



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**AUTOPSY EXAMINATION REPORT**

|                                     |   |
|-------------------------------------|---|
| Name: Sweidan, Adnan Mukhlef Swedan | Autopsy No.: (b)(6)   |
| ISN: (b)(6)                         | AFIP No.: (b)(6)  |
| Date of Birth: Unknown              | Rank: Not Applicable  |
| Date of Death: (b)(6) 2005          | Place of Death: Theater Internment Facility,<br>Camp Bucca, Iraq    |
| Date of Autopsy: 22 MAY 2005        | Place of Autopsy: Port Mortuary,<br>Dover Air Force Base, Dover, DE |
| Date of Report: 14 JUL 2005         |   |

**Circumstances of Death:** This Iraqi detainee presented with difficulty breathing 6 weeks after a sub-total thyroidectomy.

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

**Identification:** Identification made through the use of his assigned Internment Serial Number.

**CAUSE OF DEATH:** Complications of Thyroid Surgery

**MANNER OF DEATH:** Accident

**FINAL AUTOPSY DIAGNOSES:**

- I. Complications of thyroid surgery**
  - A. Status post left hemithyroidectomy**
  - B. Retained foreign body within the surgical site**
  - C. Penetration of the trachea**
  - D. Occlusion of the trachea from portion of retained foreign body**
  
- II. Evidence of medical intervention present, including needle puncture marks in both ante-cubital fossae, gauze bandage around the left ante-cubital fossa, and a ¼" incision on the anterior midline of the neck.**
  
- III. Mild postmortem changes present**
  
- IV. Toxicology tests for alcohol and screened drugs of abuse and medications are negative**

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 68 inch tall, 141 pounds dark-skinned, Caucasoid male whose appearance is consistent with the reported age range of 30 to 40 years. Lividity is present and fixed on the posterior aspects of the body. Rigor is not present. The body is cold.

The scalp is covered with brown, straight hair of medium length in a normal distribution. The irides are brown, the corneae are hazy, the sclerae are white, and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are unremarkable. Blood is present in the external nares and oral cavity. The lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight and the trachea is midline and mobile; an anterior midline 1/4" incision exudes pus when manipulated and an anterior midline 2-1/2" healed scar is below this incision. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

### CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Green and blood-soaked towel wrapped around the waist

### MEDICAL INTERVENTION

- Gauze bandage wrapped around the left arm
- Needle puncture marks in the right and left ante-cubital fossae
- 1/4" incision of the anterior midline of the neck

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no significant injuries.

### EVIDENCE OF INJURY

No significant traumatic injury is identified in the external and internal examinations.

### INTERNAL EXAMINATION

#### HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1640 gm brain, which has unremarkable gyri and sulci. 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, with mild edema of the strap muscles of the left side. The left lobe of the thyroid is absent and a blood-soaked surgical gauze is present in the area previously occupied by the thyroid lobe. The gauze penetrates into the lumen of the trachea through a 1.5 cm in diameter fistula involving the left lateral aspect of the cricoid cartilage. The gauze occludes the airway. The right thyroid lobe is present and unremarkable. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

#### BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

#### RESPIRATORY SYSTEM:

The right and left lungs weigh 610 and 590 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

#### CARDIOVASCULAR SYSTEM:

The 350 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.4-cm thick, 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 1510 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. On sectioning, there is a 2 cm in diameter smooth-walled cyst with thin, cloudy fluid. The

gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 190 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**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 90 and 100 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary 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 approximately 10 cc of clear urine. 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.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 250 ml of mixed solids and fluids. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff.
2. Trace evidence and foreign material are collected and given to investigating authorities.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, bile, brain, lung, liver, spleen, kidney, adipose, psoas, and gastric contents.
4. The dissected organs are forwarded with body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: scars on the anterior midline of the neck, left shoulder blade (3), and left arm; hyperpigmentation of the left side of the chest; and hypopigmentation of the palm of the left hand.

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, without preparation of histologic slides.

**OPINION**

This Iraqi detainee (b)(6) died of complications from thyroid surgery. He developed hyperthyroidism from a goiter and had a partial thyroidectomy for treatment. A retained surgical sponge penetrated into the lumen of the trachea preventing adequate air exchange and leading to asphyxia. Toxicology tests for alcohol and screened drugs of abuse and medications are negative. The manner of death is accident.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

| CERTIFICATE OF DEATH (OVERSEAS)<br>Acte de décès (D'Outre-Mer)   |  |  |   |
|--|--|--|---|
| NAME OF DECEASED (Last, First, Middle)<br>Nom du décédé (Nom et prénoms)<br><b>BTB Sweidan, Al Habosi,</b>   |  | GRADE<br>Grade<br><b></b>  | BRANCH OF SERVICE<br>Arme<br><b>Civilian</b>  |
| ORGANIZATION<br>Organisation<br><b></b>  |  | NATION (e.g. United States)<br>Pays<br><b>Iraq</b>                               | SOCIAL SECURITY NUMBER<br>Numéro de l'Assurance Social<br><b>(b)(6)</b>   |
|  |  | DATE OF BIRTH<br>Date de naissance<br><b></b>                                    | SEX<br>Sexe<br><input checked="" type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE                              |
| RACE<br>Race   |  | MARRITAL STATUS<br>État Civil  |   |
| CAUCASOID<br>Caucasique  |  | SINGLE<br>Célibataire  |   |
| NEGROID<br>Négre   |  | MARRIED<br>Marié   |   |
| <input checked="" type="checkbox"/> OTHER (Specify)<br>Autre (Spécifier)   |  | WIDOWED<br>Veuf  |   |
|  |  | DIVORCED<br>Divorcé  |   |
|  |  | SEPARATED<br>Séparé  |   |
|  |  | PROTESTANT<br>Protestant   |   |
|  |  | CATHOLIC<br>Catholique   |   |
|  |  | JEWISH<br>Juif   |   |
| NAME OF NEXT OF KIN<br>Nom du plus proche parent   |  | RELATIONSHIP TO DECEASED<br>Parenté du décédé avec le sus                        |   |
| STREET ADDRESS<br>Domicile à (Rue)   |  | CITY OR TOWN OR STATE (Include ZIP Code)<br>Ville (Code postal compris)          |   |
| MEDICAL STATEMENT<br>Déclaration médicale  |  |  |   |
| CAUSE OF DEATH (Enter only one cause per line)<br>Cause du décès (N'indiquer qu'une cause par ligne)   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>Intervalle entre l'attaque et le décès  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>Maladie ou condition directement responsable de la mort.   |  | Complications from surgery   | Days  |
| ANTECEDENT CAUSES<br>Symptômes précurseurs de la mort  | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE<br>Condition morbide, s'il y a lieu, menant à la cause primaire     |  |   |
|  | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE<br>Condition morbide, s'il y a lieu, menant à la cause primaire |  |   |
| OTHER SIGNIFICANT CONDITIONS<br>Autres conditions significatives   |  |  |   |
| MODE OF DEATH<br>Condition de décès  | AUTOPSY PERFORMED<br>Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non    |  | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES<br>Circonstances de la mort suscitées par des causes extérieures |
| NATURAL<br>Mort naturelle  | MAJOR FINDINGS OF AUTOPSY<br>Conclusions principales de l'autopsie   |  |   |
| <input checked="" type="checkbox"/> ACCIDENT<br>Mort accidentelle  | NAME OF PATHOLOGIST<br>Nom du pathologiste   |  |   |
| <input type="checkbox"/> SUICIDE<br>Suicide  | (b)(6)   |  | AVIATION ACCIDENT<br>Accident à l'Avion<br><input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non  |
| <input type="checkbox"/> HOMICIDE<br>Homicide  | (b)(6)   |  | DATE<br>Date<br><b>22 May 2005</b>  |
| DATE OF DEATH (Hour, day, month, year)<br>Date du décès (l'heure, le jour, le mois, l'année)<br><b>(b)(6) 2005</b>   | PLACE OF DEATH<br>Lieu de décès<br><b>Iraq</b>   |  |   |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.<br>J'ai examiné les restes mortels du défunt et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.  |  |  |   |
| NAME OF MEDICAL OFFICER<br>Nom du médecin militaire ou du médecin sanitaire<br><b>(b)(6)</b>   |  | TITLE OR DEGREE<br>Titre ou diplôme<br><b>Armed Forces Medical Examiner</b>      |   |
| GRADE<br>Grade<br><b>(b)(6)</b>  |  | INSTALLATION OR ADDRESS<br>Installation ou adresse<br><b>Dover AFB, Dover DE</b> |   |
| DATE<br>Date<br><b>04 OCT 05</b>   |  | <b>(b)(6)</b>  |   |
| <small>1 State disease, injury or complication which caused death<br/>2 State conditions contributing to the death, but not fatal<br/>3 Préciser la nature de la maladie, de la blessure ou de l'accident qui a contribué à la mort, mais n'est pas la cause, etc.</small> |  |  |   |

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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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| DISPOSITION OF REMAINS              |                                   |                          |       |
|-------------------------------------|-----------------------------------|--------------------------|-------|
| NAME OF MORTICIAN PREPARING REMAINS | GRADE                             | LICENSE NUMBER AND STATE | OTHER |
| INSTALLATION OR ADDRESS             | DATE                              | SIGNATURE                |       |
| NAME OF CEMETERY OR CREMATORY       | LOCATION OF CEMETERY OR CREMATORY |                          |       |
| TYPE OF DISPOSITION                 |                                   | DATE OF DISPOSITION      |       |
| REGISTRATION OF VITAL STATISTICS    |                                   |                          |       |
| REGISTRY (Town and Country)         | DATE REGISTERED                   | FILE NUMBER              |       |
|                                     |                                   | STATE                    | OTHER |
| NAME OF FUNERAL DIRECTOR            | ADDRESS                           |                          |       |
| SIGNATURE OF AUTHORIZED INDIVIDUAL  |                                   |                          |       |

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