Case 72

Publication consent has been granted

Formalin cup entrance

From Forensic Medicine XXXX

72.1 History of death and vaccination

24J M / Jansen, Comirnaty 177/56d

born 11.03.1997 died 09.03.2022

72.1 History of death and vaccination.

1st vaccination on 13.09.2021 with Jansen, death 177 days later

2nd vaccination on 12.01.2022 with Comirnaty, death 56 days later

Since the 2nd vaccination Marcelo always felt a little ill and weak. He was found dead in was found in a locked toilet at Mannheim Central Station, where he had previously been had arrived on an ICE train. After one and a half hours of unsuccessful resuscitation, he was taken to the XXXX University Hospital declared dead.

Autopsy (Forensic Medicine XXXX)

No abnormalities on the body, no evidence of alcohol or drugs (toxicology)

No previous illnesses, only smoker. SARS-CoV2 smear negative.

"Natural death due to heart pump failure in the event of a heart attack"

In the left descending coronary artery there was a complete occlusion of 1.5 cm due to a soft blood clot. Pallor of the anterior wall of the heart as a sign of ischemic heart damage that occurred a long time ago. Subcutaneous fatty tissue of the thorax appears yellowish (diabetes?)

- Fresh myocardial infarction with recurrent myocardial infarction

Severe changes to the entire vascular system, especially the coronary arteries and the carotid artery, as well as suspected diabetes. Fatty, soft vessel wall deposits in all coronary arteries and the neck vessels. Remarks: Slender body, 66 kg, 175 cm.

Microscopic examination (Burkhardt, Lang 21.11.22)

1 Pituitary gland: Regular structure with chromophobic and chromaffin cells.

PAS, EvG, amyloid 111 S1, nucleocapsid, CD 31, CD3, CD20, amyloid beta-1-42 reserve section

Nucleocapsid: negative

Spike S1: positive in the chromaffin cells

Congo red: Pituitary cells themselves negative. In the capsule area vessels with clear staining

of the vessel.

CD20: No B-cell infiltrates

CD3: floated off, not usable

72.1 History of death and vaccination

2 Blood clots: predominantly blood, i.e. exposed erythrocytes. Contains fibrin.se

Deposits of inflammatory cells, especially granulocytes.

ECG: No vessel wall components, pure thrombus

Berlin blue: no iron deposits

Spike S1: No markings - Negative

Nucleocapsid: No markings - Negative

Beta-Amyloid-1-42: No markers - Negative

Congo red: negative

PAS, EvG, Amyloid, Berlin Blue, Spike S1, Fibrin

3 Myocardium with incision of a large coronary artery branch: no typical atheroma bed in the intima. In the upper media fiber swelling with cystic degeneration. In the marginal area sparse lymphocytes.re infiltrates and single macrophages.

* Acute coronary artery swelling as an explanation for SAD syndrome? Strong lymphocytic inflammation of the endothelia of a coronary artery with endothelial shearing and deep cushion-like swelling
* also deeper layers of the vessel wall.
* Overlying fresh thrombus with granulocytes.
* Circumscribed fresh myocardial necrosis.
* EVG: No atheroma beds, thrombus incision
* Berlin blue: No H. mosiderose
* Spike S1: Necrotic myocardial cells clearly labeled spike. In the thrombus rather questionable

Spike marking. There are also markings in the endothelial swelling.

* On small vessels and capillaries in fatty tissue, the endothelium is also positively labeled.
* Immediately subepicardially, a scarred area in which heavily marked, obviously necrotic myocytes.
* Myocardium overall negative to weakly labeled, but always again individual positively marked granulated foci.
* In the spike-marked fresh necroses remarkably, there are hardly any inflammatory infiltrates.
* Nucleocapsid: Artificial precipitates in the described larger scar focus.
* Small Group of necrotic myocytes with granular positive labeling.
* Vessels, endothelia,
* Myocytes otherwise negative.
* Beta-amyloid-1-42: Weak labeling of necrotic myocytes in the scar area.
* All others negative.
* HE, PAS, EvG, amyloid, Berlin blue, spike S1, fibrin, amyloid beta-1-42

4 Larger vessel, carotid or large coronary artery, according to the sampling protocol rather coronary artery:

* No atheromatous beds, no atherosclerosis. Cystic media degeneration, dissection and predominantly lymphocytic infiltration in the area of cystic degeneration.
* Cushion-shaped protrusion into the vessel lumen.
* Thrombus in the HE not incised.
* ECG: Destructions of the elastica interna in places in the pad area
* Spike S1: In the immunohistologic stage, clear marking of the endothelium, as well as underlying myofibrocyte cells and inflammatory cells. Demolition of the endothelium and superimposed
* a fresh mixed thrombus. Myofibroblast proliferation in the area of the attachment site
* and activation with clear spike marking. In the deeper layers in the
* Inflammatory infiltrates, predominantly lymphocytes, in the area of the described mediarectomy
* and macrophages and clear labeling of myofibroblasts. In the perivascular fatty tissue
* lymphocyt.re infiltrates.
* Nucleocapsid: negative
* Beta-amyloid-1-42: negative
* EvG, Spike S1, CD3, CD20, Amyloid-Beta-1-42

5 Liver: Slightly increased lymphocytic infiltrates in the periportal fields with transition to the liver.

Bile duct in the sense of ductular portal inflammation.

CD20: Abundant CD20-positive (B cells), approx. 50%

Spike S1, CD3, CD20

6 Lung: Lymphocyte aggregates, especially subpleural.

7 Kidney: No significant findings

8 Thymus: Thymus in involution with surrounding fatty tissue.

9 Lung: as 6

10 Cardiac muscle: endothelitis of the small intramuscular vessels with detachment, protrusion

and increases lymphocytes in the lumen. .that with lymphocyte proliferation in the sense of a

Early stage of myocarditis. Hyline wall swelling of small arterioles. Not quite fresh

Scarring focus (at least months old) with residual lymphocytic infiltrates. In the surrounding area

quite pronounced endothelitis (residual state of healed myocarditis vs. infarction).

11 Lung: congested, otherwise as 6

12 Spleen: Indicated onion-skin phenomenon. Activation of the splenic follicles.

13 Kidney: No significant findings

14 Thyroid gland: Isolated lymphocytic infiltrates.

15 Vascular adipose tissue of no recognizable origin: Stained, black foreign material,

Double refractive with inflammatory reaction (lymphocytes, plasma cells, macrophages).

16 Adrenal glands: In the periadrenal adipose tissue foreign material (compact and stained,

birefringent) around a medium-sized arterial vessel with inflammation.

17 Cardiac muscle, left ventricle: Without significant findings. Smaller incised arterioles

seem inconspicuous.

18 Cardiac muscle, left ventricle: Circumscribed necrosis focus of 5 mm with still active ablation reaction,

but predominantly lymphocytes and macrophages, hardly any granulocytes. In the

Necrosis zone massive endothelial swelling in the sense of endothelitis of the smaller incised

Arterioles. Obviously healing myocarditic focus.

Berlin blue: No iron deposits. Since inflammation is not granulocyt.r and no iron deposits

rather not a heart attack.

Congo red: negative

CD20: negative

CD3, CD20, CD138, CD68, amyloid, Berlin blue, chloroacetate esterase, spike, nucleopcapsid

19 Cerebrum: Focal perivascular lymphocytic infiltrates, questionable hosiderosis. Brown

Pigment deposits in the leptomeninx.

EVG: Elastica fraying in the walls of smaller arterioles

Berlin blue: negative

CD20:

CD3, CD20, Berlin Blue, EvG, Spike S1

20 Gross brain: No significant findings

21 Cerebrum: Without significant findings

22 Cerebrum: small vessel with perivascular mosiderin deposition

Berlin blue: Small localized iron deposits

Berlin blue

23 Gro.hirn: Without significant findings

24 Gro.hirn: Questionable hemosiderosis. Brown pigment deposits in the leptomeninx. Elastic

lamellae encrusted with iron pigment.

Berlin blue: negative

EVG: Elastica fraying in the walls of smaller arterioles

Berlin blue, EvG

25 Cerebrum: Without significant findings

26 Cerebellum: Slight proliferation of lymphocytes in the leptomeninx.

72.2 Interpretation.

There were clear corona-impaired organ changes, including a past and ongoing myocarditis with myocardial scars, however no atherosclerosis and no atheroma beds.

Especially in necrotic myocytes of scarred myocardial areas, we were able to detect the spike

protein, which is produced "vaccine"-induced by body cells, can be detected immunohistochemically.

In these same cells, the nucleocapsid was also immunohistochemically (albeit more weakly)

as well as the beta-amyloid 1-42 protein. This beta-amyloid 1-42 protein was identified in an experimental study as a binding partner of the S1 subunit of the spike protein and the ACE2 receptor, i.e. the receptor that acts as a docking receptor for the spike protein of the SARS-CoV2 virus.

The detection of the beta-amyloid 1-42 protein could be useful for understanding the symptoms of the coronavirus pandemic.

The pathogenetic processes occurring during vaccination may also be of significance. The relevance of the

beta-amyloid 1-42 evidence for the death of Marcelo Marichal we cannot at the moment.

categorize.

The detection of the nucleocapsid protein indicates an infection with the circulating

virus, which probably took place unnoticed before or after the corona vaccinations.

can have. (The SARS-CoV2 virus is usually harmless to young men Marcelo's age and is not a threat to his health.

can therefore go unnoticed).

Immunohistochemical spike protein detection in necrotic areas of the myocardium

together with the signs of scarring in some areas of the heart at the time of death,

in other myocarditis still in progress, leads us to the conclusion that

this severe myocarditis was essentially triggered by the corona vaccinations.

The brain showed a picture of microvasculitis with residual bleeding. Mediadissections

were found in the aorta and a coronary artery with cushion-shaped lumen narrowing due to

hyaline swellings.

We also find these swellings again and again after Corona-Vaccination of the deceased.

The contribution of the thrombus to the pathogenetic process is unclear due to the unknown

donor site. However, thrombus formation on an inflamed vessel wall is conceivable. of a coronary artery leading to immediate death from coronary artery occlusion. (like in the event of a heart attack).

The death of XXXXX is almost certainly a causal consequence of the corona vaccinations that have taken place.