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

Name: (b)(6)-4 Autopsy No.: AFME 03-349B
PW Number: (b)(6)-4
Date of Birth: 01 January 1977
Date/Time of Death: 12 July 2003/0515
Place of Death: EPW Camp, Baghdad International Airport, Baghdad, Iraq
Date/Time of Autopsy: 13 July 2003/1300
Place of Autopsy: Mortuary, Baghdad International Airport, Baghdad, Iraq

Circumstances of Death: The decedent was a 26 year-old Iraq detainee who was arrested upon suspicion of possession of a pipe bomb on 10 July 2003. He was brought to the detention center on the Baghdad International Airport Compound on 11 July 2003. He reportedly had a long history of pulmonary tuberculosis and was evaluated by a US military physician upon arrival and provided treatment. On 12 July 2003 at approximately 0500, he was found in the detention center with a profuse amount of blood emerging from the nose and mouth. Resuscitative efforts were to no avail and death was pronounced at approximately 0515 on 12 July 2003.

Authorization for Autopsy: Regional Armed Forces Medical Examiner

Identification: PW Bracelet and Tags

CLINICAL DIAGNOSES:

1. Hemoptysis
2. Death in Custody

PATHOLOGIC DIAGNOSES:

A. RESPIRATORY SYSTEM:
   1. Hemoptysis secondary to Pulmonary Tuberculosis
      a. Cavitary Lesion of Left Lung
      b. Multiple Caseating Granulomata- Left Lung
      c. Blood Within Tracheobronchial Tree
      d. Focal Consolidation- Bilateral Lungs
      e. Bilateral Pleural Adhesions

B. CARDIOVASCULAR SYSTEM
   1. Pericardial Effusion- 30 cc.

C. GENITOURINARY SYSTEM
1. Absent Right Testicle

D. NO EVIDENCE OF SIGNIFICANT TRAUMA

CAUSE OF DEATH: MASSIVE HEMOPTYSIS DUE TO CAVITARY PULMONARY TUBERCULOSIS

MANNER OF DEATH: NATURAL

EXTERNAL EXAMINATION

An autopsy was performed on the body of (b)(6)-4 at the Baghdad International airport compound morgue, Baghdad Iraq, on the 13th day of July, 2003. The body was that of a well-developed, thin, Caucasoid male fully clad in gray pants and a tan shirt. The body was cold. Rigor was present to an equal degree in all extremities. Lividity was present and fixed on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was back and straight. Facial hair consisted of a beard. The irides were brown. The corneae were clear. The conjunctivae were unremarkable without petechiae. The sclerae were white. The external auditory canals were free of foreign material and abnormal secretions. Blood emerged from the external nares and oral cavity. The nasal skeleton was palpably intact. The lips were without evident injury. The teeth were natural and in poor condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was scaphoid. No healed surgical scars were noted. The extremities showed no evidence of fractures, lacerations or deformities. The fingernails were intact. No tattoos or needle tracks were observed. The external genitalia were those of a normal adult male. The posterior torso was without note. No evidence of medical therapy was noted.

EVIDENCE OF INJURY:
There is no evidence of significant recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:
The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. Extensive adhesions were noted within the hemithoraces bilaterally. Fluid was present within the pericardial sac as noted below. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was ½ inch thick. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (Central Nervous System)
The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage present. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels were intact. Coronal sections through the cerebral hemispheres revealed no lesions. Transverse sections through the brain stem and cerebellum were unremarkable. The brain weighed 1800 grams.

NECK:
A separate layerwise dissection of the neck was performed. Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

CARDIOVASCULAR SYSTEM:
The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of adhesions. 30 cc of clear green fluid was present in the pericardial sac. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable; the atrial and ventricular septa were intact. The heart weighed 250 grams. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and its major tributaries returned to the heart in the usual distribution and were free of thrombi.

RESPIRATORY SYSTEM:
The upper airway was clear of debris. Blood was noted within the tracheobronchial tree, but the mucosal surfaces were otherwise smooth and unremarkable. As noted above, extensive adhesions were present in the hemithoraces bilaterally. The right lung weighed 500 grams and was red-purple. No discrete lesions were noted. The left lung also weighed 500 grams. The lower lobe contained a 6 cm cavity with surrounding white, caseating nodules ranging in size from 2-5 mm. The left upper lobe contained a similar 4 cm cavity. These cavities had smooth walls and contained a small amount of blood. No discrete connection with any vascular structure was noted, but both cavities communicated with the tracheobronchial tree. The pulmonary parenchyma of the left lung was red-purple. The pulmonary arteries were normally developed, patent and without thrombus or embolus.

LIVER AND BILIARY SYSTEM:
The hepatic capsule was smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The liver weighed 1350 grams. The gallbladder contained 10 cc. of green-brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi.

ALIMENTARY SYSTEM:
The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained small amount of brown mucoid material. The small and large bowel were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was not identified.

GENITOURINARY SYSTEM:
The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex was sharply delineated from the medullary pyramids, which were red-purple to tan and unremarkable. The calyces, pelves and ureters were unremarkable. The right kidney weighed 140 grams; the left 140 grams. The urinary bladder contained approximately 10 cc of clear yellow urine; the mucosa was gray-tan and smooth. The prostate gland and seminal vesicles were without note. The right testicle was not identified. The left testicle was atraumatic.

RETICULOENDOTHELIAL SYSTEM:
The spleen had a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The spleen weighed 120 grams. The regional lymph nodes appeared normal.

ENDOCRINE SYSTEM:
The pituitary, thyroid and adrenal glands were unremarkable.

MUSCULOSKELETAL SYSTEM:
Muscle development was normal. No bone or joint abnormalities were noted other noted above. Incisions were made into the soft tissues of the back and lower extremities and no evidence of hemorrhage was noted.

OPINION:
This 26-year-old Iraqi male died as the result of massive hemoptysis (bleeding into the tracheobronchial tree) as a result of cavitary pulmonary tuberculosis. There is no evidence of significant trauma. The cause of death is MASSIVE HEMOPTYSIS DUE TO CAVITARY PULMONARY TUBERCULOSIS. The manner of death is NATURAL.

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CAPT MC USN
Regional Armed Forces Medical Examiner