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Spectrum of Fabricated Injuries Presenting in Lahore General Hospital, Lahore

Zubia Iqbal[1], Muhammad Asif[2*], Gul Maria[3], Khalid Mahmood[4], Anwar Khan[2] and Huda Asif[2]

[1]Department of Forensic Medicine, Postgraduate Medical Institute, Lahore, Pakistan
[2]Department of Forensic Medicine, Sialkot Medical College, Sialkot, Pakistan
[3]Department of Forensic Medicine, Islam Medical College, Sialkot, Pakistan
[4]Department of Forensic Medicine, Services Institute of Medical Sciences, Lahore, Pakistan

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***Corresponding Author:**
Muhammad Asif
Department of Forensic Medicine, Sialkot Medical College, Sialkot, Pakistan
drasif_hameed@hotmail.com

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ABSTRACT

Among the various types of injuries, fabricated injuries, those intentionally caused or exaggerated for personal gain, such as to facilitate insurance claims, commit criminal acts, or avoid legal consequences, present unique challenges in forensic analysis. **Objectives:** To identify, classify, and evaluate the various forms of fabricated injuries encountered in the forensic clinic of Lahore General Hospital, Lahore. **Methods:** A retrospective cross-sectional study was carried out at the Forensic Medicine and Toxicology Department of Lahore General Hospital, Lahore. Data were collected from medico-legal registers. The data included the number of individuals, age, sex, nature of injury and site of injury. From all medico-legal injuries, only fabricated injuries in individuals 18 years and above of both sexes were included in the study. SPSS version 25.0 was used for statistical analysis. **Results:** Male-dominated among all fabricated injuries across all age groups, comprising 83.63% (189/226) of total cases, while female made up 16.37% (37/226). The highest frequency of fabricated injuries was seen in the 21-25 years' age group (21.97% total). Most of the male had sharp weapon injuries 100/113 (88.5%), and the scalp was the site bearing the maximum fabricated injuries with 51.3%. Female had blunter weapon injuries than sharp weapon injuries. Missing teeth due to blunt weapon dominated among all blunt force injuries. **Conclusions:** A holistic strategy is necessary to address the issue of fabricated injuries, which involves enhancing examiner qualifications, establishing uniform procedures, and promoting prompt and accurate reporting.

INTRODUCTION

In forensic medicine, fabricated injuries pose a serious problem since they are wounds that are purposefully created or mimicked to deceive medical examiners, law enforcement, or court officials [1]. These injuries can be self-inflicted or caused by others at the self-request, frequently to avoid legal accountability, getting paid, or to hide maltreatment [2]. Identification and medicolegal evaluation of faked injuries becomes more difficult on account of their wide range, which includes superficial abrasions, incised wounds, contusions, lacerations, and even firearm injuries that resemble real trauma [3-5]. To avoid issues in the medical and forensic domains, it is crucial to accurately identify such injuries. Children are also prone to self-inflicted injuries. Children from large, single-parent households, poor socioeconomic level families, and families with less education were more susceptible to self-harm [6]. Clinically, faked injuries frequently have the following characteristics: regular shape, parallel or crossing patterns, position on easily accessible body areas, lack of defensive wounds, and garment damage. Sharp objects like knives, razors, glass fragments, or scissors may be used to cause these injuries, which usually avoid painful or sensitive locations [7]. In order to differentiate fake injuries from real ones, a

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thorough clinical examination, a thorough history-taking process, and confirmation with police and forensic reports are necessary. This distinction is essential for maintaining judicial correctness and avoiding the abuse of legal and medical resources [8]. The Lahore General Hospital, which is well-known in Pakistan for its forensic and scientific investigations, is crucial in identifying and handling fake injuries. The significant patient drift at the institution provides special information about the frequency and nature of those injuries. Self-inflicted injuries recorded in roughly 5.3% of total medico-legal cases at Lahore General Hospital represent a significant workload [9]. People with low socioeconomic status are more prone to self-inflicted injuries [10, 11]. According to demographic surveys, particularly young adult male exhibits a higher occurrence of both real and fake injuries; their heightened exposure to random events like violence and accidents or to incentives like avoiding punishment or winning over others is often linked to this vulnerability [12]. With its large patient base, Lahore General Hospital is a great place to look at the range of fake injuries. Prior research carried out at comparable facilities in Pakistan has revealed different trends in injury kinds and how they relate to demographic characteristics such as age, sex, and financial standing [9]. Even though the medico-legal field is becoming more aware of fabricated injuries, there is a dearth of thorough information and regional research on the demographic trends, causes, and clinical manifestations of fake injuries in Pakistan, especially at large public hospitals like Lahore General Hospital. The current study reflects more recent trends in the spectrum of fabricated injuries. There is a lack of region-specific insights because the majority of current research seeks to generalize findings or concentrate on populations from other countries, like the study conducted by Kumar *et al.* was in a different culture [12]. There is limited local data on the detailed patterns and characteristics of fabricated injuries in Pakistan, particularly from major hospitals like Lahore General Hospital. This gap restricts effective identification and management of such cases in forensic practice.

This study aimed to identify, classify, and evaluate the various forms of fabricated injuries encountered in the forensic clinic at General Hospital Lahore.

METHODS

A retrospective cross-sectional study was conducted at the Forensic Medicine and Toxicology Department of the Lahore General Hospital, Lahore. Both male and female aged 18 and above with fabricated injuries were included in the study. All other injuries and children were excluded from the study. 226 cases of fabricated injuries were recorded from the medicolegal registers for the year 2023, from 1st January, 2023 to 31st December , 2023. The study was approved by CPSP (CPSP/REU/FRM-2023-073-103). The minimum sample size calculated was 77 by following the formula: $n = (Z^2 \times P \times (1-P)) / d^2$. Where: n = required sample size, Z = Z-score corresponding to the desired confidence level (e.g., 1.96 for 95% confidence), p = estimated proportion of the attribute in the population (5.3%) [9]. d = desired margin of error (e.g., 0.05 for ± 5%). The Statistical Package for Social Sciences (SPSS) version 25.0 was used to analyze the data. Data included age, sex, types of injuries, weapon used and sites of injuries. A chi-square and t-test were done for statistical analysis. The following factors were taken into account when examining the traits of fabricated cases. They are usually incised but may be of any nature. They are superficial, parallel, and multiple of the same depth at the initiating and terminating points. They are seen on easily accessible non-vital parts of the body. Clothes are not cut, and if cut, it does not correspond with the nature of the wound. History is also inconsistent with injury [13].

RESULTS

The highest frequency of fabricated injuries was observed in the 21-25 years' age group (21.97% total), followed by the 18-20 years (18.83%) and 31-35 years (19.28%) groups. Male dominated the injury counts across all age groups, comprising 83.63% (189/226) of total cases, while female made up 16.37% (37/226). Female injury percentages tended to be higher in older age groups (e.g., 26-30, 31-35, 36-40) compared to younger groups, despite lower absolute counts. Out of all cases, 83.63% (189/226) were male. The age categories with the highest total counts were 21–25 (21.97%) and 18–20 (18.83%). Middle-aged groups had a larger percentage of female (26.47%) despite having fewer female overall. Younger individuals (18–40 years old) account for the majority of instances, Table 1.

Table 1: Age and Gender Distribution of Fabricated Injuries

Age Group (Years)	Male Count, n (%)	Female Count, n (%)	Total Count, n (%)
18-20	38 (20.1%)	3 (11.8%)	42 (18.8%)
21-25	45 (23.8%)	3 (11.8%)	49 (22%)
26-30	25 (13.2%)	4 (14.7%)	30 (13.4%)
31-35	36 (19.0%)	5 (20.6%)	43 (19.3%)
36-40	19 (10.0%)	6 (26.5%)	28 (12.6%)
41-45	8 (4.2%)	5 (17.6%)	14 (6.3%)
46-50	5 (2.6%)	3 (5.9%)	7 (3.1%)
51-55	7 (3.7%)	2 (2.9%)	8 (3.6%)
56-60	4 (2.1%)	3 (8.8%)	7 (3.1%)
61-65	1 (0.5%)	1 (2.9%)	2 (0.9%)
66-70	0 (0.0%)	1 (2.9%)	1 (0.4%)
71-75	1 (0.5%)	1 (2.9%)	2 (0.9%)
Total	189	37	226

113 people were hurt by sharp weapons overall. 88.5% of injuries are male (100/113). 11.5% of injuries are female

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(13/113). The most frequent site of damage (58 instances, 51.3% of sharp injuries) is the scalp. Other typical locations are the front of the chest (9), left arm (8), and left forearm anterior (15). The two most common injuries in women are to the left little finger (4) and the left forearm anterior (6), table 2.

Table 2: Injuries Caused by Sharp-Edge Weapons

Site	Nature of Wound	Male	Female	Total
Front of Chest	Skin Deep, Incised wound	9	0	9
Left Little Finger	Abraded Swelling	3	4	7
Left Forearm anterior	Skin Deep, Incised Wound	9	6	15
Left arm	Skin Deep, Incised Wound	8	0	8
Face	-	1	1	2
No external injury	-	1	0	1
Middle finger	-	3	0	3
Scalp	Skin Deep, Incised	56	2	58
Shoulder	-	3	0	3
Hand	-	5	0	5
Foot	-	2	0	2
Total	-	100	13	113

There were 113 blunt weapon injuries overall. Injuries to men: 78.8% (89/113). Injuries among women: 21.2% (24/113). The most frequent damage site, with 27 cases (21 men and 6 female), is no outward injury (missing teeth). Other frequently visited locations include the hand (22), right index finger (12), and right little finger (18). Compared to men, women experience more injuries to their middle fingers and hands, table 3.

Table 3: Injuries Caused by Blunt Weapon

Site	Nature of Wound	Female	Male	Total
Left Little Finger	Abraded Swelling	0	11	11
Right Little Finger	Mild Swelling	2	16	18
Right Index Finger	Abrasion	1	11	12
Face	-	2	8	10
No External Injury	Missing Teeth	6	21	27
Middle Finger	Swelling	3	1	4
Hand	-	8	14	22
Nose	Nasal Bone Fracture	2	7	9
Total	-	24	89	113

Critical value of chi-square at α=0.05 was approximately 19.675, while the calculated Chi-square was 24.96, which was bigger than the critical value, which means there was a statistically significant association between age group and sex. T-test results: Test 1: Sharp Weapon Injuries by Gender. t=1.64, p=0.116. No statistically significant difference in sharp weapon injury counts between male and female across body sites (p>0.05). Test 2: Blunt Weapon Injuries by Gender. t=3.46, p=0.0038. There was a statistically significant difference between male and female in blunt weapon injuries by site (p<0.01). Male have significantly blunter injuries than females.

DISCUSSION

The present study found a predominance of males in cases of fabricated injuries, affecting both sharp and blunt force trauma. Specifically, sharp weapon injuries showed a higher male proportion (88.5%) compared to blunt weapon injuries (78.8%).These findings align well with recent regional research, notably the comprehensive observational study by Hussain *et al.* in Sialkot, Pakistan, who reported that male constituted 75% of fabricated injury cases, with most incidents occurring in rural areas and predominantly in the evening or night. Hussain *et al.* also noted that blunt weapons accounted for 77% of injuries. Both studies consistently report that fabricated injuries commonly involve easily accessible body parts such as the upper limbs, head, nasal area, and fingers, which are typical target sites for self-infliction or fabrication [8]. Further corroborating the male predominance, a cross-sectional study conducted by Munir *et al.* at Sheikh Zayed Medical College, Rahim Yar Khan, showed that 72.1% of blunt and sharp force trauma cases were male, supporting the observed high prevalence of men in such injuries in our cohort [14].This male preponderance corresponds with global trends indicating greater male involvement in violent trauma. Notably, no stab or firearm wounds were recorded in our study. This contrasts with findings by Mock *et al.* who reported neck and abdomen as common sites for self-inflicted stab wounds [15], and Ali and Khan, who documented self-inflicted gunshot injuries [4]. This discrepancy may be due to regional, cultural, or reporting differences.Regarding age distribution, the current study confirms that fabricated injuries are more frequent in younger individuals, particularly those aged 18 to 40 years, which aligns with findings by Devassy and PS, who reported a higher frequency of intentionally self-caused injuries among younger populations [16].However, contrasting gender-related findings were observed in studies such as Peterson *et al.* who reported a female predominance in self-inflicted injuries, which differs from our results [17]. On the other hand, Oladunjoye *et al.* found a male predominance in self-inflicted injuries, consistent with our findings [18]. Site-specific patterns of injury in this study show a predominance of wounds on non-vital and easily accessible body parts, with the scalp being the most frequent site for sharp injuries, and the absence of external injuries (e.g., missing teeth) being common in blunt trauma. Nishimura *et al.* similarly reported that self-inflicted injuries commonly involve the abdomen, followed by limbs, with fewer on the chest, noting that older individuals tend to inflict injuries on the face more frequently [19]. While the pattern of accessible site targeting is consistent, our study diverges from others in fracture distribution: we observed

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a higher incidence of fractures of the right little finger and nasal bones in blunt trauma cases, whereas Singh et al. identified the tibia as the most commonly self-fractured bone in India [20].

CONCLUSIONS

It was concluded that the majority of fabricated injuries involved young adult males and were most commonly inflicted using sharp objects on accessible body parts, particularly the scalp. A statistically significant gender difference was observed in blunt trauma cases. These findings emphasize the need for enhanced forensic awareness and standardized assessment protocols to detect fabricated injuries early and ensure justice in medicolegal contexts.

Authors Contribution

Conceptualization: ZI
Methodology: ZI, AK
Formal analysis: MA
Writing review and editing: GM, KM, HA

All authors have read and agreed to the published version of the manuscript

Conflicts of Interest

All the authors declare no conflict of interest.

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REFERENCES

[1] Govi A, Fersini F, Etzold S, Tsokos M. Clinical Forensic Aspects of Self-Inflicted Neck Injuries. Forensic Science, Medicine and Pathology.2018 Jun; 14(2): 255-7. doi: 10.1007/s12024-018-9962-1.

[2] Chhabra HS, Kumar A, Kaur N. Self-Inflicted Injuries: Three Case Reports. Medico-Legal Journal. 2020 Dec; 88(4): 223-7. doi: 10.1177/0025817220935909.

[3] Kumar K, Sharma A, Singh JP, Basra S, Singh JP. Pattern of Fabricated Injuries in Medicolegal Assault Cases. National Journal of Physiology, Pharmacy and Pharmacology.2021; 11(9): 1022-6. doi: 10.5455/njppp .2022.11.07250202124072021.

[4] Ali K and Khan MK. Pattern of Fabricated Gunshot Wounds-A Hospital Based Cross-Sectional Study. IP International Journal of Forensic Medicine and Toxicological Sciences.2023;8(2):69-72.doi:10.182 31 /j.ijfmts.2023.014.

[5] Zbrueva YV, Bogomolov DV, Putintsev VA. A Case of Death as the Result of Firing from Self-Made Firearms. Systematic Reviews in Pharmacy.2020 Apr; 11(4). doi: 10.31838/srp.2020.4.02.

[6] Manzoor S, Husain U, Jawaad IM, Zafar D, Iqbal Z, Yasmin N. Self-Inflicted Injuries Among Young Age Group in Lahore, Pakistan. Pakistan Journal of Medical Health Science.2022 Aug; 16: 389-91. doi: 10. 53350/pjmhs22167389.

[7] Tripathi SK, Choudhary R, Singh RR, Yadav PK. Systemic Assessment of Fabricated Injury in Sexual Assault Cases: A Narrative Review. Journal of Clinical and Diagnostic Research.2023May;17(5).doi:10.786 0/JCDR/2023/62489.17942.

[8] Hussain S, Mughal J, Malik F, Shamim Z, Zahid S. Paradigmand Pattern of Fabricated Injuries in the Sialkot (2018-2019). In Medical Forum Monthly.2020. 31(12).

[9] Zarif P, Faraz MA, Ijaz M, Gul F, Gondal AR, Bandesha FN. Frequency and Pattern of Medicolegal Cases at Lahore General Hospital: Implications for the Legal and Medical System. Pakistan Journal of Medical and Health Sciences. 2023Sep;17(06):279-.doi:10.533 50/pjmhs2023176279.

[10] Liu L, Pollock NJ, Contreras G, Xu Y, Thompson W. Self-harm Hospitalizations and Neighbourhood Level Material and Social Deprivation in Canada: An Ecological Study. BMC Psychiatry. 2024 Nov; 24(1): 859. doi: 10.1186/s12888-024-06316-8.

[11] Park H, In S, Hur JW. Association of Socioeconomic Status with Nonsuicidal Self-Injury and Suicidal Ideation in Young Korean Adults. International Journal of Social Psychiatry.2022 Aug; 68(5): 1127-34. doi: 10.1177/00207640221104691.

[12] Kumar K, Kaul M, Mittal DR, Tyagi S, Pawar CK, Kumar A *et al.* A Study to Determine Various Parameters of an Alleged Fabricated Injury. International Organization of Scientific Research Journal of Dental and Medical Sciences.2017; 16: 55-65. doi: 10.9790 /0853-1604045565.

[13] Reddy DK. The Essentials of Forensic Medicine and Toxicology. 2019 Jul.

[14] Munir U, Kamran QUA, Akhter N, Irshad N, Aslam N, Aslam N *et al.* Blunt and Sharp Weapon Dynamics in Homicidal Fatal Trauma Forensics: Insights from the Mortuary of Sheikh Zayed Medical College, Rahim Yar Khan.Journal of Population Therapeutics and Clinical Pharmacology.2024;31(5):2171-2177.doi:10.53555 /v7gz1q79.

[15] Mock K, McNickle AG, Flores CE, Radow B, Velez K, Kuhls DA *et al.* Are Self-Inflicted Stab Wounds Less Severe Than Assaults? Analysis of Injury and Severity by Intent. Journal of Surgical Research.2021May; 261: 33-8. doi: 10.1016/j.jss.2020.12.012.

[16] Devassy S and PS V. A Cross-Sectional Study of the Pattern of Cases of Deliberate Self-Harm in a Tertiary

DOI: https://doi.org/10.54393/pjhs.v6i6.2666

Care Hospital. Indian Journal of Forensic Medicine and Toxicology. 2020 Jul; 14(3).

[17] Peterson C, Xu L, Leemis RW, Stone DM, Ballesteros MF. Non-Fatal Self-Inflicted Versus Undetermined Intent Injuries: Patient Characteristics and Incidence of Subsequent Self-Inflicted Injuries. Injury Prevention.2019 Dec; 25(6): 521-8. doi: 10.1136/ injury-prev-2018-042933.

[18] Oladunjoye AO, Oladunjoye OO, Ayeni OA, Olubiyi O, Fuchs A, Gurski J *et al*. Seasonal Trends in Hospitalization of Attempted Suicide and Self-Inflicted Injury in United States Adults. Cureus.2020 Oct; 12(10). doi: 10.7759/cureus.10830.

[19] Nishimura T, Naito H, Nakao A, Nakayama S. Characteristics of Self-Inflicted Injury Among Suicidal Patients: Analysis of Nation-Wide Trauma Registry. Trauma Surgery and Acute Care Open.2021 Apr; 6(1). doi: 10.1136/tsaco-2021-000694.

[20] Singh R, Kumar A, Chhabra HS, Joshi R, Pramod K. Forensic Analysis of Fabricated Long Bone Fractures for Gain. Medico-Legal Journal.2025 Mar;93(1_ suppl) : 28-30. doi: 10.1177/00258172231178424.