неудавшегося преступления. Пациенты с психиатрическими проблемами нуждаются в проведении инструментальных обследований (рентгенография черепа в двух проекциях, компьютерная томография, ядерно-магнитное резонансное исследование и т.д.).

Ключевые слова: бессимптомные заболевания; инородные тела; томограмма; рентгенограмма; радиология; рентгенография.

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Intracranial foreign metal body (sewing needle): A case report of infanticide attempt

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ABSTRACT

During a mandatory examination of a 25-year-old soldier in a psychiatric clinic, psychopathy features were observed, and an intracranial foreign metal body, a sewing needle, was found. The patient and his parents did not know the existence of the intracranial sewing needle until the examination. The parents could not give any anamnestic information to the doctor regarding the existence of the sewing needle in the intracranial region.

Clearly, the sewing needle can be entered into intracranial region only till the period in which the sinciput becomes firm. As the needle tip was pointing down, the needle was deemed pricked intentionally. Further investigation showed that the patient was the only grandson in the family, near relatives enviously placed the sewing needle into his intracranial region from the sinciput to murder him while he was still a baby. The accident was evaluated as a result of an unsuccessful crime.

Thus, instrumental examinations (roentgenography of the skull in two projections, computed tomography, nuclear magnetic resonance examination, etc.) are necessary for patients with psychiatric problems.

Keywords: asymptomatic diseases; foreign bodies; CT scan; X-ray; radiology; radiography.

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颅内金属异物（缝纫针）：企图杀害婴儿的病例报告

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简评

一家精神病诊疗所对一名25岁的士兵进行强制性检查时，发现了心理病态病症，并在颅内发现了金属异物，即一根缝纫针。患者及其父母在检查前并不知道颅内缝纫针的存在。其父母无法向医生提供任何关于颅内缝纫针存在的信息。显然，缝纫针只有在颅骨变得坚硬之前才能进入颅内。由于针尖朝下，缝纫针被认为是故意刺入的。进一步检查显示了，患者是家中唯一的孙子，近亲在他还是婴儿时，妒忌地将缝纫针从后脑勺处刺入他的颅内，以谋杀他。这次事故被评估为犯罪未遂的结果。因此，对于有精神问题的患者，有必要进行仪器检查（颅骨双投影射线照相术、电子计算机断层扫描、核磁共振检查等）。

关键词：无症状疾病；异物；电子计算机断层扫描；X射线检查；放射学；射线照相术。

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INTRODUCTION

Foreign metal bodies in the intracranial region are usually observed as the result of open craniocerebral trauma. There are mostly bone fragments and rarely pieces of glass or wood observed in general situations and metal things (shot, bullet, and splinter) during wars [1-3]. An intracranial foreign body is very dangerous because it is a potential nidus of infection. Specifically, bone fragments as foreign bodies are considered favorable environments for infection (meningitis, meningoencephalitis, abscess, granuloma, etc.) in the cerebrum [4, 5]. Foreign bodies of craniocerebral trauma can be asymptomatic, clinically showing themselves after a long period [6-8]. However, in many cases, symptoms depend on the location of the intracranial foreign body, its size, and number [9-11]. Pierced blind bullets, splinters, shots, nails, fountain pens, pieces of glass, wood, etc., were reported as intracranial foreign bodies that entered after the continuity of the cranial bones had closed. Studies have reported cases of cotton and pieces of gauze left in the intracranial region after surgical operations and foreign bodies introduced to the intracranial region from the orbit [12, 13].

Tuncer et al. (2007) reported the case of a 32-year-old man who came to the clinic of Marmora University with complaints of tonic and clinic spasms, and a sewing needle was found in his temporal region by computed tomography [14]. In Indian literature, Teegala et al. (2006) found two sewing needles in the intracranial region of a 4-year-old child by casual examination [15]. Sener (1997) found by X-ray examination three sewing needles in the frontal region of 20-year-old patient having headache complaints [16]. According to Hao et al. (2017), approximately 50 related cases have been reported worldwide so far. However, these data are only at the tip of the iceberg because many infants die as a result of crimes, and survivors are often overlooked for being asymptomatic [17].

However, nearly all cases of intracranial sewing needles encountered in practice were observed by neuropathologists, pediatricians, traumatologists, radiologists, surgeons, and mostly neurosurgeons [18-21]. In the literature, an

intracranial sewing needle as a foreign body was not reported in the practice of psychiatrists. Accidental finding of foreign bodies such as sewing needles found in unclosed cranial bones is very common in psychiatric practice (Figures 1–3).

CASE PRESENTATION

Patient A. is a 25-year-old soldier and has been serving in the armed forces for 6 months.

Anamnestic information: He had no history of hereditary mental diseases. The first development period was unremarkable. He had been an umbrageous, touchy, crybaby, naughty, and impatient child since childhood. As he was the only son in the family, he became a person who always needed privileges. He went to secondary school in time, and his academic performance was satisfactory. His school attendance and behavior were satisfactory. He graduated from the tenth grade. He reported that at the age of 19, he cut his hand with an axe while hacking a tree and received treatment at the hospital. He had no pernicious habits and denied craniocerebral trauma. He was considered fit for service in the armed forces, was called to actual military service, and willingly went to military service. However, he presented as an undisciplined soldier from the first day of military service, negligently tended to his duties, did not promptly and appropriately fulfilled the orders and tasks of his commanders, and untidily kept his military uniform. He cannot guard military secrets. After receiving stationary treatment in the medical camp, with the diagnosis of “skin scar at the palmar surface of finger 1 of the right hand, muscle–tendon contracture of finger 1” and “hystero-neurotic condition,” he was admitted to a hospital for examination and treatment. After inpatient treatment in the psychiatric department for “hysterical reaction and folding contractures resulting from an old tendon injury and contractures of finger 1 of the right hand,” he was dismissed to the military unit with improvement. After having served approximately 6 months, he left the military unit. Criminal proceedings were started against him by the military procurator’s office related to his willfully leaving the military unit and criminal involvement. During the preliminary investigation, he was presented to the military

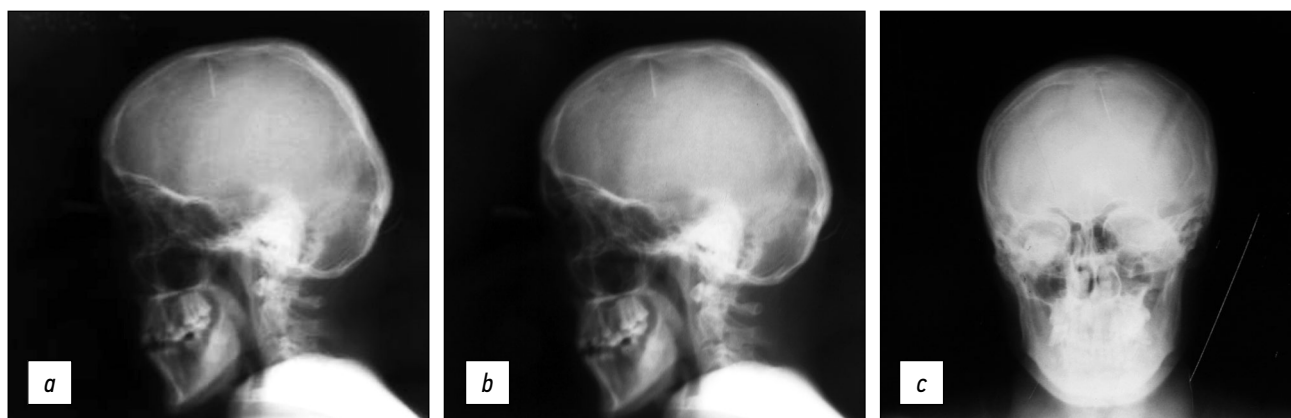


Fig. 1. Radiography in lateral (a, b) and direct (c) projections: Intracranial foreign metal body (sewing needle).

medical board in the garrison hospital in an ambulatory state. He was examined and diagnosed with “pedomorphism and psychopathy” and recommended to be examined in the psychiatric department of the Central Military Clinical Hospital after 18 months following changes in his behavior.

Results of physical examination

His body structure was appropriate. A hypodermic layer of fat developed satisfactorily, and feeding was satisfactory. The skin color and mucous membranes are typical. A coarse scar measuring ≈ 7 cm was found on the palmar surface of finger 1 of the right hand. No bone–joint system pathologies were noted. Peripheral lymphatic and thyroid glands were not enlarged. Vesicular respiration was heard on lung auscultation. No crepitation was noted. Cardiac sounds are clear and rhythmic. His arterial pressure was 110/70 mmHg, and his pulse was 78 beats per minute. The stomach was soft and pain-free. The liver and spleen were not enlarged. No pain was noted on either side when punching the lumbar region. Urine and stool movements were normal. The diagnosis of the traumatologist was as follows: “stable opening contractures resulting from an old injury of tendons folding finger 1 of the right hand (1996) with slight dysfunction.”

Neurological condition. His consciousness was clear. His pupils were round, OD = OS, and reactive to light. Ocular movements are good, and no nystagmus was noted. The nasal and labial folds are asymmetric, and the right angle of the mouth was slightly hanging. The tongue was inclined toward the right. The periosteum and tendon reflexes (D = S) are active in the upper extremities, and knee and axil reflexes (D > S) were asymmetric. Marinesco–Rodovich syndrome was positive. Romberg’s condition was stable. Finger tremors on extension and eyelid tremors were observed. Distal hyperhidrosis was noted. His visual acuity was 1.0 D in both eyes. Hearing: whispering–6 m in both ears. The diagnosis of the neuropathologist was as follows: “separate sparsely organic neurological marks of initial injury of the central nervous system and residual features as vegetovascular unstableness, without dysfunction of the central nervous system.”

Mental condition. He was well oriented. He began conversations in a strained and dull appearance and unwillingly and confusedly gave sharp answers to questions. He said, “I always have headaches, when somebody shouts at me and gives instructions I feel as if he beats me. I feel nervous and do not want to see anybody!” He explained his willful leave of the military unit as follows: “My headache did not stop. I could not stand and went home!”

Perception disorders and delirium were not observed. His emotions were changeable. His memory was not impaired. Critical approaches to himself, his disease, and his circumstances were kept. His scope of interest was limited, and he had no actual plans for the near future. His demands decreased and were simplified. The level of his mental development corresponded to his age and mode of life. During

the examination, he conducted himself anxiously, nervously, gloomily, lonely, and secludedly in the department. He kept interacted with other patients in his ward by sampling and tended toward discussions and conflicts. He unwillingly and reluctantly implemented instructions and tasks. He slightly participated in table games and daily tasks in the department. He was negligent toward events that happened around him. He spent most of his time lying down on his bed and explained that he had a headache. He slept by taking medicine, he was not getting deep sleep, and his feeding was satisfactory. His psychiatric diagnosis was as follows: “psychopath-like syndrome mildly emerged after initial organic injury of the cerebrum. Intracranial foreign metal body (sewing needle).”

Results of special examination

General analyses of the blood and urine, electrocardiography, and fluorography of thoracic organs were normal. Traumatic bone changes were not observed in the roentgenography of the right hand. Roentgenography of a skull: “One foreign body, a metal needle was found in the intracranial region.”

According to the decision of the military medical board, he was considered unfit for military service in the peace period and limited fit at war. As he had committed a military crime (willfully leaving the military unit), he was released from criminal responsibility.

DISCUSSION

The patient (25 years old) was from the southern region of the republic. The patient, his family, and parents were unaware of the intracranial foreign metal body (sewing needle) until the examination. His parents could not give any anamnestic information about the existence of the sewing needle in the intracranial region. Nevertheless, according to the mother, it was alleged that the patient’s aunt harbored feelings of envy toward him from an early age, raising the possibility of her involvement in the incident. Clearly, a sewing needle can be entered into an intracranial region only until the sinciput becomes firm. As the needle tip was pointing down, the needle was considered intentionally pricked (Figures 1–3). The accident can be unambiguously evaluated as the result of an unsuccessful crime. Cases of pricking sewing needles into the sinciput to incapacitate babies and murder them are mostly reported in eastern countries (Turkey, Iran, and India) [22–25]. Following further examination, the patient was found to be the only grandson in the family, and near relatives enviously entered a sewing needle into his intracranial region from the sinciput to murder him while he was a baby. Fortunately, the foreign body did not injure the cerebral hemispheres and the front branch of the cerebral artery, not causing infection; therefore, clinical neurological symptoms and complications were not observed. However, psychopathic features were observed in the personality of the patient as he grew older.

Unfortunately, as the was patient outside the republic at present, it is impossible to collect catamnesis about him and subject him to further instrumental examinations (computed tomography, nuclear magnetic resonance, electroencephalography, rheoencephalography, etc.).

Surgical extraction of intracranial sewing needles has been reported in the literature. Akinetic blindness was observed in the postsurgical period in 1 (51 years old) of 4 patients, and the patient died. Thus, surgical extraction of sewing needles, particularly in older people, is not practical.

CONCLUSION

The case presented indicated that diagnosis of intracranial foreign bodies based only on clinical presentations and symptomatology without instrumental examinations is very challenging. Although pathological changes and neurological

symptomatology are not visually observed in the brain, instrumental examinations (roentgenography of a skull in two projections, computed tomography, nuclear magnetic resonance examination, etc.) of patients with psychiatric problems are necessary. Moreover, in forensic medicine, such cases must receive special attention when investigating sudden and early child deaths.

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REFERENCES

- Bakay L, Glasauer FE, Drand W. Unusual intracranial foreign bodies. *Acta Neurochir (Wien)*. 1977;39(3-4):219–231. doi: 10.1007/BF01406732
- Deepak KS, Vishnu G, Sanjeev C, Pankaj G. Teeth in the brain: An unusual presentation of penetrating head injury. *Ind J Neurotrauma*. 2008;5(2):117–118. doi: 10.1016/S0973-0508(08)80013-5
- Dujovny M, Osgood CP, Maron JC, Jannetta PJ. Penetrating intracranial foreign bodies in children. *J Trauma*. 1975;15(11):981–986. doi: 10.1097/00005373-197511000-00007
- Alp R, Alp SI, Üre H. Two intracranial sewing needles in a young woman with hemi-chorea. *Parkinsonism Relat Disord*. 2009;15(10):795–796. doi: 10.1016/j.parkreldis.2009.04.005
- Yilmaz N, Kıymaz N, Yilmaz C, et al. Intracranial foreign bodies causing delayed brain abscesses: Intracranial sewing needles. Case illustration *J Neurosurg*. 2007;106(4):323. doi: 10.3171/ped.2007.106.4.323
- Unal N, Babayigit A, Karababa S, Yilmaz S. Asymptomatic intracranial sewing needle: An unsuccessful infanticide attempt? *Pediatr Int*. 2005;47(2):206–208. doi: 10.1111/j.1328-0867.2005.02023.x
- Maghsoudi M, Shahbazzadegan B, Pezeshki A. Asymptomatic intracranial foreign body: An incidental finding on radiography. *Trauma Mon*. 2016;21(2):e22206. doi: 10.5812/traumamon.22206
- Deveer M, Imamoglu F, Imamoglu C, Okten S. An incidental case of asymptomatic intracranial foreign body on CT. *BMJ Case Rep*. 2013;2013:bcr2013010230. doi: 10.1136/bcr-2013-010230
- Topuz AK, Güven G, Çetinkal A, et al. Late epilepsy due intracranial sewing needle: Case report. *Turk J Neurol*. 2008;14(5):353–356.
- Chandran AS, Honeybul S. A case of psychosis induced selfinsertion of intracranial hypodermic needles causing seizures. *J Surg Case Rep Rju*. 2015;2015(1):rju145. doi: 10.1093/jscr/rju145
- Pelin Z, Kaner T. Intracranial metallic foreign bodies in a man with a headache. *Neurol Int*. 2012;4(3):e22206. doi: 10.4081/ni.2012.e18
- Hansen JE, Gudeman FE, Holgate RC, Sanders RA. Penetrating intracranial wood wounds: Clinical limitations of computerized tomography. *J Neurosurg*. 1988;68(5):752–756. doi: 10.3171/jns.1988.68.5.0752
- Kaiser MC, Rodesch G, Capesius P. CT in a case of intracranial penetration of a pencil. A case report. *J Neuroradiology*. 1983;24(4):229–231. doi: 10.1007/BF00399777
- Tuncer N, Yayci N, Ekinci G, et al. Intracranial sewing needle in a man with seizure: case of child abuse? *Forensic Sci Int*. 2007;168(2-3):212–214. doi: 10.1016/j.forsciint.2006.02.010
- Teegala R, Menon SK, Panikar D. Incidentally detected intracranial sewing needles: An engima. *Neurology India*. 2006;54(4):447. doi: 10.4103/0028-3886.28133
- Sener RN. Intracranial sewing needles in a 20 year old patient. *J Neuroradiol*. 1997;24(3):212–214.
- Hao D, Yang Z, Li F. A 61 year old man with intracranial sewing needle. *J Neurol Neurophysiol*. 2017;8(2):420. doi: 10.4172/2155-9562.1000420
- Tun K, Kaptanoglu E, Turkoglu OF, et al. Intracranial sewing needle. *J Clin Neurosci*. 2006;13(8):855–856. doi: 10.1016/j.jocn.2005.06.018
- Rahimzadeh A, Sabouri-Daylami M, Tabatabai M, et al. Intracranial sewing needles. *J Neurosurgery*. 1987;20(4):666. doi: 10.1097/00006123-198704000-00030
- Yolas C, Aydin MD, Ozdikici M, et al. Intracerebral sewing needle. *Pediatr Neurosurg*. 2007;43(5):421–423. doi: 10.1159/000106396
- Abbassioun K, Ameli NO, Morshed AA. Intracranial sewing needles: Review of 13 cases. *J Neurol Neurosurg Psychiatry*. 1979;42(11):1046–1049. doi: 10.1136/jnnp.42.11.1046
- Amirjamshidi A, Ghasvini AR, Alimohammadi M, Abbassioun K. Attempting homicide by inserting sewing needle into the brain: Report of 6 cases and review of literature. *Surg Neurol*. 2009;72(6):635–641. doi: 10.1016/j.surneu.2009.02.029
- Heshmati B, Mehin S, Hanaei S, Nejat F. Introduction of sharp objects in to brain with infanticidal intention. *Iran J Pediatr*. 2015;25(5):e2660. doi: 10.5812/ijp.2660
- Ilbay K, Albayrak BS, Ismailoglu O, Gumustas S. Letter to the editor: An incidental diagnosis of four adjacent intracranial sewing needles in a 16-year-old boy: A survivor of an infanticide attempt? *J Forensic Sci*. 2011;56(3):825. doi: 10.1111/j.1556-4029.2011.01729.x
- Sturiale CL, Massimi L, Mangiola A, et al. Sewing needles in the brain: Infanticide attempts or accidental insertion? *Neurosurgery*. 2010;67(4):E1170–1179. doi: 10.1227/NEU.0b013e3181edfbfb

СПИСОК ЛИТЕРАТУРЫ

1. Bakay L., Glasauer F.E., Drand W. Unusual intracranial foreign bodies // *Acta Neurochir (Wien)*. 1977. Vol. 39, N 3-4. P. 219–231. doi: 10.1007/BF01406732
2. Deepak K.S., Vishnu G., Sanjeev C., Pankaj G. Teeth in the brain: An unusual presentation of penetrating head injury // *Ind J Neurotrauma*. 2008. Vol. 5, N 2. P. 117–118. doi: 10.1016/S0973-0508(08)80013-5
3. Dujovny M., Osgood C.P., Maron J.C., Jannetta P.J. Penetrating intracranial foreign bodies in children // *J Trauma*. 1975. Vol. 15, N 11. P. 981–986. doi: 10.1097/00005373-197511000-00007
4. Alp R., Alp S.I., Üre H. Two intracranial sewing needles in a young woman with hemi-chorea // *Parkinsonism Relat Disord*. 2009. Vol. 15, N 10. P. 795–796. doi: 10.1016/j.parkreldis.2009.04.005
5. Yılmaz N., Kıymaz N., Yılmaz C., et al. Intracranial foreign bodies causing delayed brain abscesses: Intracranial sewing needles. Case illustration // *J Neurosurg*. 2007. Vol. 106, N 4, Suppl. P. 323. doi: 10.3171/ped.2007.106.4.323
6. Unal N., Babayigit A., Karababa S., Yılmaz S. Asymptomatic intracranial sewing needle: An unsuccessful infanticide attempt? // *Pediatr Int*. 2005. Vol. 47, N 2. P. 206–208. doi: 10.1111/j.1328-0867.2005.02023.x
7. Maghsoudi M., Shahbazzadegan B., Pezeshki A. Asymptomatic intracranial foreign body: An incidental finding on radiography // *Trauma Mon*. 2016. Vol. 21, N 2. P. e22206. doi: 10.5812/traumamon.22206
8. Deveer M., Imamoglu F., Imamoglu C., Okten S. An incidental case of asymptomatic intracranial foreign body on CT // *BMJ Case Rep*. 2013. Vol. 2013. P. bcr2013010230. doi: 10.1136/bcr-2013-010230
9. Topuz A.K., Güven G., Çetinkal A., et al. Late epilepsy due intracranial sewing needle: Case report // *Turk J Neurol*. 2008. Vol. 14, N 5. P. 353–356.
10. Chandran A.S., Honeybul S. A case of psychosis induced selfinsertion of intracranial hypodermic needles causing seizures // *J Surg Case Rep Rju*. 2015. Vol. 2015, N 1. P. 145. doi: 10.1093/jscr/rju145
11. Pelin Z., Kaner T. Intracranial metallic foreign bodies in a man with a headache // *Neurol Int*. 2012. Vol. 4, N 3. P. e22206. doi: 10.4081/ni.2012.e18
12. Hansen J.E., Gudeman F.E., Holgate R.C., Sanders R.A. Penetrating intracranial wood wounds: Clinical limitations of computerized tomography // *J Neurosurg*. 1988. Vol. 68, N 5. P. 752–756. doi: 10.3171/jns.1988.68.5.0752
13. Kaiser M.C., Rodesch G., Capesius P. CT in a case of intracranial penetration of a pencil. A case report // *J Neuroradiology*. 1983. Vol. 24, N 4. P. 229–231. doi: 10.1007/BF00399777
14. Tuncer N., Yayci N., Ekinci G., et al. Intracranial sewing needle in a man with seizure: Case of child abuse? // *Forensic Sci Int*. 2007. Vol. 168, N 2-3. P. 212–214. doi: 10.1016/j.forsciint.2006.02.010
15. Teegala R., Menon S.K., Panikar D. Incidentally detected intracranial sewing needles: An engima // *Neurology India*. 2006. Vol. 54, N 4. P. 447. doi: 10.4103/0028-3886.28133
16. Sener R.N. Intracranial sewing needles in a 20 year old patient // *J Neuroradiol*. 1997. Vol. 24, N 3. P. 212–214.
17. Hao D., Yang Z., Li F. A 61 year old man with intracranial sewing needle // *J Neurol Neurophysiol*. 2017. Vol. 8, N 2. P. 420. doi: 10.4172/2155-9562.1000420
18. Tun K., Kaptanoglu E., Turkoglu O.F., et al. Intracranial sewing needle // *J Clin Neurosci*. 2006. Vol. 13, N 8. P. 855–856. doi: 10.1016/j.jocn.2005.06.018
19. Rahimzadeh A., Sabouri-Daylami M., Tabatabai M., et al. Intracranial sewing needles // *J Neurosurgery*. 1987. Vol. 20, N 4. P. 666. doi: 10.1097/00006123-198704000-00030
20. Yolas C., Aydin M.D., Ozdikici M., et al. Intracerebral sewing needle // *Pediatr Neurosurg*. 2007. Vol. 43, N 5. P. 421–423. doi: 10.1159/000106396
21. Abbassioun K., Ameli N.O., Morshed A.A. Intracranial sewing needles: Review of 13 cases // *J Neurol Neurosurg Psychiatry*. 1979. Vol. 42, N 11. P. 1046–1049. doi: 10.1136/jnnp.42.11.1046
22. Amirjamshidi A., Ghasvini A.R., Alimohammadi M., Abbassioun K. Attempting homicide by inserting sewing needle into the brain: Report of 6 cases and review of literature // *Surg Neurol*. 2009. Vol. 72, N 6. P. 635–641. doi: 10.1016/j.surneu.2009.02.029
23. Heshmati B., Mehin S., Hanaei S., Nejat F. Introduction of sharp objects in to brain with infanticidal intention // *Iran J Pediatr*. 2015. Vol. 25, N 5. P. e2660. doi: 10.5812/ijp.2660
24. Ilbay K., Albayrak B.S., Ismailoglu O., Gumustas S. Letter to the editor: An incidental diagnosis of four adjacent intracranial sewing needles in a 16-year-old boy: A survivor of an infanticide attempt? // *J Forensic Sci*. 2011. Vol. 56, N 3. P. 825. doi: 10.1111/j.1556-4029.2011.01729.x
25. Sturiale C.L., Massimi L., Mangiola A., et al. Sewing needles in the brain: Infanticide attempts or accidental insertion? // *Neurosurgery*. 2010. Vol. 67, N 4. P. E1170–1179. doi: 10.1227/NEU.0b013e3181edfbfb

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