CASE REPORT

IJETV Vol. 12, Issue 1, 2026 Print ISSN: 2394–6822 Online ISSN: 2395–4272

Bullet Beyond Borders: When Patterns of Violence Transcend Boundaries – The Rayalaseema Phenomenon in Western U.P

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Abstract

Introduction: Fabricated firearm injuries are intentionally created wounds that are made to look like gunshot injuries. They are usually superficial, occur on easily reachable parts of the body, and are produced to support a false story or mislead a medicolegal investigation.

Case report: An adult male presented to the emergency department of a tertiary care hospital with an injury over the chest. According to the history provided, he alleged that the injury had been caused by a firearm projectile fired by a known individual. However, upon detailed clinical, radiological, and medicolegal evaluation, the injury was found to be artificially created and consistent with a fabricated firearm wound.

Conclusion: In the present case, it was concluded that the injury over the chest of the patient was an artificially created fabricated wound. The method used for fabrication was similar to the pattern historically described in the Rayalaseema region of Andhra Pradesh, where such fabricated firearm injuries have been reported more commonly in medicolegal practice.

Keywords: Fabricated, Firearm, Medicolegal, Rayalaseema.

Int J Eth Trauma Victimology (2026). DOI: 10.18099/ijetv.v12i01.08

Introduction

A fabricated firearm injury refers to a self-inflicted superficial gunshot wound that has been intentionally created by a person on his own body or occasionally caused by another person acting in agreement with him to give the impression that the person has been shot or injured by a firearm, by some alleged individuals.[1] These injuries are usually produced to support a false allegation of assault or to make a fabricated incident appear genuine. The severity of the injury is generally limited to the amount considered necessary to substantiate the claimed event. Fabricated wounds are commonly superficial and often occur as multiple injuries over easily accessible and non-vital parts of the body. They are most frequently seen on the front of the body, although they may also be present on areas of the back that can be easily reached by the individual, as well as on the scalp. The pattern and direction of the wounds often depend on the accessibility of the site. For example, injuries on the upper limbs may run downward and inward, whereas those on the abdomen may appear as multiple superficial cuts arranged in oblique, vertical, or criss-cross patterns. Incised wounds are the most common type; however, puncture wounds and other forms of injury may also be deliberately inflicted. When another person assists in producing the injuries, the wounds may be found on any part of the body.[2-5]

A significant indicator is the lack of fight or defence injuries. There can be discrepancies between the patient's account of the incident and the clothes damage or injury pattern. It is also important to take into account the presence of past attempts with similar old injuries. The majority of these injuries involve adolescent boys, with the upper limbs being the most common targets, according to a profile of these types of injuries.[6,7]

Rayalaseema phenomenon is a type of fabricated firearm injury in which a bullet or pellet is intentionally placed into an existing stab or cut wound to make it appear as if the person has been shot. This method is employed to create false medicolegal evidence and mislead law enforcement authorities. The term derives from its historical association with cases reported from the Rayalaseema region of Andhra Pradesh, India.[8]

Case Report

A well-built 24-year-old male presented to the Emergency Department of Jawaharlal Nehru Medical College and Hospital, AMU, during the evening hours, accompanied by his friends. On arrival, he alleged that he had sustained a firearm injury approximately one hour prior to presentation

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How to cite this article: JayaPrakash S, Ali K, Haque MA. Bullet Beyond Borders: When Patterns of Violence Transcend Boundaries – The Rayalaseema Phenomenon in Western U.P. Int J Eth Trauma Victimology. 2025;12(1):42-44.

Source of support: Nil

Conflict of interest: None

Received: 16/06/2026; **Received in revised form:** 26/06/2026;
Accepted: 28/06/2026; **Published:** 28/07/2026;

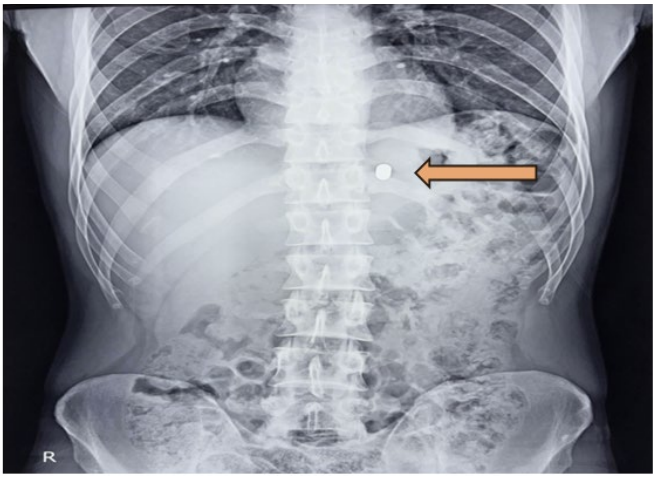
Figure 1: Injury present over the chest with visible foreign body

during a physical assault. He appeared conscious, oriented, and hemodynamically stable. According to the history provided by the patient, he was having tea at a shop near his residence when a group of 4–5 individuals approached him. Among them was a person known to him with whom he had an ongoing monetary dispute. The verbal altercation reportedly escalated into a physical confrontation, during which the known individual allegedly became enraged and took a firearm and fired at him and left from there immediately. The patient was subsequently brought to the hospital by nearby bystanders.

On examination, a circular lacerated wound measuring approximately 2 × 1 cm with cavity depth was present over the chest, situated about 15 cm above the umbilicus and 2 cm to the left of the midline with a foreign body visible in it (Fig. 1). No evidence of burning, blackening, tattooing, or singeing of hair was noted around the wound margins. The white T-shirt reportedly worn by the patient at the time of the alleged incident was completely intact and clean, without any perforation, tearing, scorching, or other characteristic features of firearm discharge (Fig. 2).

The patient underwent detailed clinical, radiological (Fig. 3), and medicolegal evaluation. Imaging studies demonstrated the presence of a fired bullet lodged within the wound tract. Subsequently, the patient was subjected to a brief, minor surgical intervention under appropriate anaesthesia for the retrieval of the retained foreign body (Fig. 4), which was

Figure 2: The T-Shirt worn by the patient is intact



ure 3: X-ray Abdomen AP view of the patient suggestive of metallic density foreign body

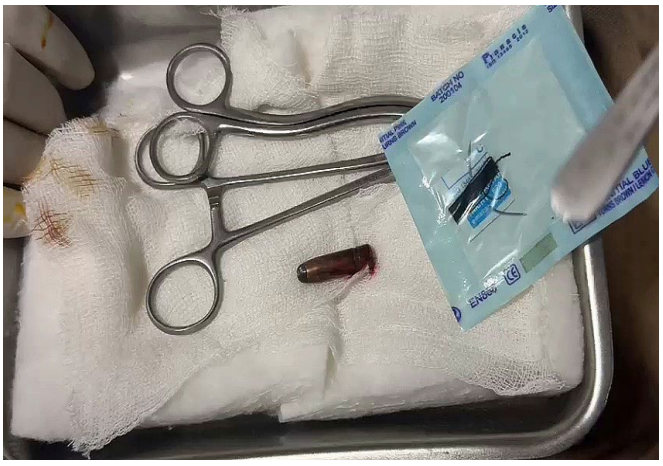


Figure 4: The retrieved foreign body from the wound

preserved and handed over to the investigating authorities. However, careful correlation of the clinical findings with the alleged history revealed multiple inconsistencies. Further interrogation and detailed investigation disclosed that the injury had been deliberately fabricated. The patient had initially applied an ice pack over the chest region for approximately 20 minutes to induce temporary local anaesthesia and minimize pain sensation. Subsequently, with the assistance of one of his friends, a penetrating stab injury was intentionally created using a sharp metallic rod. Thereafter, a previously fired bullet was manually implanted into the wound tract in an attempt to simulate a genuine firearm injury and falsely implicate the alleged assailantConclusion

This case demonstrates the crucial role of a detailed forensic examination in detecting fabricated injuries. Deliberately inserting a bullet into a stab wound is a method used to create the false impression of a firearm injury. Such deceptive practices can be identified by forensic experts through the absence of characteristic firearm injury features,

such as blackening, tattooing, burning, or other ballistic signs, along with discrepancies between the wound characteristics and the alleged history. A correct forensic interpretation is essential to ensure that misleading claims do not result in wrongful accusations. Therefore, a meticulous medicolegal investigation remains indispensable for establishing the true nature of an injury and ensuring the fair administration of justice.

Consent

Written informed consent was obtained from the patient for publication of clinical details and images.

Ethical approval

Ethical principles were followed in accordance with institutional guidelines.

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