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USAMRIID PROJECT DANCER

AUTOPSY REPORT

Subject: Anomalous Entity #A1 **Date of Death:** 9/5/1984

Reporting Pathologist: Dr A Manara

Circumstances:

Unknown individual discovered from site of guerilla massacre nr Santo Domingo, Nicaragua by US military advisors. Reported to be feeding on bodies of the deceased. Shot and killed after becoming hostile.

External Examination:

Body of a slender, muscular, adult male with substantial deformities. Height 181cm, weight 77 kg. Age estimated at 25-35 years. Skin is pallid, hair dark and shoulder length. The jaw is markedly prognathous, extending 5cm with accompanying deformation of the lower skull. Upper canines enlarged to approximately double normal length, incisor teeth sharp and spatulate, cheek teeth bulky with exaggerated cusps. Nose long but relatively flat. Superior aspect of the auricles enlarged with sparse hair. Eyes brown, with unusually large pupils.

Fingernails thick and claw-like. Knuckles heavily callused. The feet are enlarged, bearing two toes each with spatulate, uncut nails. Normal, uncircumcised, male genetalia.

Skin is tough and leathery across the whole body, and exhibits patches of encrusted mould on the left shoulder, upper right chest, left thigh, right hip and left back abdomen, reaching 9cm m.d. Seven entry wounds, four on the upper right chest, two on the right arm and one through the lower right neck, opening the oesophagus and penetrating the spinal column. Single exit wound, in the rear of the neck.

Radiographic examination: All skeletal elements present, with deformities consistent with those observed in the external examination. Four 5.56mm calibre bullets lodged within the right lung, one within the musculature of the upper right arm, and one with the right humerus.

Internal Examination:

Cardiovascular system: No significant abnormalities, aside from exsanguination due to trauma. Heart weight 332g.

Respiratory system: No significant abnormalities. Right lung perforated by four bullet wounds. Right lung weighs 451 g, left lung weighs 438 g.

Digestive system: Crushed bone fragments up to 2mm m.d. recovered from the mouth. Oesophagus lacerated on the right side by bullet wound. The stomach contains decayed flesh and offal, including skin consistent with a human origin, bone fragments up to 5mm m.d. and a small quanitity of thin brown fluid. Flattened, oval, greyish nodules approximately $2 \times 1.5 \times 0.5$ cm are found interspersed irregularly (averaging 10cm apart) along the jejenum, and upper to mid ileum. The nodules appear to be ennervated by branches of the 8th to 10th thoracic spinal nerves. No other abnormalities. Liver weighs 1950g.

Lymphatic system: The posterior mediastinal and external iliac lymph nodes are significantly enlarged, up to 3 cm m.d. The spleen weighs 195g.

Central nervous system: No significant abnormalities.

Genito-urinary system: No significant abnormalities. The kidneys weigh 150g each.

Endocrine system: The thyroid is mildly hypotrophic and weighs 18 g. The thymus appears hypertrophic. The adrenals are macroscopically normal, and together weigh 8 g. The pituitary is macroscopically normal.

Histopathological Examination

Heart, lungs, stomach, liver, pancreas, spleen, brain, kidneys, testicles, thyroid, thymus, adrenals and pituitary show no special features.

A random sample of the skin showed mild hyperkeratosis and mild dermal fibrosis. Examination of samples of the mould taken from the skin showed it be of various saprophytic species not normally associated with fungal infections of animals or humans.

The small bowel shows an increased number of lymphatic nodules.

The mediastinal and external iliac lymph nodes show reactive changes only.

The nodules on the serosal surface of the small bowel were composed of neural tissue and contained cells of unknown type with dendritic extensions reaching through the bowel wall to form a plexus on the mucosal surface of the muscularis mucosae. These cells stain positive with neurological tinctorial and immunocytochemical demonstration methods, and ultrastructural examination confirms that they contain neurofibrillary elements.

Cytogenetic examination showed no chromosomal abnormalities.

Conclusions

The individual examined would appear to be a human suffering from a previously unidentified genetic and/or endocrinological syndrome. Enlargement of the lymph nodes and spleen would suggest a recent or ongoing immunologic reaction, although no infective agents were isolated from the body fluids. The presence of normally harmless moulds on the skin is problematic, but may be due to some immunologic deficiency.

The stomach contents are consistent with a recent meal of human flesh, and the cheek teeth and jaw muscles appear powerful enough to crack human bones.

The nodules on the bowel wall appear highly structured and are not consistent with any known deformities. They appear to be sensory in nature, but their specific function cannot be identified. Their presence cannot be explained at this time.

Ia Cardiac arrest

Ib Trauma

II Unidentified deformation syndrome

A Manara

Addendum

The cadavers of three further individuals suffering from the same apparent syndrome have since been acquired by this Project. Summary follows:

AE#A2 - Male cadaver recovered in Columbia 1989. Deformities similar to those above, but with heavy keratinisation of the toes, low forehead and flattened cranium.

AE#A3 - Male cadaver recovered in Zaire 1997. More extensive prognathy and longer teeth; skin colouration and hair consistent with native African origin.

AE#A4 - Female cadaver recovered alongside AE#A3, and with very similar deformities. No anomalies of the reproductive system were identified.

All individuals had recently consumed human remains in their digestive tract, and no other food materials were identified. All had the same enlarged lymphatic organs as AE#A1, possibly indicating a 'naturally' more active immune system. The function of the neural nodules on the bowel remains undetermined.

Supervising Officer: Mjr R Smith

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