



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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FINAL AUTOPSY REPORT

Name: HUSSEIN, Hyder Abdul
ISN: (b)(6)
Date of Birth: Unknown
Date of Death: (b)(6) 2008
Date of Autopsy: 22 MAR 2008, 0900 hours
Date of Report: 30 APR 2008

Autopsy No. (b)(6)
AFIP No. (b)(6)
Rank: Civilian Iraqi Detainee
Place of Death: Camp Bucca, Iraq
Place of Autopsy: Dover Mortuary Facility,
Dover AFB, DE

Circumstances of Death:

(b)(6) an Iraq civilian detainee of unknown age has a well documented history of and treatment for Dilated Cardiomyopathy during two prior admissions in January and February of 2008. He was admitted to the Theater Internment Facility (TIF) hospital, Camp Bucca, Iraq, on (b)(6) 2008 with a complaint of "not feeling well". Over the following four days, (b)(6) suffered cardiac arrest twice. On (b)(6) 08, he suffered a third cardiac arrest and could not be resuscitated. No additional pertinent information is available.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification:

(b)(6) was identified by toe tags and his TIF number. Fingerprints, dental charting and sample for DNA identification are obtained.

CAUSE OF DEATH:

Dilated Cardiomyopathy

MANNER OF DEATH:

Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, White male 73 inches tall, 287 pounds and appears of middle age (unknown date of birth). The body build is obese with Body Mass Index of 37.9, (18.5-24.9 is normal; 25-29.9 is over weight and 30.0 and above is considered obese). Lividity is consistent with supine position, rigor is equally present in all extremities, and the body temperature is that of the refrigeration unit.

The scalp and facial hair, beard and mustache, are black. The irides are brown, and the pupils are round and equal in diameter. The corneas are dull and the sclerae are unremarkable. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear unremarkable. The tongue reveals no evidence of trauma or bite marks.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is markedly protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The right buttock reveals decubitus ulceration right of the midline and an incised and drained abscess more laterally. The anus is unremarkable.

The upper and lower extremities are symmetric; reveal marked edema and no clubbing. No evidence of trauma is present on examination or dissection of the extremities. The chest and abdomen reveal remarkable stretch marks. A tattoo (b)(6)
(b)(6) A large remote healed longitudinal surgical scar is noted on the left upper chest close to the anterior axillary line. No other identifying marks are noted.

CLOTHING AND PERSONAL EFFECTS

The body was received un-clad. A silver-colored ring is noted in the left middle finger. The ring is removed, photographed and submitted to the mortuary staff for proper disposition.

MEDICAL INTERVENTION

Evidence of medical intervention: Endotracheal tube; Naso-gastric tube; EKG pads; Multiple intravenous access lines and a urinary catheter.

RADIOGRAPHS

Full body radiographs and a CT-scan are obtained and demonstrate remote internal fixation of distal left forearm. No recent skeletal fractures are noted.

EVIDENCE OF INJURY

None recovered.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are edematous and free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. The surface vessels reveal marked congestion. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact tan mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The chest cavities reveal bilateral pleural effusion of clear straw-colored fluid; 300 cc in the left and 200 cc in the right. The pericardial sac contains 200 cc of clear straw-colored fluid, and the peritoneal cavity contains effusion fluid, approximately 300 cc. The heart appears grossly enlarged and the major organs occupy their usual anatomic positions. The abdominal wall adipose tissue measures 2" in thickness.

RESPIRATORY SYSTEM:

The right and left lungs are markedly heavy and weigh 1220 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and markedly edematous, oozing frothy fluid. Two dark red well-demarcated areas are noted in the base of the lower lobe of the right lung and the apex of the lower lobe of the left lung, measuring 3 ½ x 2 ½ x 2" and 2 x 2 x 1 ½" respectively. Sections through these areas reveal firm dark red parenchyma, with gross appearance of pulmonary infarction. The lungs are photographed for documentation. The pulmonary vessels are normally positioned and are grossly free of thrombo-emboli.

CARDIOVASCULAR SYSTEM:

The heart is markedly enlarged, weighs 790 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with increased fat investment. The coronary arteries are present in a normal distribution. Cross sections of the coronary vessels reveal no significant atherosclerotic changes. The myocardium is homogenous, red-brown, and soft. The cardiac chambers are dilated. The valve leaflets are thin and mobile except for a thickened and slightly shortened mitral valve. The tricuspid, pulmonary, mitral and aortic valves measure 13, 8, 11 and 7 cm, respectively. The mitral valve is retained for further examination. The walls of the left and right ventricles and

the interventricular septum are 18, 5 and 18 mm. respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 3100 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma reveals a nutmeg appearance consistent with congestive heart failure, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder wall is slightly thickened and contains dark green bile. A gall stone measuring 1 cm in diameter and multiple minute gall stones are noted in the lumen, photographed and retained. The extrahepatic biliary tree is grossly patent.

SPLEEN:

The 780 gm spleen is enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. The major lymph nodes encountered during examination are not enlarged and are unremarkable.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 270 gm and 240 grams, respectively. The external surfaces are intact, smooth with mild persistent lobulation. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains a small amount of clear yellow urine with a urinary catheter in place. Urine is submitted for toxicology. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. Bilateral hydroceles are noted.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains a small amount of dark green fluid. The gastric wall is intact. The duodenum, loops of small and large intestines slightly edematous but otherwise are unremarkable.

MUSCLES & SKELETAL SYSTEM:

Grossly unremarkable with no significant pathological changes. No evidence of recent skeletal trauma is noted during examination or radiologically.

TOXICOLOGY

- Carbon Monoxide: Carboxyhemoglobin saturation less than 1%.
- Volatiles (Blood and Urine): No ethanol was detected.
- Cyanide: No cyanide detected.
- Screened drugs of abuse and medications (Blood):
 - Positive Benzodiazepine (Midazolam); detected and confirmed.
 - Positive Benzodiazepine (1-Hydroxymidazolam), detected and confirmed.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME photographer.
2. Full body radiographs and CT-scan are obtained.
3. Examination, with skin incisions, of the extremities and back to rule out trauma.
4. Specimens retained for toxicological and/or DNA identification are: blood, vitreous, bile, urine, gastric contents and tissue samples of heart, kidney, liver, lung, spleen, brain, adipose tissue, and muscle.
5. Representative sections of organs are retained in formalin for microscopic examination.
6. Personal effects, a silver-colored ring, is photographed and released to the mortuary staff for proper disposition.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Histological slides are as follows:

- 1-4: Heart: Focal subendocardial scarring; Prominent perivascular fibrosis; Focal hypertrophic myocytes; Recent septal myocardial infarction with contraction bands and acute inflammatory cell infiltrate.
- 5: Mitral valve: thickened mitral valve with fibrosis and hyalinization.
- 6-9, 11: Lungs: Large areas of parenchymal infarctions; increased number intra-alveolar hemosidren and anthracotic pigment-laden macrophages; pulmonary congestion and edema. No evidence of pneumonia.
- 10: Kidney: Focal areas of acute tubular necrosis.
- 12: Adrenal glands: Unremarkable.
- 13: Spleen: Congestion, focal infarction.
- 14-16: Brain: Unremarkable.
- 1-16: Postmortem autolysis

FINAL AUTOPSY DIAGNOSIS

A. Cardiovascular System:

- Cardiomegaly (Cardio Bovus). 790 grams
- Four chamber dilatation consistent with dilated cardiomyopathy.
- Congestive Heart Failure:
 - Bilateral hemothoraces, pericardial and peritoneal effusions.
 - Pulmonary edema, right 1,220 grams and left 830 grams.
 - Hepatomegaly with nutmeg appearance.
 - Bilateral pulmonary infarctions.
 - Generalized edema.
 - Bilateral hydroceles.
- Focal subendocardial and perivascular fibrosis.
- Thickened (fibrosed and hyalinized) mitral valve, unknown etiology.

B. Other Findings:

- Obesity, BMI 37.9 (normal 18.5-24.9, overweight 25.0-29.9, obese 30.0 and above)
- Pulmonary infarction.
- Acute tubular necrosis of kidney.
- Chronic cholecystitis and cholelithiasis.
- Right gluteal abscess, evidence of recent incision and drainage.
- Passive congestion of liver, spleen and kidneys.
- Early signs of developing decubitus ulceration.

C. Injuries

- No evidence of blunt force, sharp force or firearm injuries.

D. Toxicology:

- No evidence of ethanol or drugs of abuse.
- Positive for Benzodiazepine and its metabolites.

OPINION

(b)(6) a civilian Iraqi detainee of unknown age, died from cardiac disease (Dilated Cardiomyopathy, cardiomegaly and congestive heart failure). No evidence of trauma is noted during autopsy. Toxicological results are negative for ethanol and drugs of abuse and positive for Benzodiazepine and its metabolites (consistent with documented medical treatment), and is non-contributory to autopsy conclusions. Manner of death is natural.

(b)(6)

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Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)								
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Hussein, Hyder, Abdul			GRADE Grade 		BRANCH OF SERVICE Arme Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
ORGANIZATION Organisation 			NATION (e.g. United States) Pays Iraq		DATE OF BIRTH Date de naissance 		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique <input type="checkbox"/> NEGROID Nègre <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		MARITAL STATUS Etat Civil <input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> DIVORCED Divorcé <input type="checkbox"/> SEPARATED Séparé		RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> JEWISH Juif		OTHER (Specify) Autre (Spécifier) <input checked="" type="checkbox"/>
NAME OF NEXT OF KIN Nom du plus proche parent 				RELATIONSHIP TO DECEASED Parenté du décédé avec le sus 				
STREET ADDRESS Domicile à (Rue) 				CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris) 				
MEDICAL STATEMENT Déclaration médicale								
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)						INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.				Cardiomyopathy				
ANTECEDENT CAUSES Symptômes précurseurs de la mort.		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire						
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire						
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives								
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort associées par des causes extérieures		
<input checked="" type="checkbox"/> NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie 						
<input type="checkbox"/> ACCIDENT Mort accidentelle								
<input type="checkbox"/> SUICIDE Suicide								
<input type="checkbox"/> HOMICIDE Homicide		NAME OF PATHOLOGIST Nom du pathologiste (b)(6)						
		DATE Date 22 March 2008				AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		
DATE OF DEATH (day, m) Date du décès (le jour, le)		Camp Bucca Iraq						
(b)(6) 2008 1937								
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.								
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)				TITLE OR DEGREE Titre ou diplôme Medical Examiner				
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE						
DATE Date 3/24/2008		(b)(6)						

DD FORM 1 APR 77 2064

REPLACES DA FORM 1363, 1 JAN 73 AND DA FORM 1363-R(PAS), 26 SEP 73, WHICH ARE OBSOLETE.

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