

Pathologie-Konferenz

Todesursache nach COVID-19-Impfung

20.09.2021, Reutlingen

www.pathologie-konferenz.de

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CORONA-IMPFUNGEN – Büchse der Pandora ?

Die „gabenreiche“ Therapie

- Prof. Dr. Arne Burkhardt / Reutlingen
- Prof. Dr. Walter Lang / Hannover
- und viele Helfer im In- und Ausland

Kurzvita Prof. Dr. Arne Burkhardt

- Prof. Dr. Arne Burkhardt blickt auf langjährige Lehrtätigkeit an den Universitäten Hamburg, Bern und Tübingen zurück sowie auf Gastprofessuren/ Studienaufenthalte in Japan (Nihon Universität), USA (Brookhaven National Institut), Korea, Schweden, Malaysia und der Türkei. Er hat 18 Jahre lang das Pathologische Institut in Reutlingen geleitet und war danach als niedergelassener Pathologe tätig. Prof. Burkhardt hat über 150 Artikel in Fachzeitschriften und als Beiträge in Handbüchern veröffentlicht. Er hat zudem zahlreiche pathologische Institute zertifiziert.

Kurzvita Prof. Dr. Walter Lang

- Prof. Dr. Walter Lang war von 1968-1985 als Pathologe an der Medizinischen Hochschule Hannover tätig. Danach leitete er 25 Jahre lang ein von ihm gegründetes Privatinstitut für Pathologie in Hannover mit den Schwerpunkten Transplantationspathologie, extragynäkologische Cytologie, Schilddrüsentumore, Lungen/Pleurapathologie. Er führte Konsultationsdiagnostik für 12 große Lungen-Kliniken durch und nahm Leberpathologieuntersuchungen für zahlreiche Kliniken vor. Im Zeitraum 1985-2020 führte er Konsultationsuntersuchungen für die Pathologie der Lungenklinik in Herner durch.

Bekannte Corona-Impfnebenwirkungen mit potentieller Todesfolge

- Sinusvenenthrombose (Diagnose „klar“)
 - Thrombembolische Geschehen (Diagnose „meist klar“)
 - Mesenterialvenen-Thrombose/ Darminfarzierung
 - Bein/Fußvenen-Thrombose
 - Lungenembolie/ Lungeninfarkt
 - Myokarditis / Epikarditis (Pumpversagen, Rhythmus-Tod)
 - (Diagnose „versteckt“, meist übersehen und nur histologisch erkennbar)
- Sog. Impfdurchbruch (Neu-Infektion)

10 Obduktions-Fälle – 8 Auswertung Stufe 1

- 1. 82 W 1.+ 2. Impfung Moderna Tod 37 Tage p.l. Rechtsmedizin (D) ohne Histologie
- 2. 72 M 1. Impfung Comirnaty Tod 31 Tage p.l. Rechtsmedizin (D) ohne Histologie
- 3. 95 W 1. + 2. Impfung Moderna Tod 68 Tage p.l. Rechtsmedizin (D) ohne Histologie

10 Obduktions-Fälle – 8 Auswertung Stufe 1

- | | | | |
|-----------|----------------------------------|---------------------------|---|
| • 4. 73 W | 1. Impfung
Comirnaty | Todesabstand
unbekannt | Pathologie (D)
ohne Histologie |
| • 5. 54 M | 1. Impfung
Janssen | Tod 65 Tage p.l. | Rechtsmedizin (D)
ohne Histologie |
| • 6. 55 W | 1.+2. Impfung
Pfizer-Biontech | Tod 11 Tage p.l. | Pathologie (Ö)
mit Histologie |
| • 7. 56 M | 1.+2. Impfung
Comirnaty | Tod 8 Tage p.l. | Pathologie (Ö)
mit Histologie |

10 Obduktions-Fälle – 8 Auswertung Stufe 1

- 8. 80 M 1. +2. Impfung Tod 37 Tage p.l. Rechtsmedizin (D)
Pfizer Biontech ohne Histologie
- 9. 89 W 1.+2. Impfung Tod ca. 6 Mo p.l. Pathologie (D)
unbekannt ohne Histologie
- 10. 62 M unbekannt Tod 20 Tage p.l. Pathologie (D)
ohne Histologie

Todesursächliche Faktoren Fall 1

Rechtsmedizin:

Rhythmogenes Herzversagen,
Lungenfibrose

Konsiliar-Diagnose (RT):

Lymphozytäre Myokarditis ++, Epikarditis +,
Lymphozytäre Alveolitis (DAD)

Fremdkörper-Mikro-Embolie Lunge

Zusammenhang mit der Impfung: Sehr wahrscheinlich

Todesursächliche Faktoren Fall 2

Rechtsmedizin:

Rhythmogenes Herzversagen

Konsiliar-Diagnose (RT):

Lymphozytäre Myokarditis +, Epikarditis +
Lymphozytäre Alveolitis (DAD) +

Zusammenhang mit der Impfung: unklar, möglich

Todesursächliche Faktoren Fall 3

Rechtsmedizin:

Lungeninfarkt, Rechtsherzversagen, Multiorganversagen

Konsiliar-Diagnose (RT):

Lymphozytäre Myokarditis +++, Epikarditis +,

Lungeninfarkt (Re-Infarkt)

Lymphozytäre Alveolitis (DAD) mit Lymphfollikelbildung

Zusammenhang mit der Impfung: Sehr wahrscheinlich

Todesursächliche Faktoren Fall 4

Pathologie:

Multiorganversagen, unklarer Infektions-Fokus

Konsiliar-Diagnose (RT):

Milz/Pankreasnekrose (wahrscheinlich vaskulär)

Lymphozytäre Myokarditis +

Lymphozytäre Alveolitis (DAD)

Leukoklasische Vaskulitis der Haut (Immunkomplex-induziert)

Zusammenhang mit der Impfung: Sehr wahrscheinlich

Todesursächliche Faktoren Fall 5

Rechtsmedizin:

Unklar, finale Aspiration

Konsiliar-Diagnose (RT):

Noch nicht vollständig ausgewertet !

Thyreoiditis Hashimoto (Autoimmun-Erkrankung)

Zusammenhang mit der Impfung: wahrscheinlich

Todesursächliche Faktoren Fall 6

Pathologie:

Herzdilatation, kardiale Dekompensation bei Herzhypertrophie

Konsiliar-Diagnose (RT):

Lymphozytäre Myokarditis mit Faserdestruktion +++, Epikarditis +
Lymphozytäre Alveolitis (DAD) +
Vaskulitis

Zusammenhang mit der Impfung: Sehr wahrscheinlich

Todesursächliche Faktoren Fall 7

Pathologie:

Frischer Myokardinfarkt

Konsiliar-Diagnose (RT):

Lymphozytäre Myokarditis ++, Epikarditis (+),

Lymphozytäre Alveolitis (DAD) mit Lymphfollikelbildung

Pseudolymphom

Epithelial-Myoepitheliale Sialadenitis (Sjögren-Syndrom)

Zusammenhang mit der Impfung: Sehr wahrscheinlich

Todesursächliche Faktoren Fall 8

Rechtsmedizin:

Herzinfarkt

Konsiliar-Diagnose (RT):

Noch nicht ausgewertet

Zusammenhang mit der Impfung: NN

Todesursächliche Faktoren Fall 9

Pathologie:

Frische Thrombose der Art. Mesenterica superior,
Mesenterialischämie, Multiorganversagen, Schockgeschehen

Konsiliar-Diagnose (RT):

Lymphozytäre Vaskulitis

Lymphozytäre Myokarditis +, Epikarditis +,

Lymphozytäre Alveolitis (DAD) +

Zusammenhang mit der Impfung: wahrscheinlich

Todesursächliche Faktoren Fall 10

Pathologie:

Aortenruptur der Aorta ascendens, Herzbeutel-Tamponade

Konsiliar-Diagnose (RT):

Noch nicht vollständig ausgewertet

WWU

Zusammenhang mit der Impfung: Eher Koinzident

Tod in Zusammenhang mit Corona-Impfungen

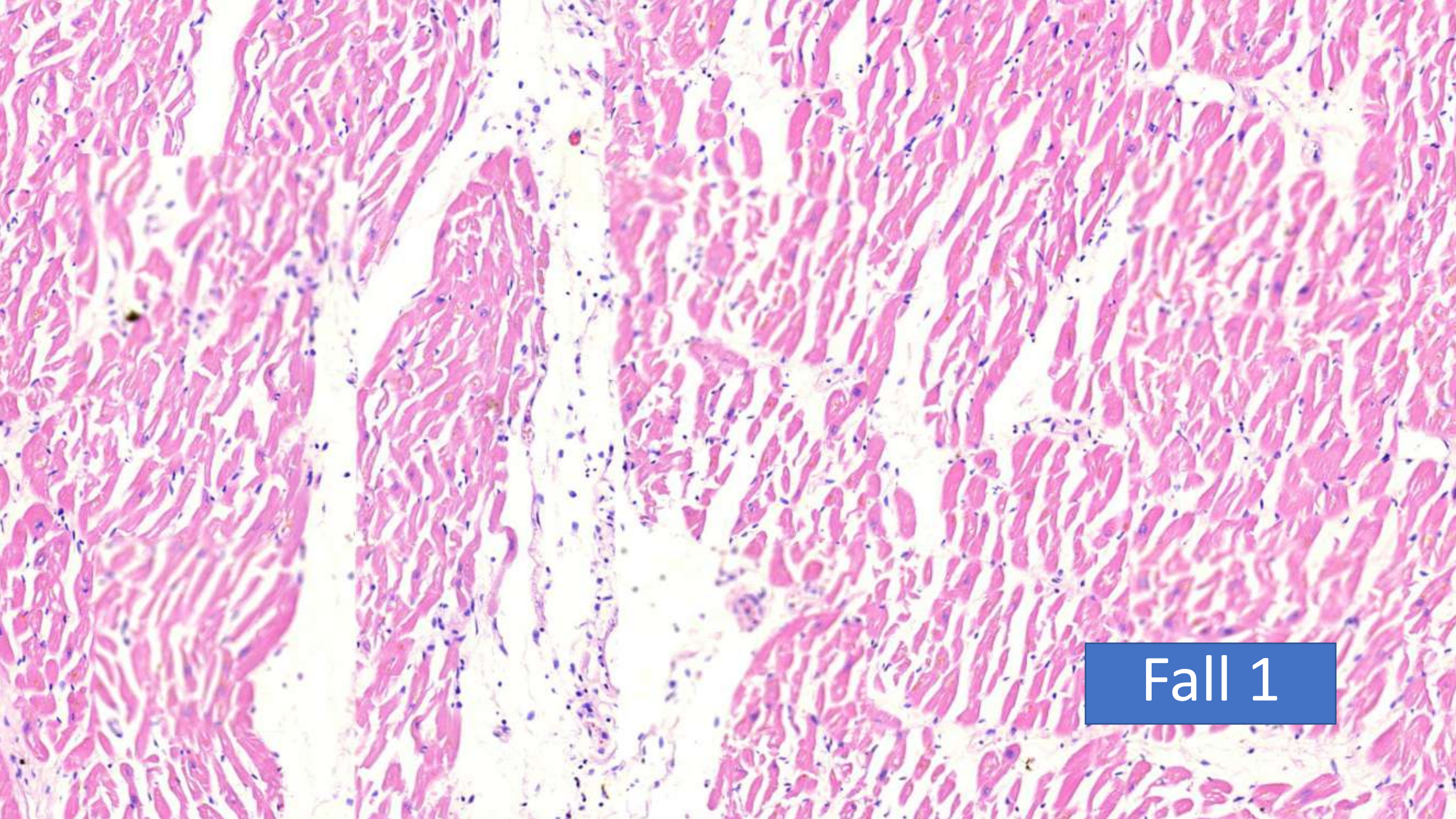
10 Voruntersuchte obduzierte Fälle

Nachuntersuchung RT:

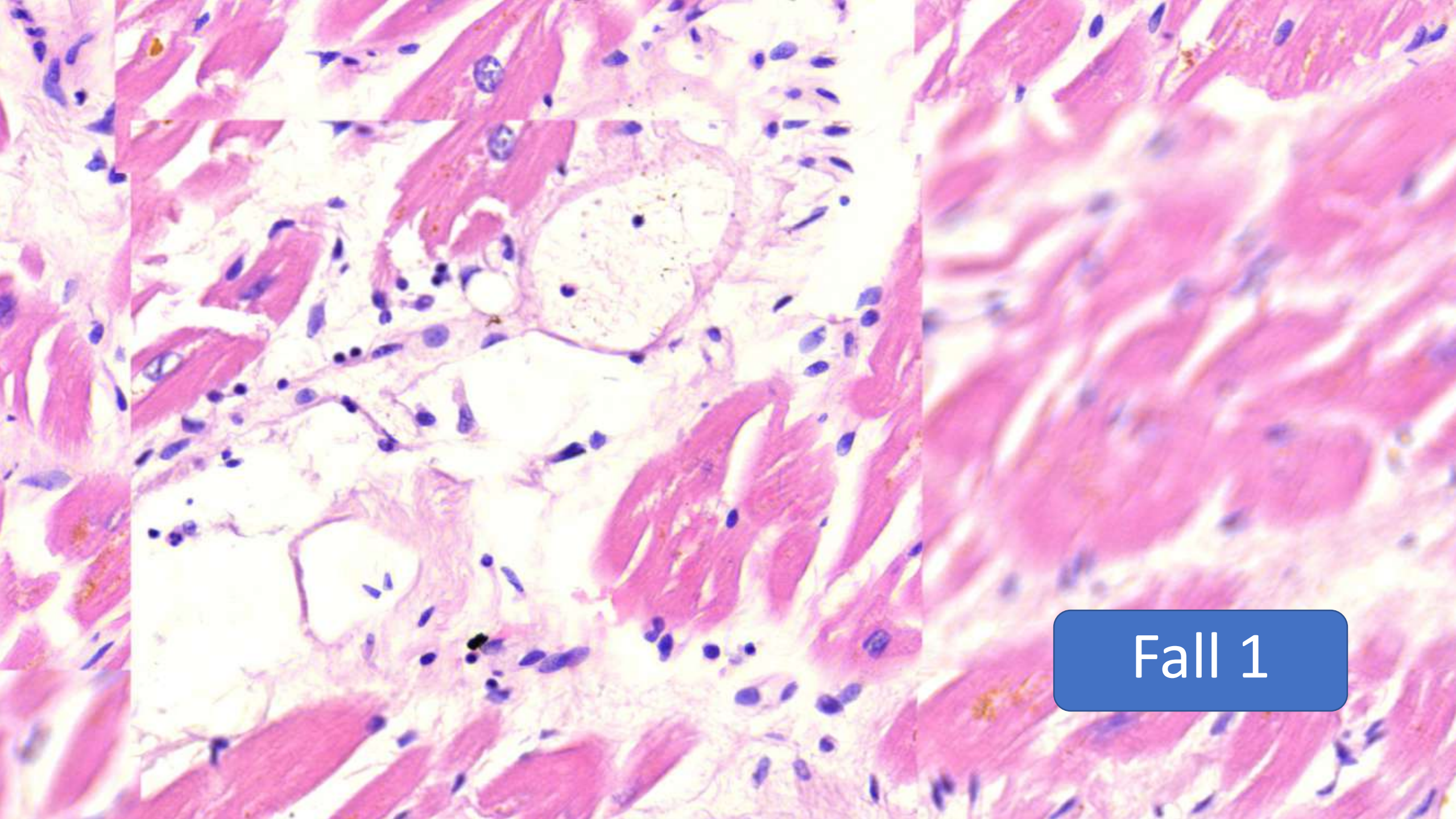
Zusammenhang sehr wahrscheinlich	5
Zusammenhang wahrscheinlich	2
Zusammenhang unklar/möglich	1
Zusammenhang eher koinzident	1
Noch nicht ausgewertet	1

Lymphozytäre Myokarditis, Epikarditis, Perikarditis „lymphocytic-predominance“

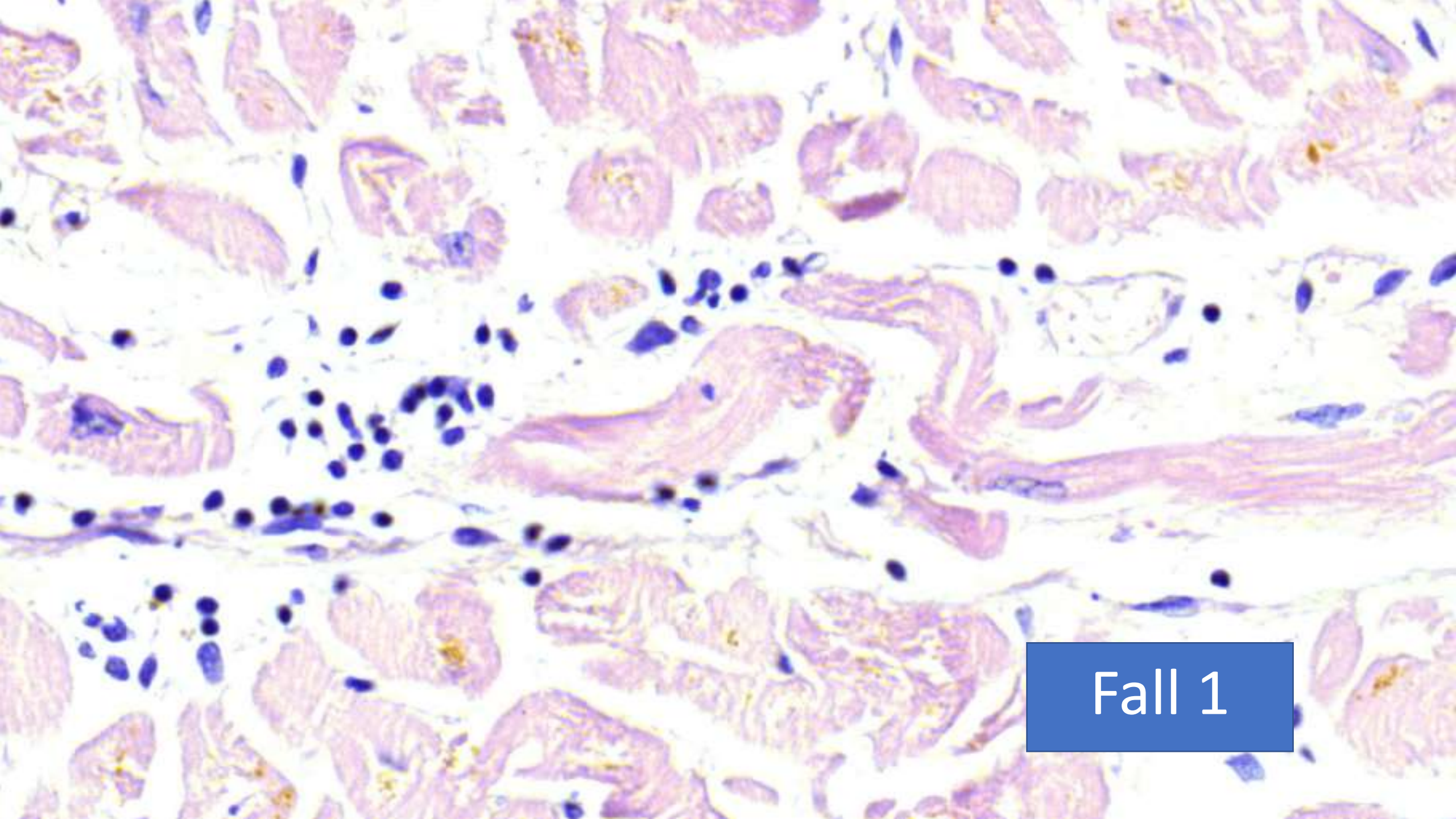
- Typisch für Virus-Affektionen
- Makroskopisch kaum erkennbar
- Histologisch oft als Infarkt fehlinterpretiert (Granulozyten !)
- Typischerweise kleinherdig-multifokal, daher oft nicht erfasst
- Auswirkung auf die Pumpleistung (cave: kritisches Herzgewicht)
- Rhythmogenes Herzversagen bei Befall des Reizleitungssystems
„Sekunden-Herztod“, Nachweis kaum möglich (ca. 15.000 Schnitte)



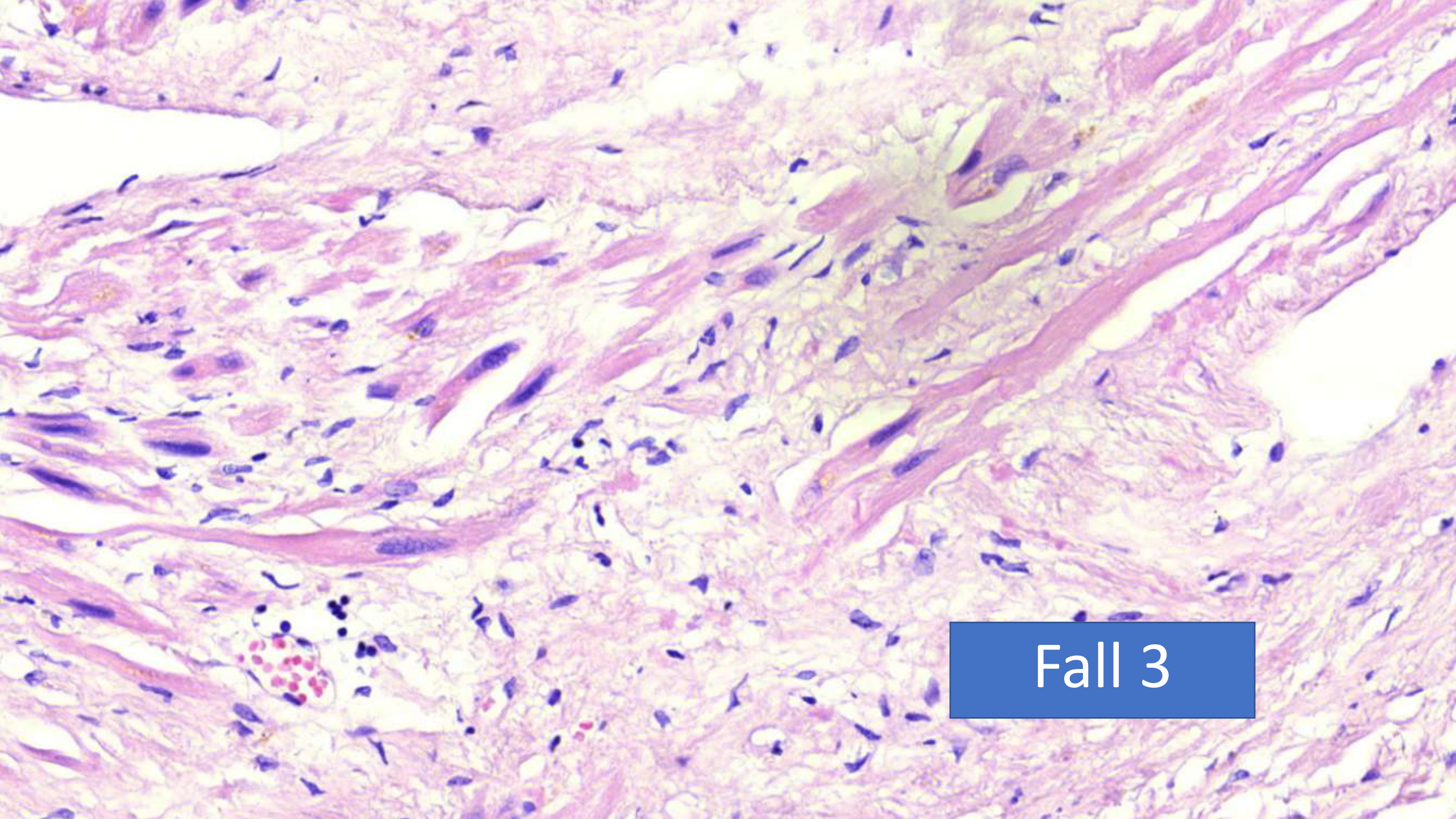
Fall 1



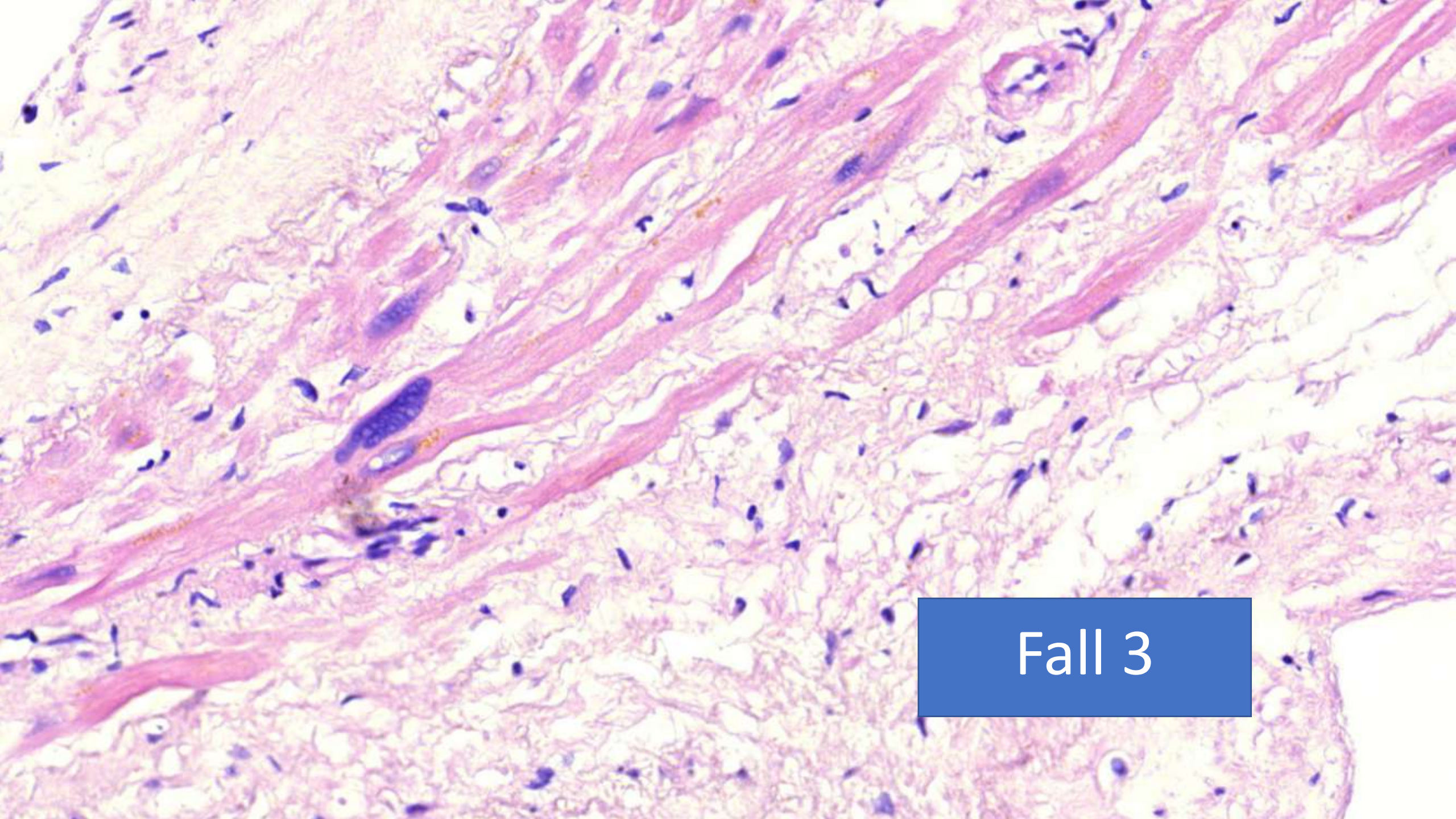
Fall 1



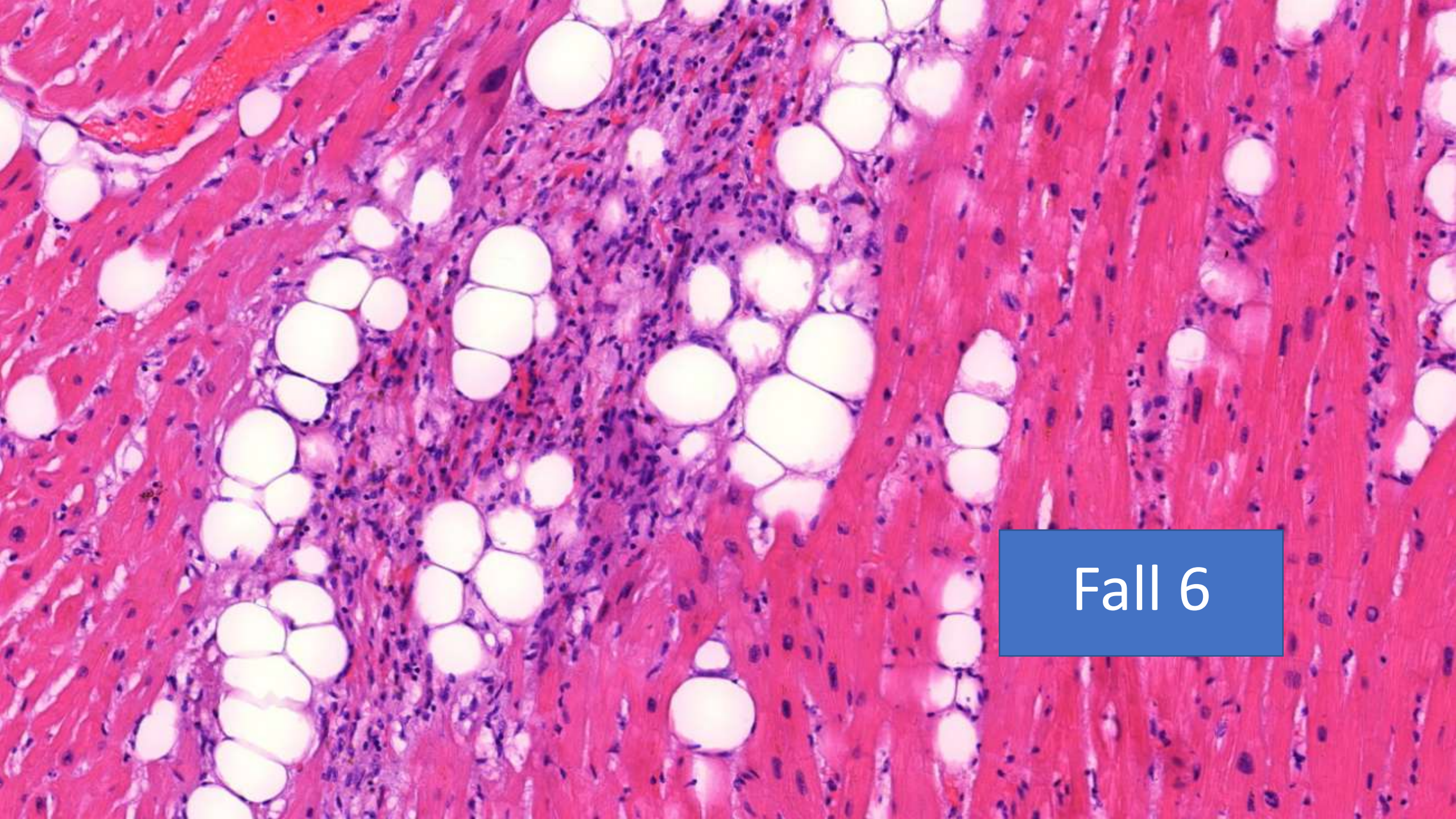
Fall 1



Fall 3

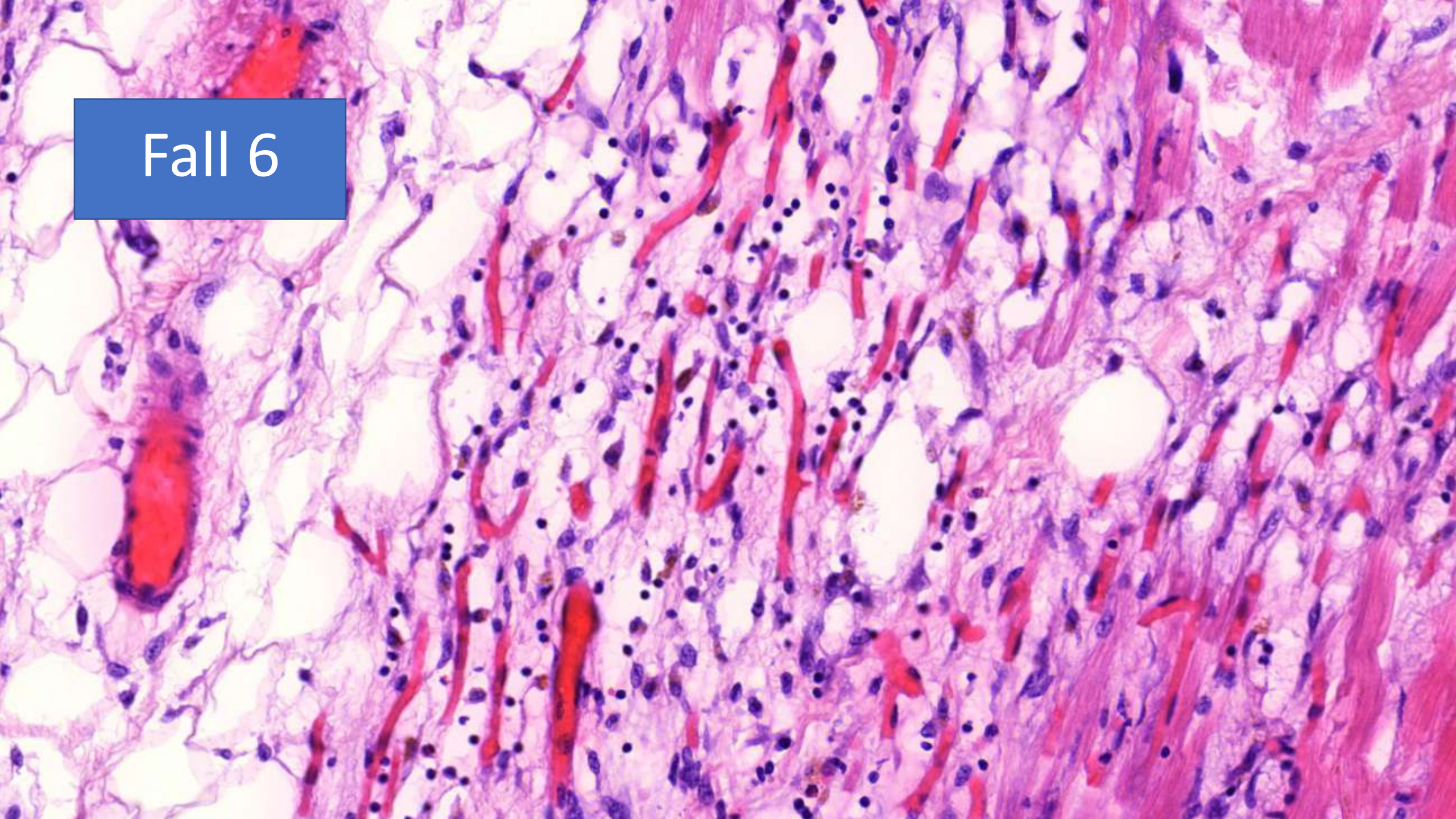


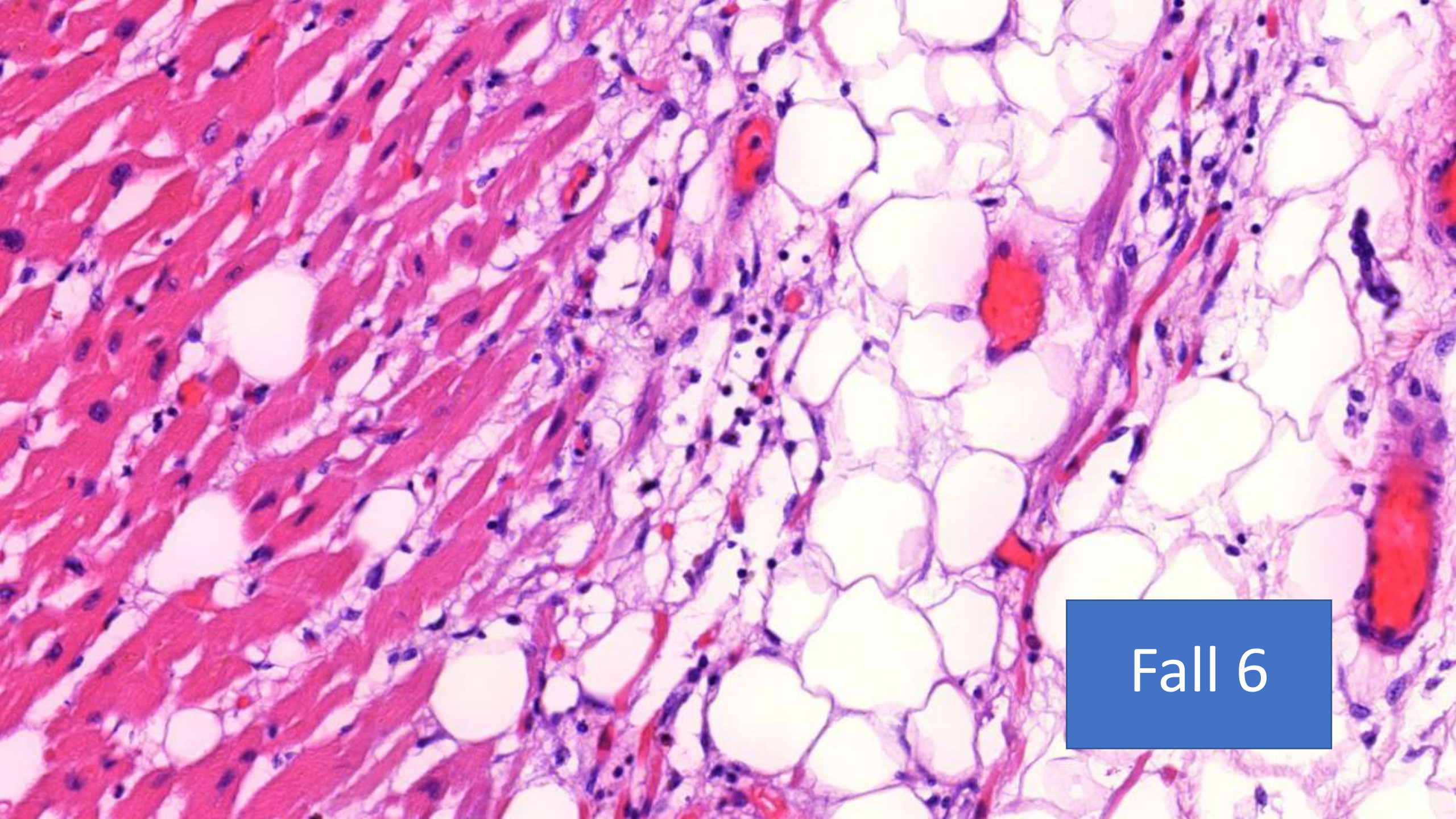
Fall 3



Fall 6

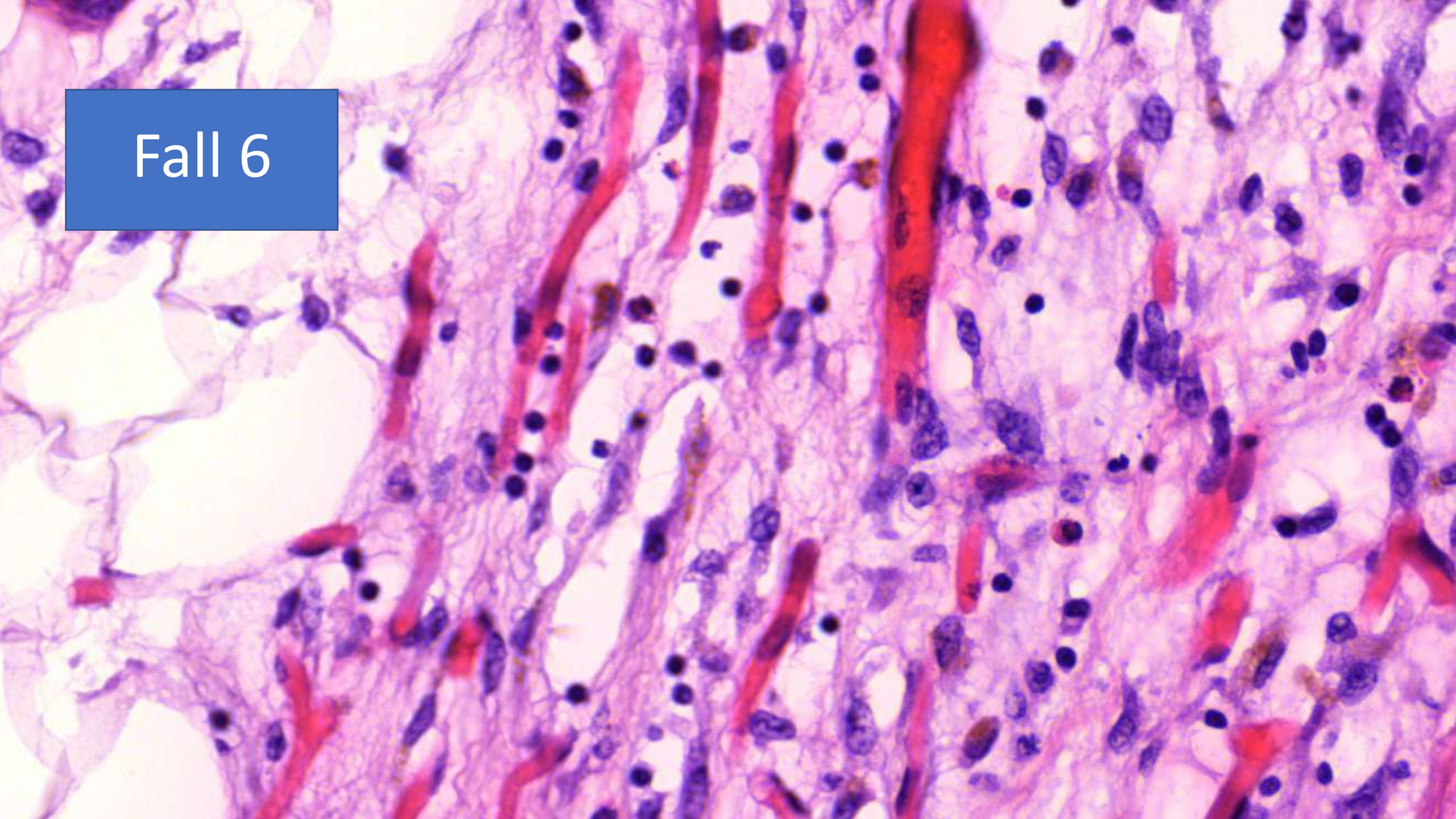
Fall 6



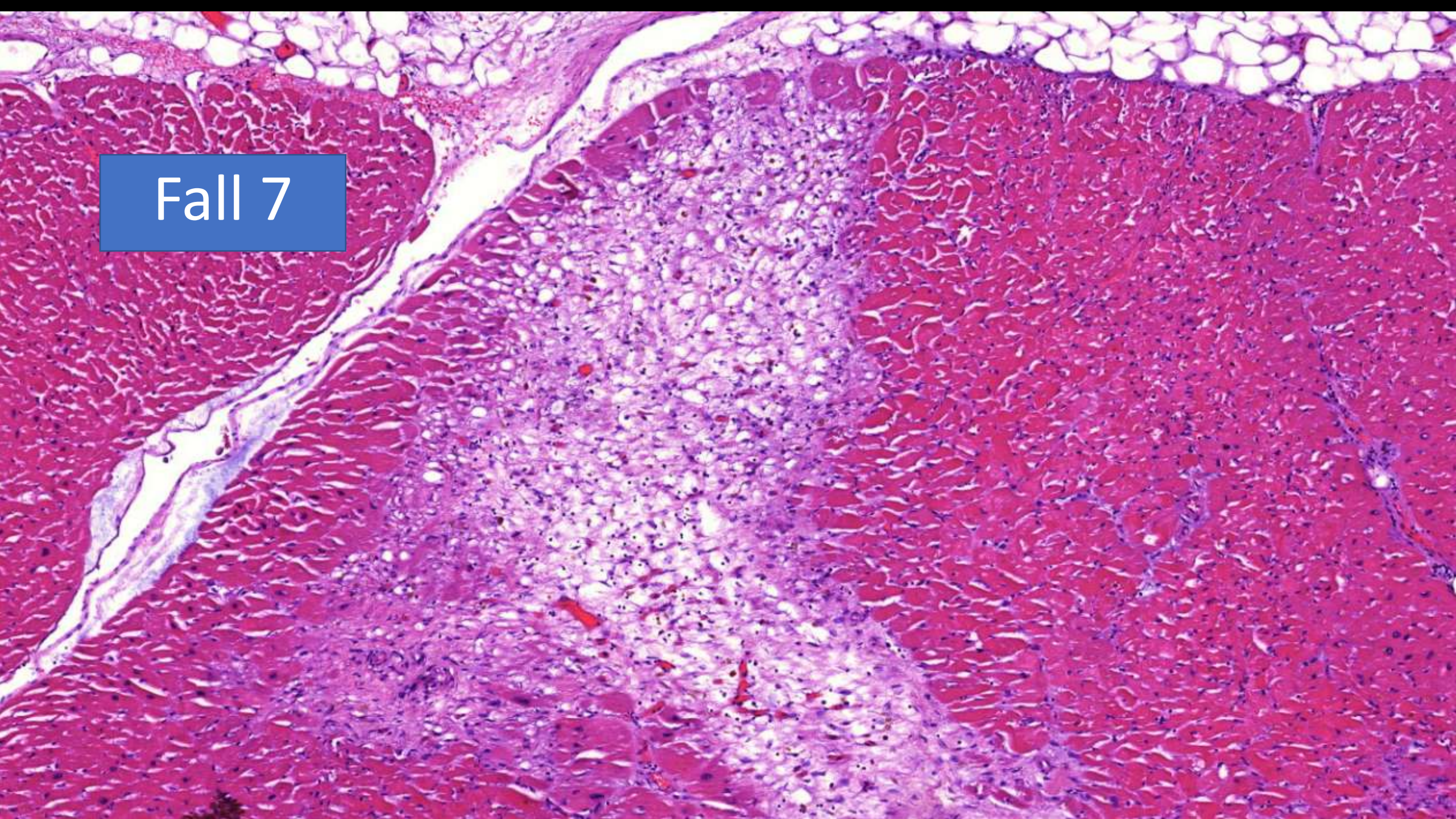


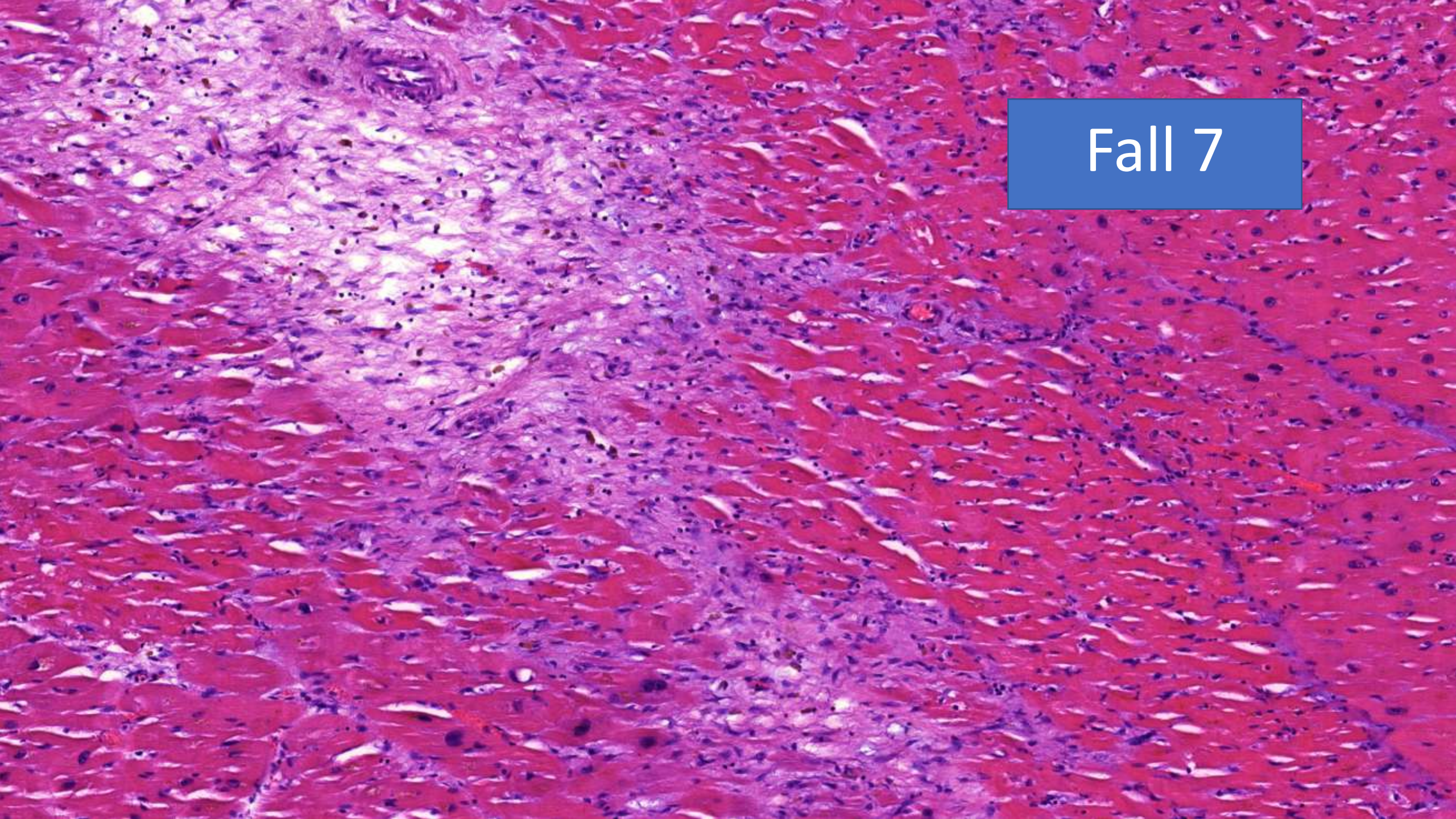
Fall 6

Fall 6

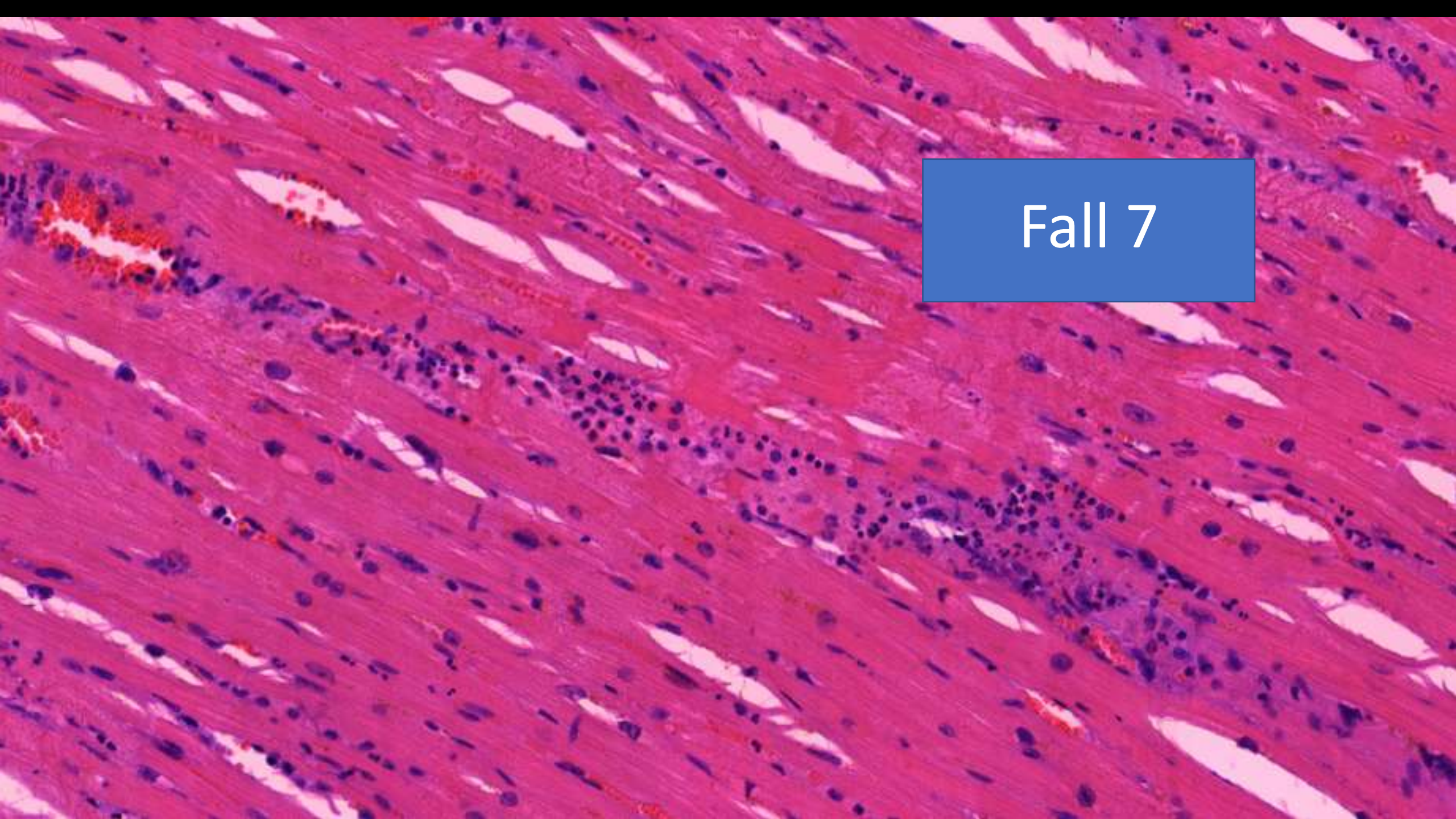


Fall 7

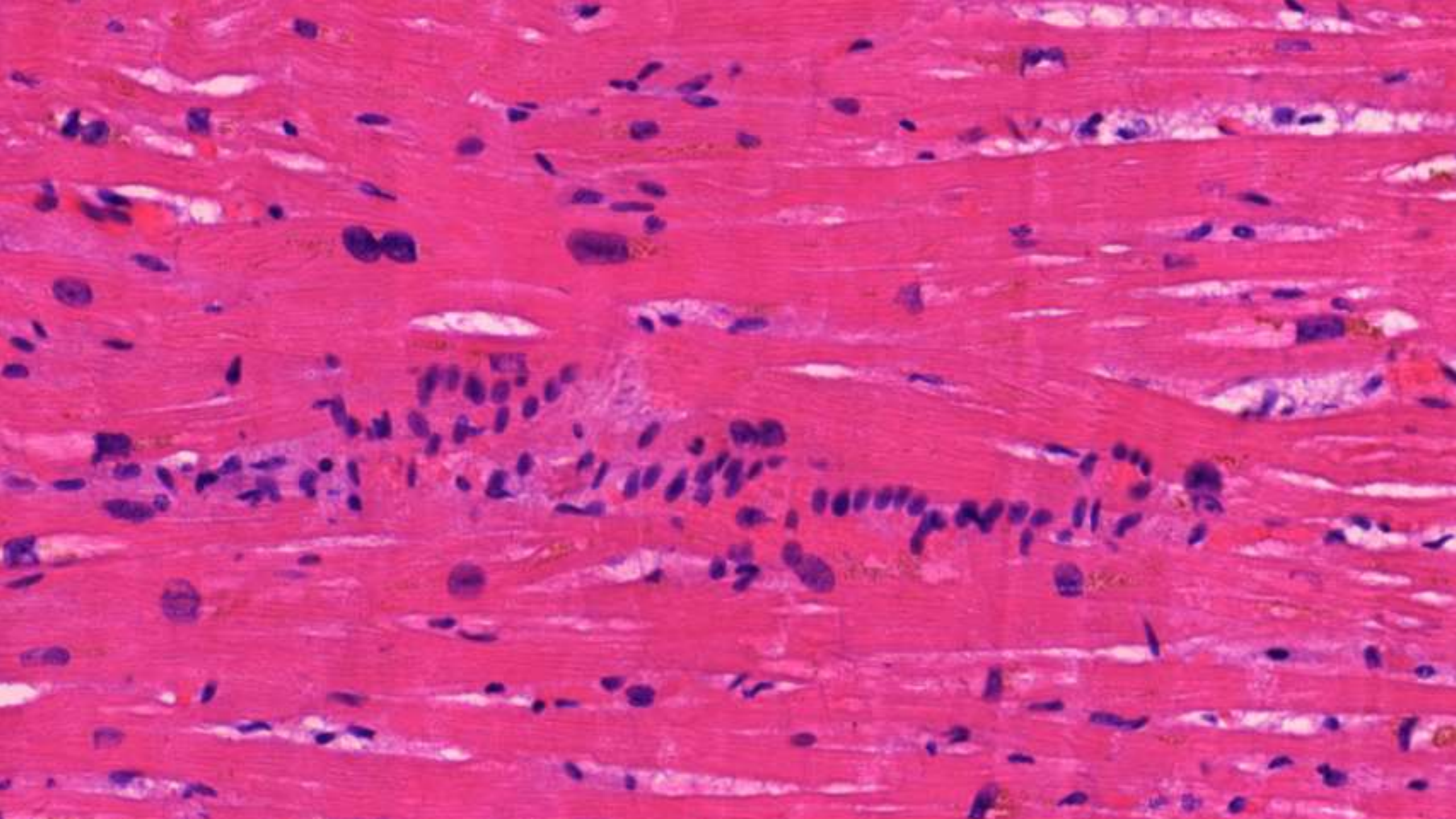


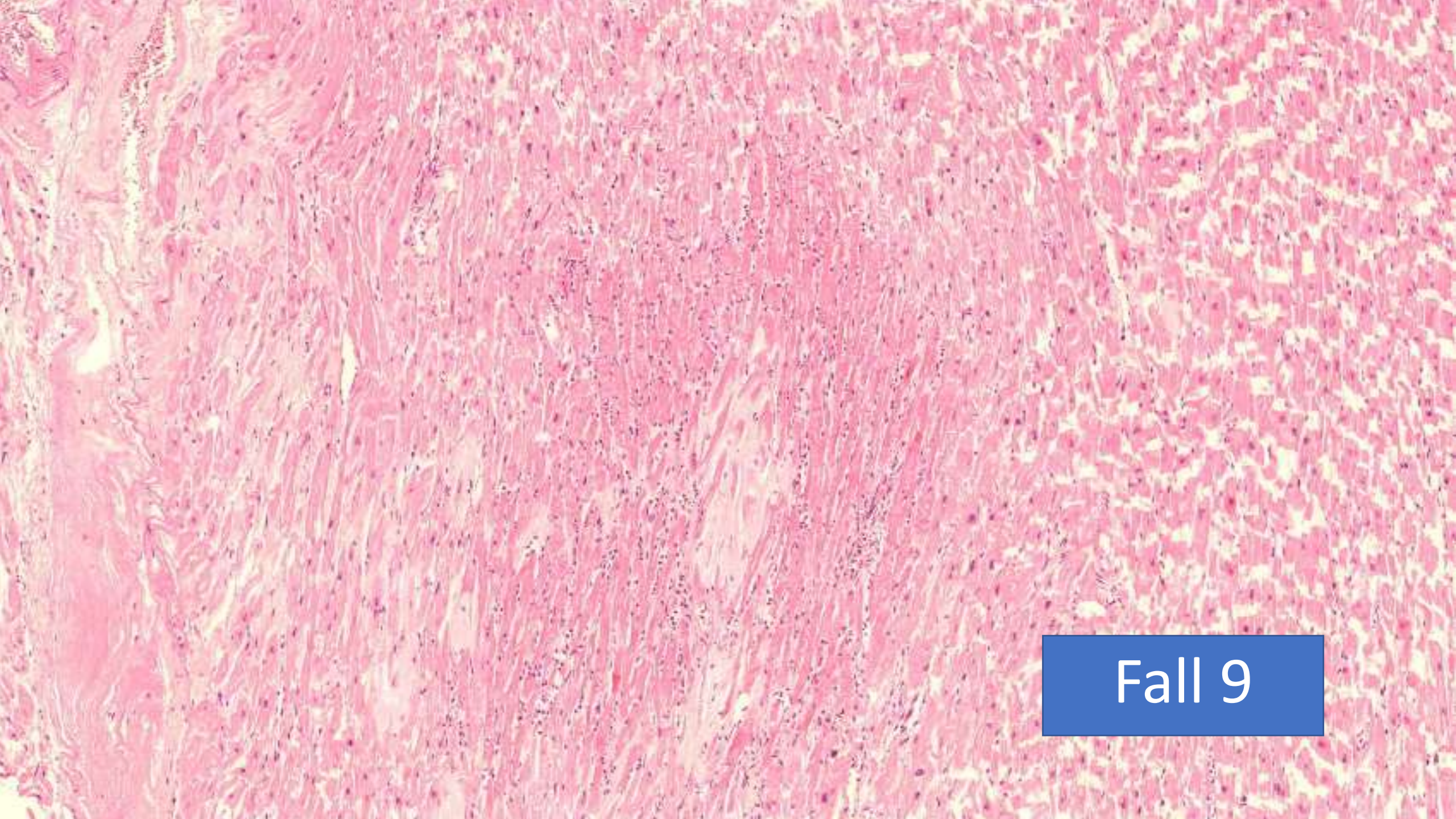
A histological slide of cardiac tissue, likely stained with hematoxylin and eosin (H&E). The tissue shows a dense arrangement of myocardial fibers with visible nuclei. A blue rectangular text box is overlaid in the upper right quadrant.

Fall 7

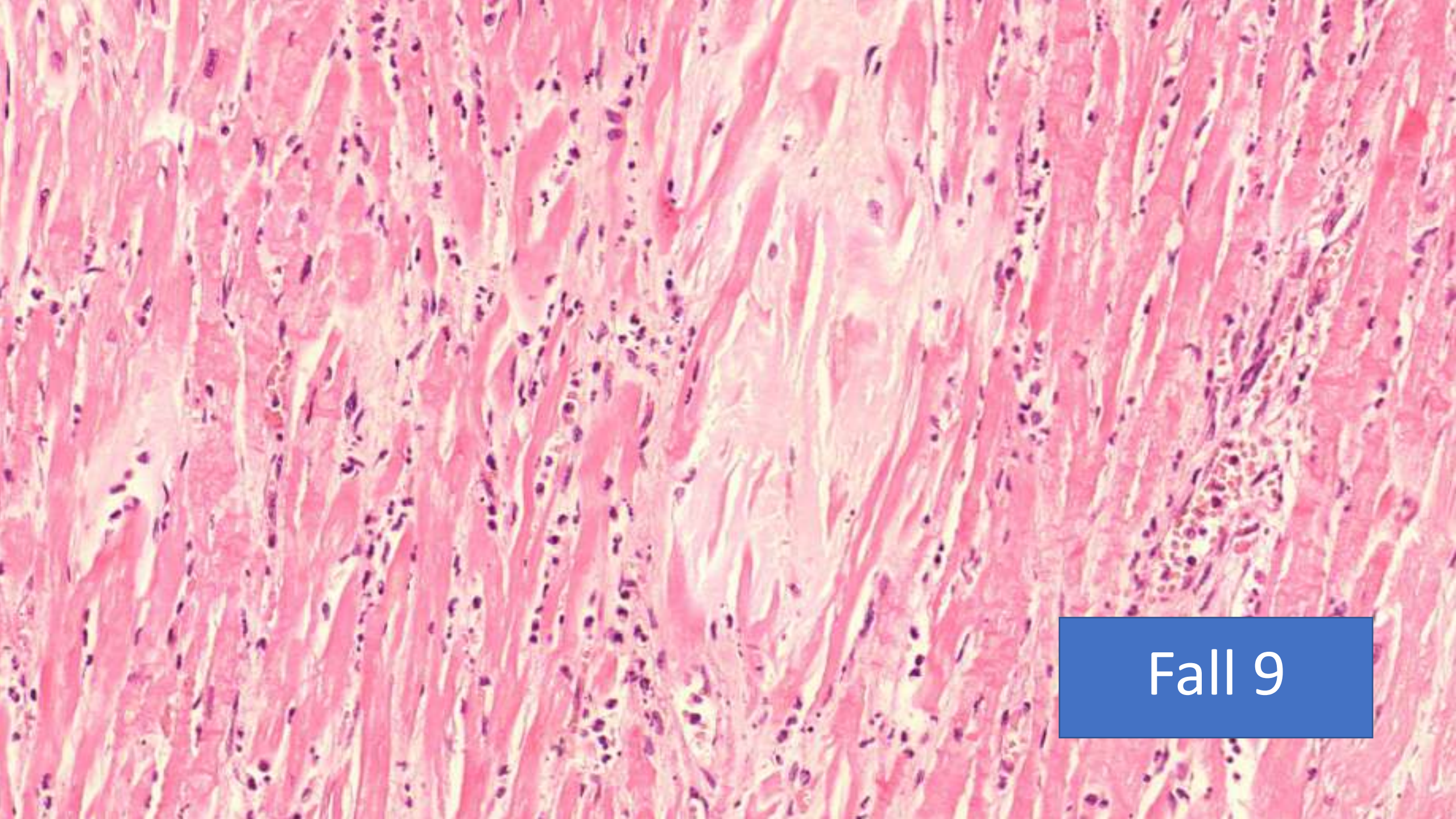
A microscopic image of skeletal muscle tissue, stained with hematoxylin and eosin (H&E). The image shows multiple muscle fibers with prominent nuclei and striations. A blue rectangular box is overlaid on the right side of the image, containing the text "Fall 7".

Fall 7



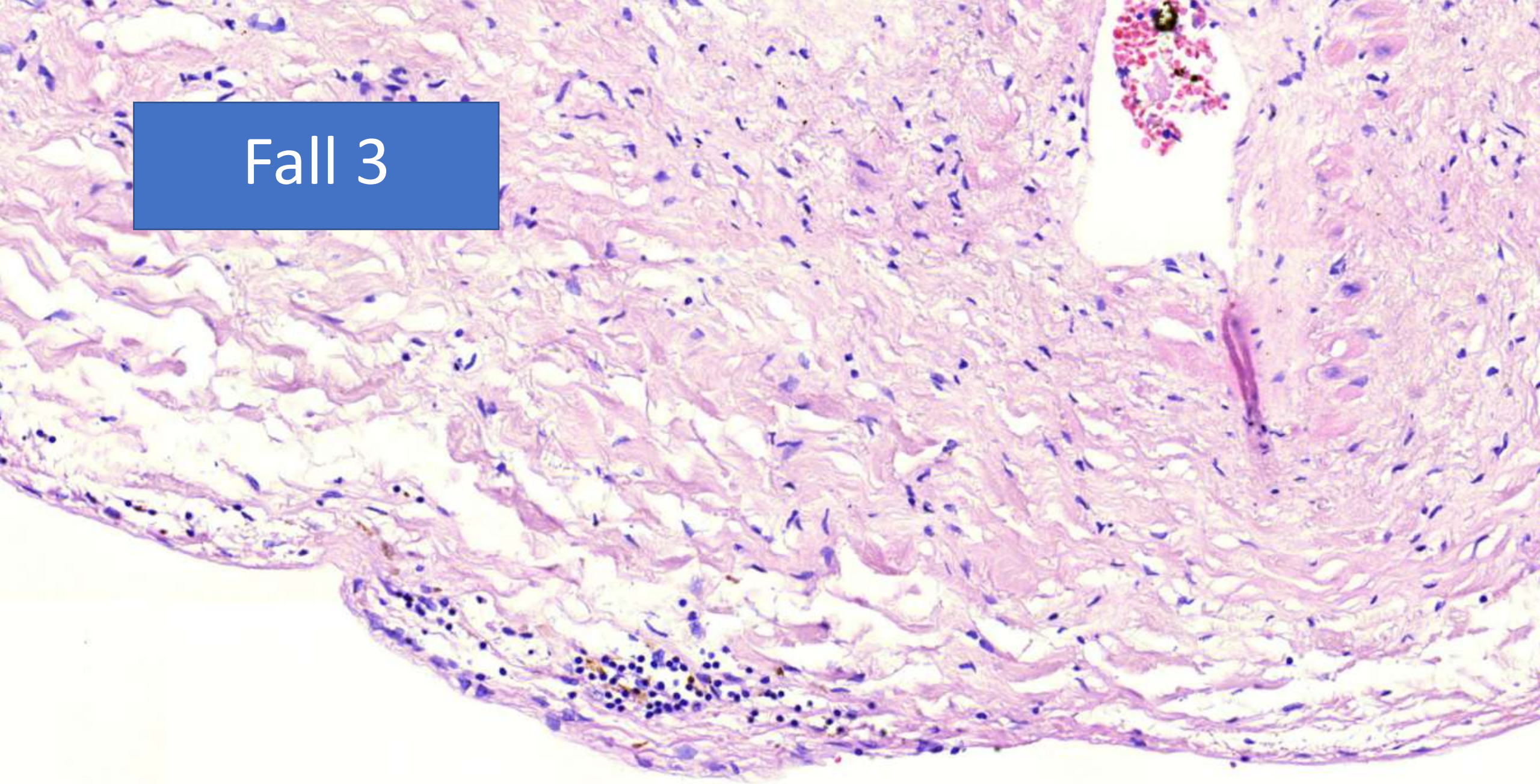
The background of the slide is a dense, intricate marbled pattern. It features a mix of bright pink, magenta, and pale yellow or cream colors, creating a complex, swirling, and speckled texture. The pattern is reminiscent of traditional marbled paper used in bookbinding or decorative arts.

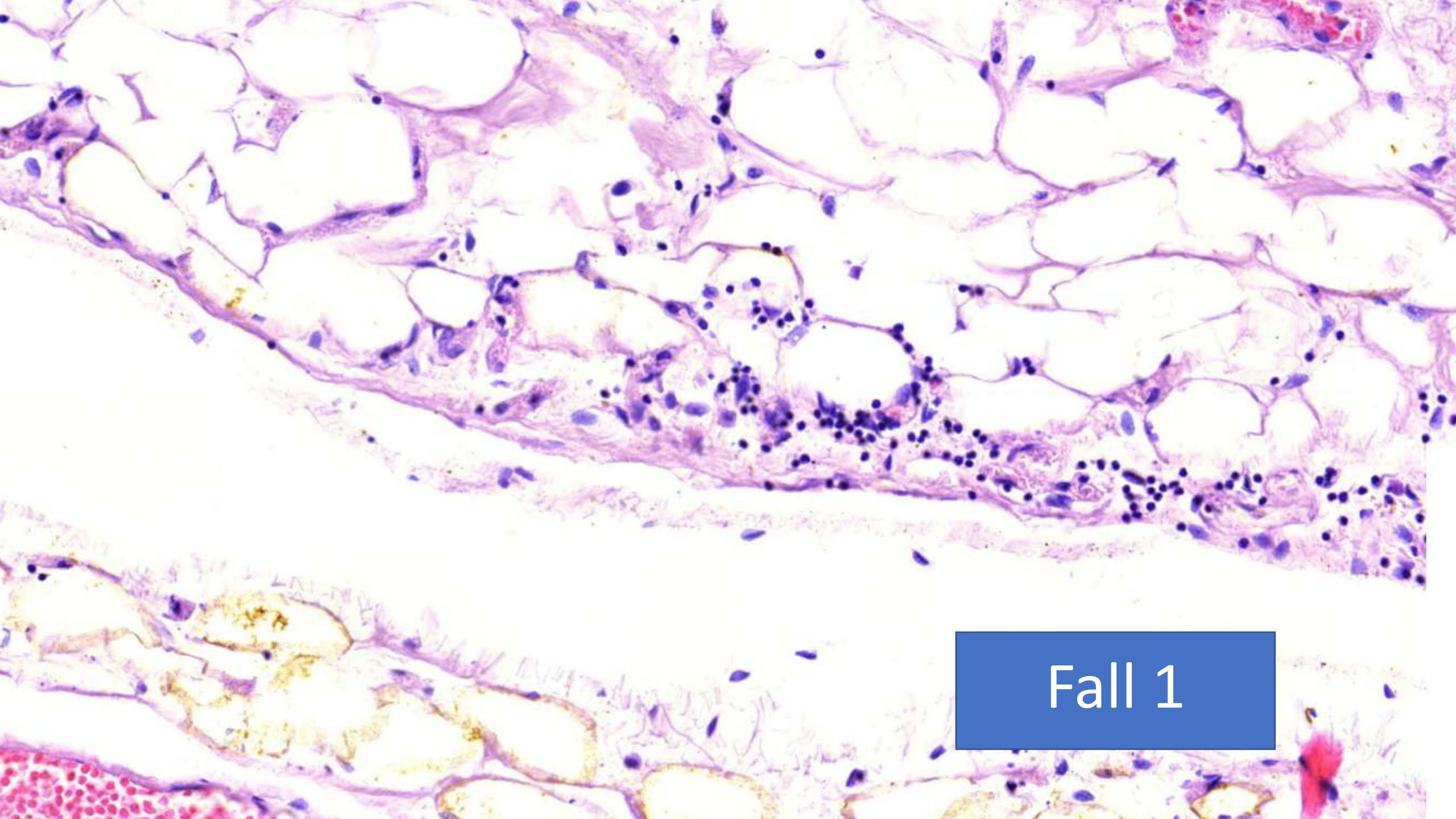
Fall 9



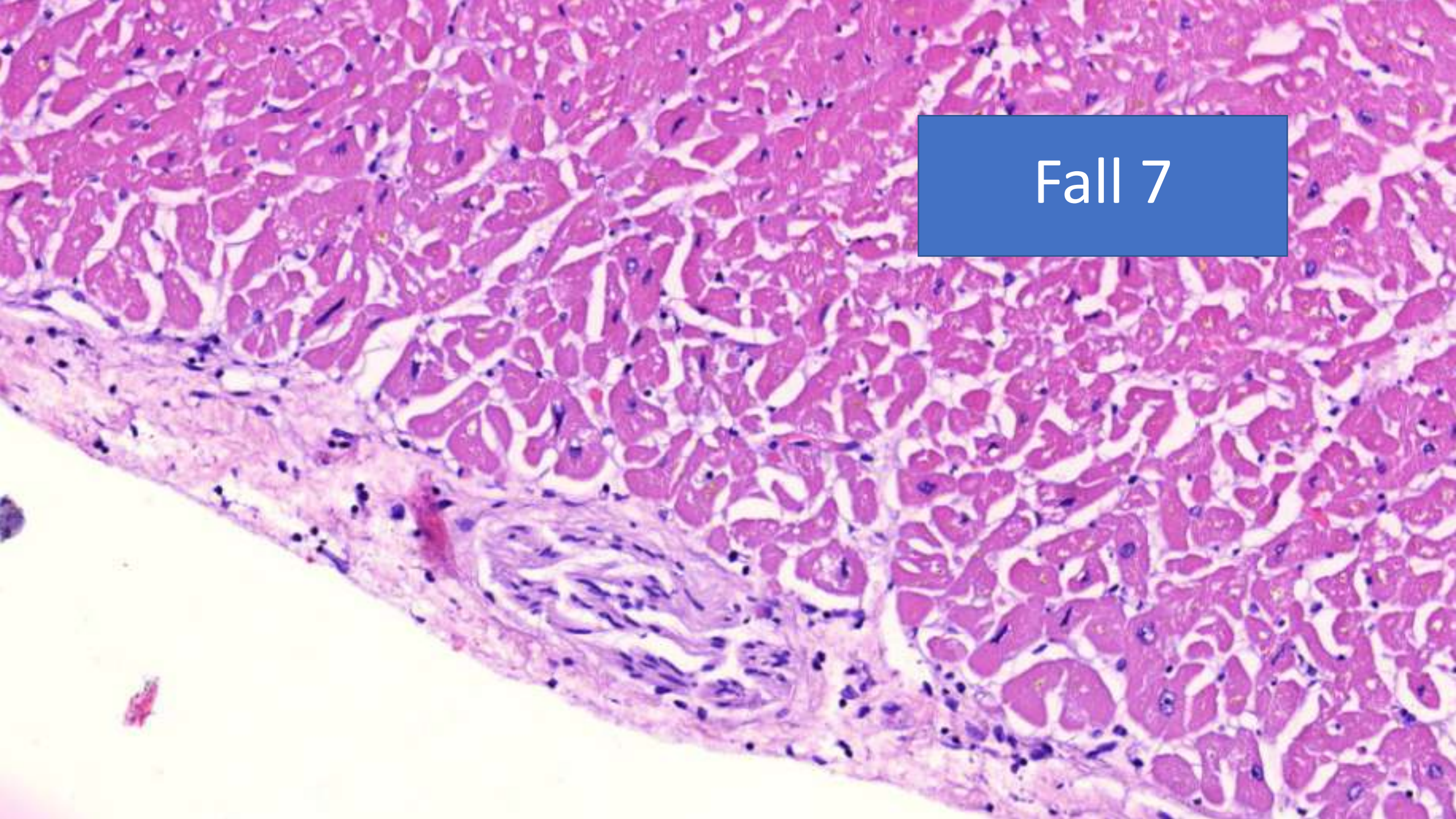
Fall 9

Fall 3



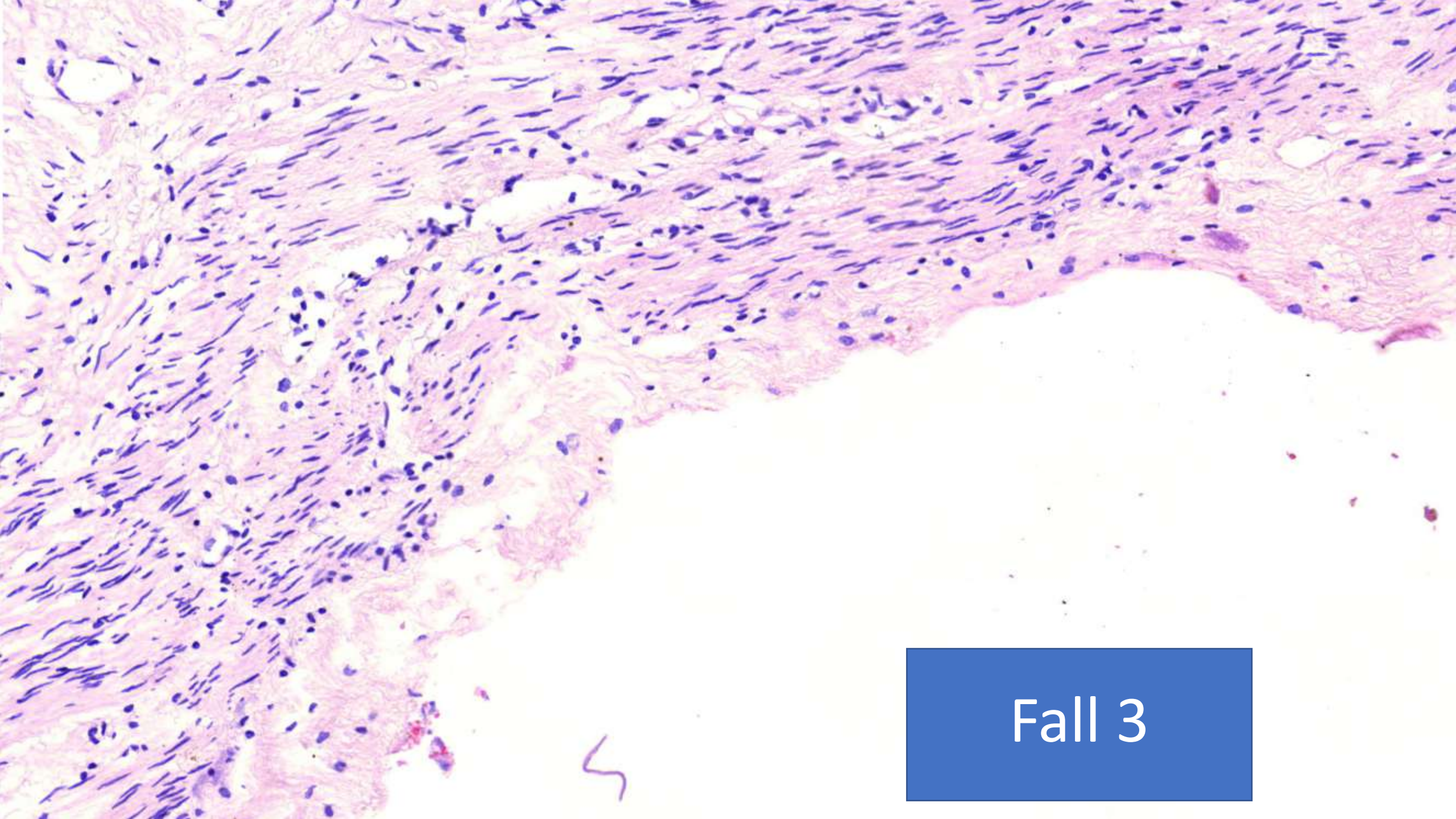


Fall 1

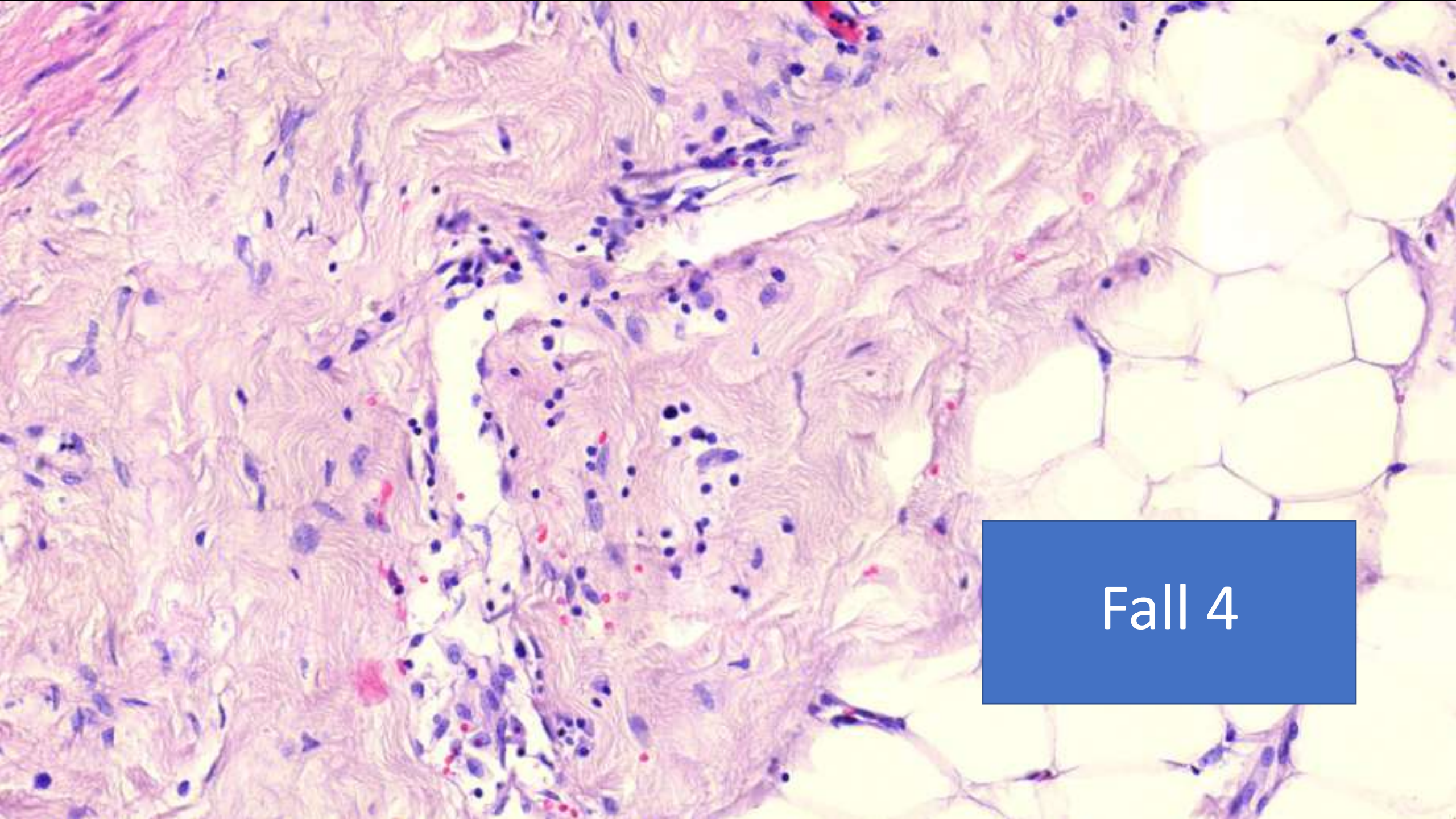


Fall 7

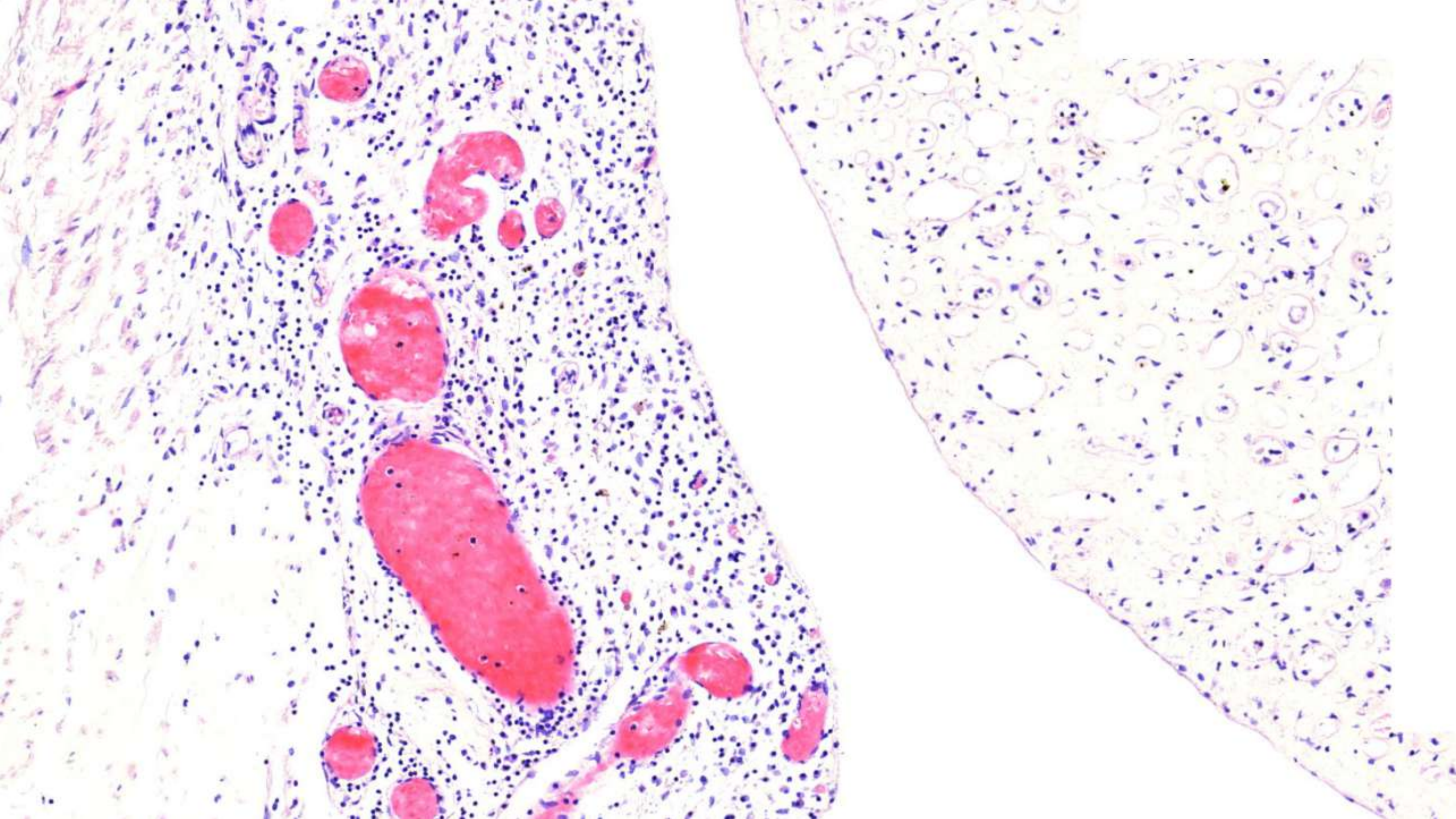
This histological image shows a section of cardiac muscle tissue. The tissue is characterized by numerous elongated, striated muscle fibers arranged in a somewhat regular pattern. The fibers are stained pink, and their nuclei are stained dark blue. A prominent feature is a large, irregularly shaped area in the lower-left quadrant, which appears to be a region of fibrosis or scar tissue, characterized by a dense, disorganized arrangement of fibers and a higher concentration of nuclei. The overall structure suggests a pathological process, possibly related to a heart condition.



Fall 3



Fall 4



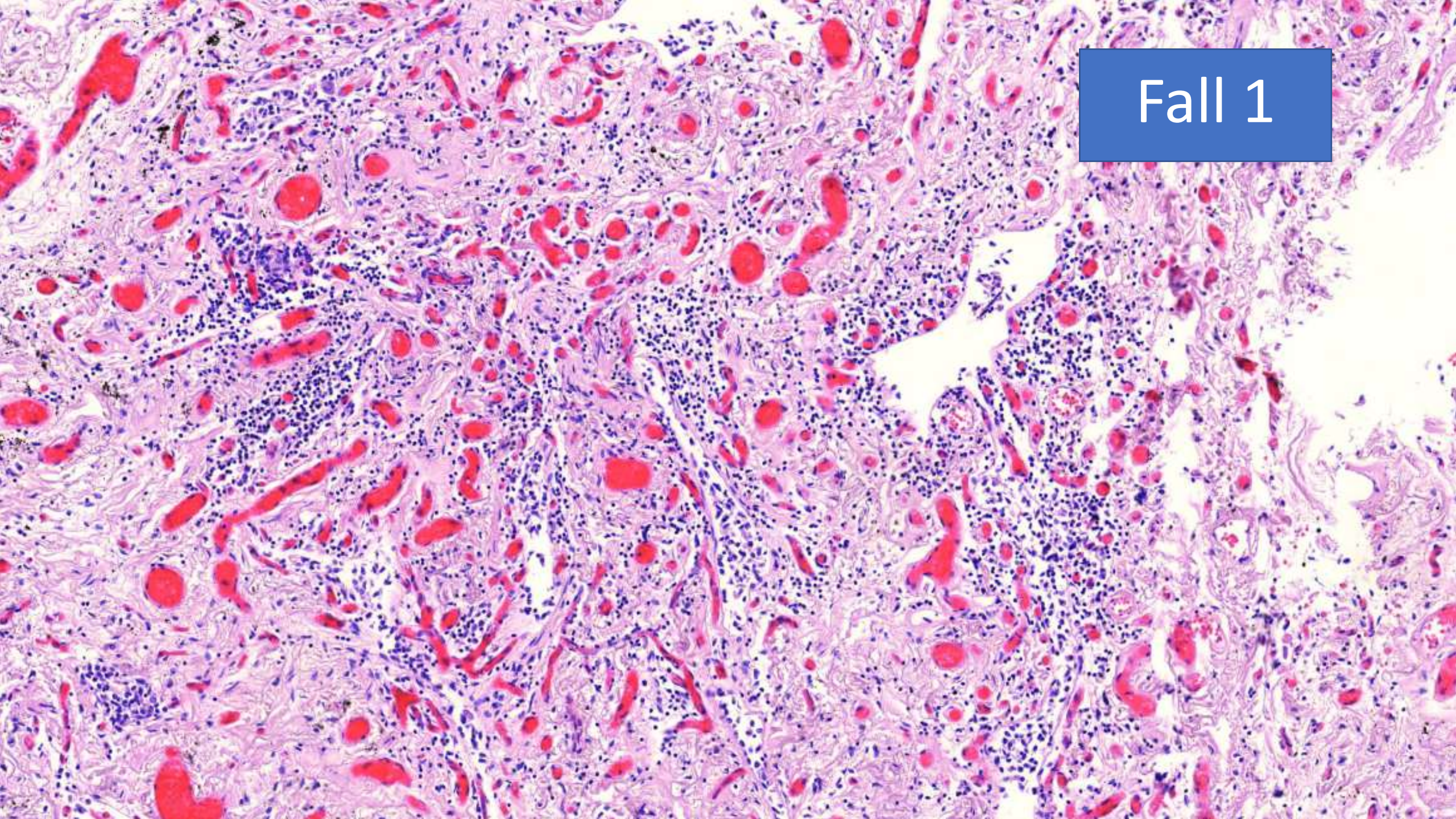
Spätfolgen einer Virus- Myokarditis: Viele sterben binnen 10 Jahre

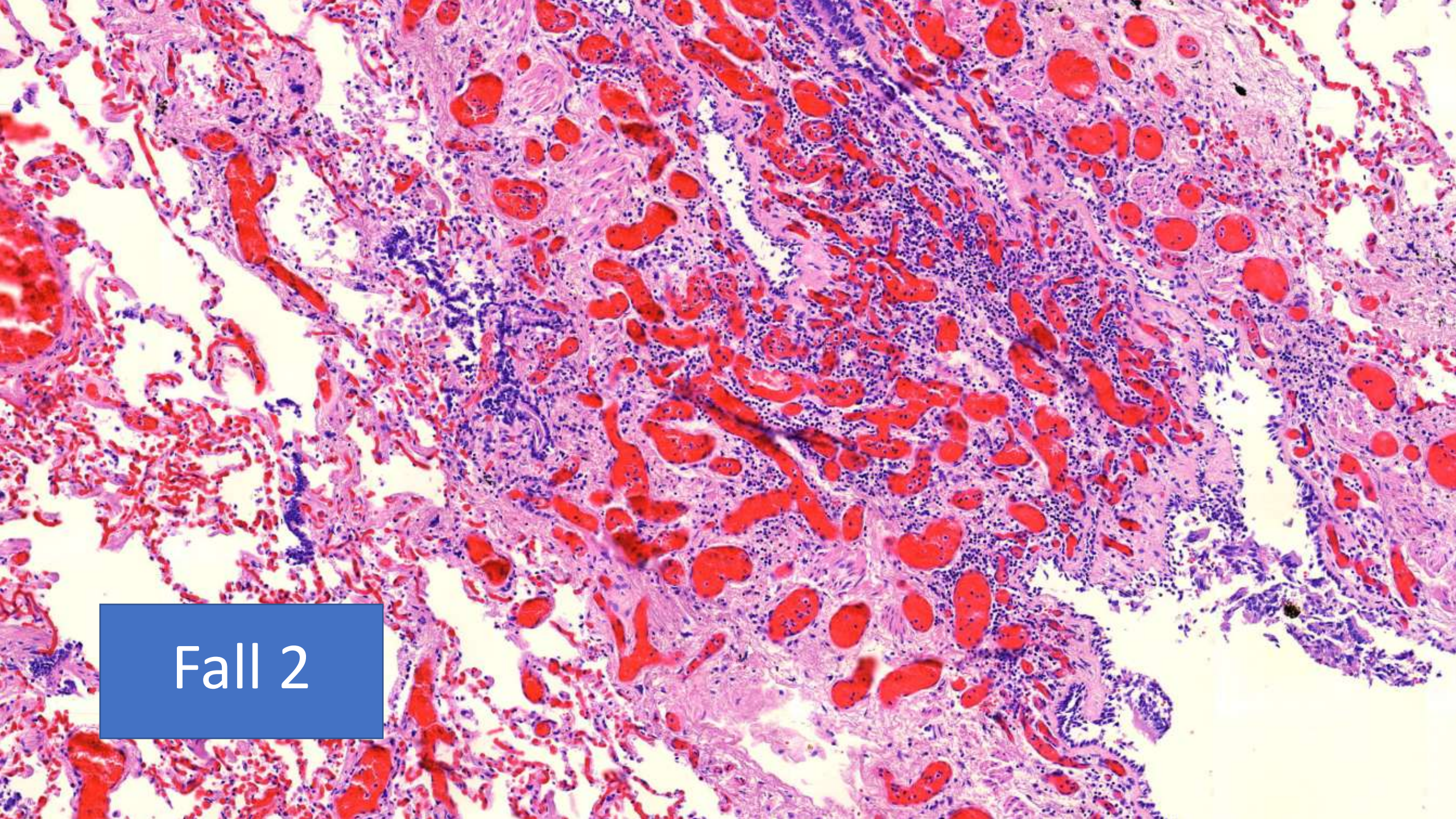
Veronika Schlimpert

Die 10-Jahres-Sterblichkeit nach einer durch Viren ausgelösten Myokarditis ist hoch. Deutsche Kardiologen haben nun untersucht, welche Patienten besonders gefährdet sind.

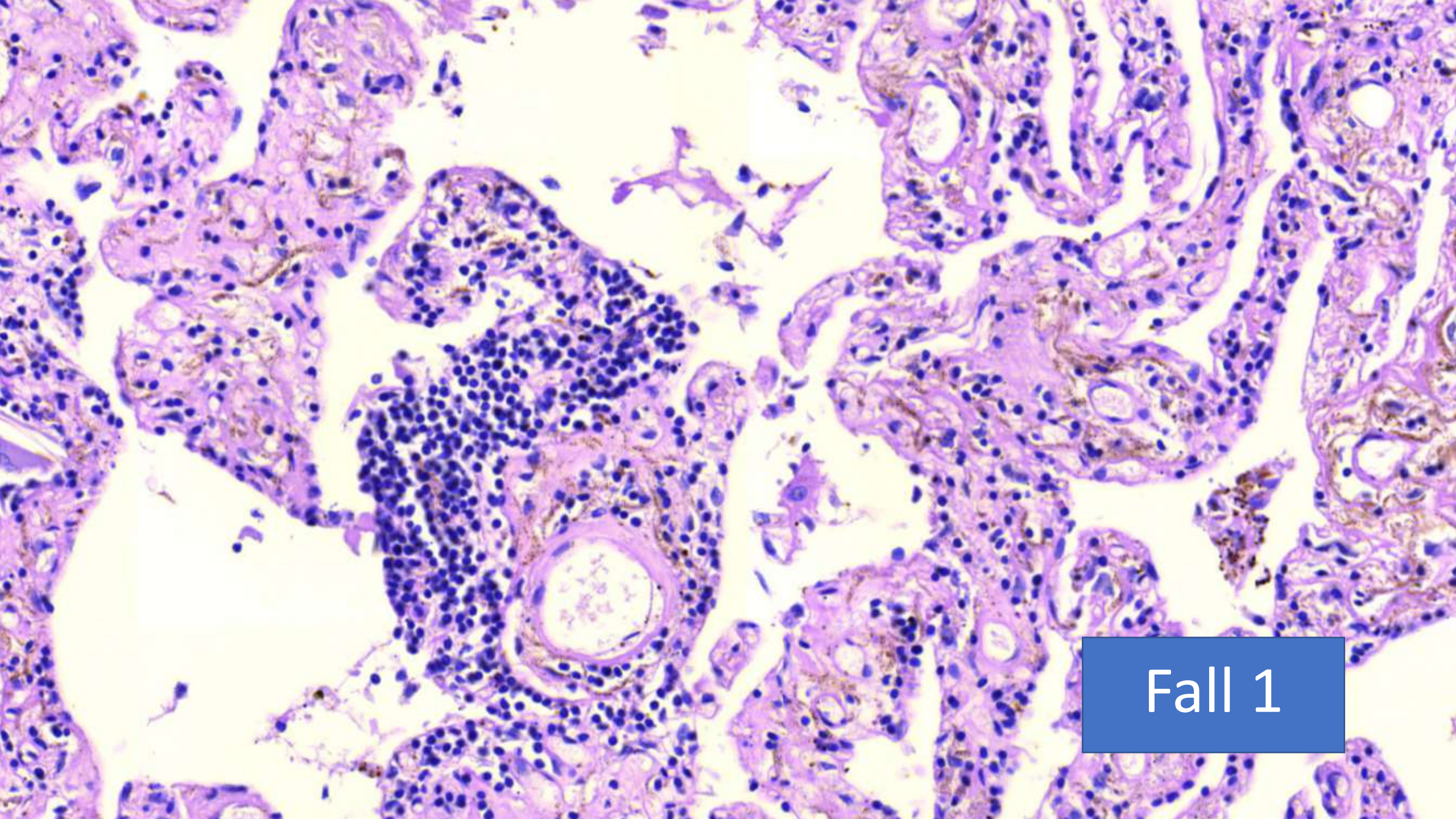
Angesicht der derzeit kursierenden COVID-19-Pandemie könnten die neuesten Studienergebnisse für Beunruhigung sorgen.

Fall 1

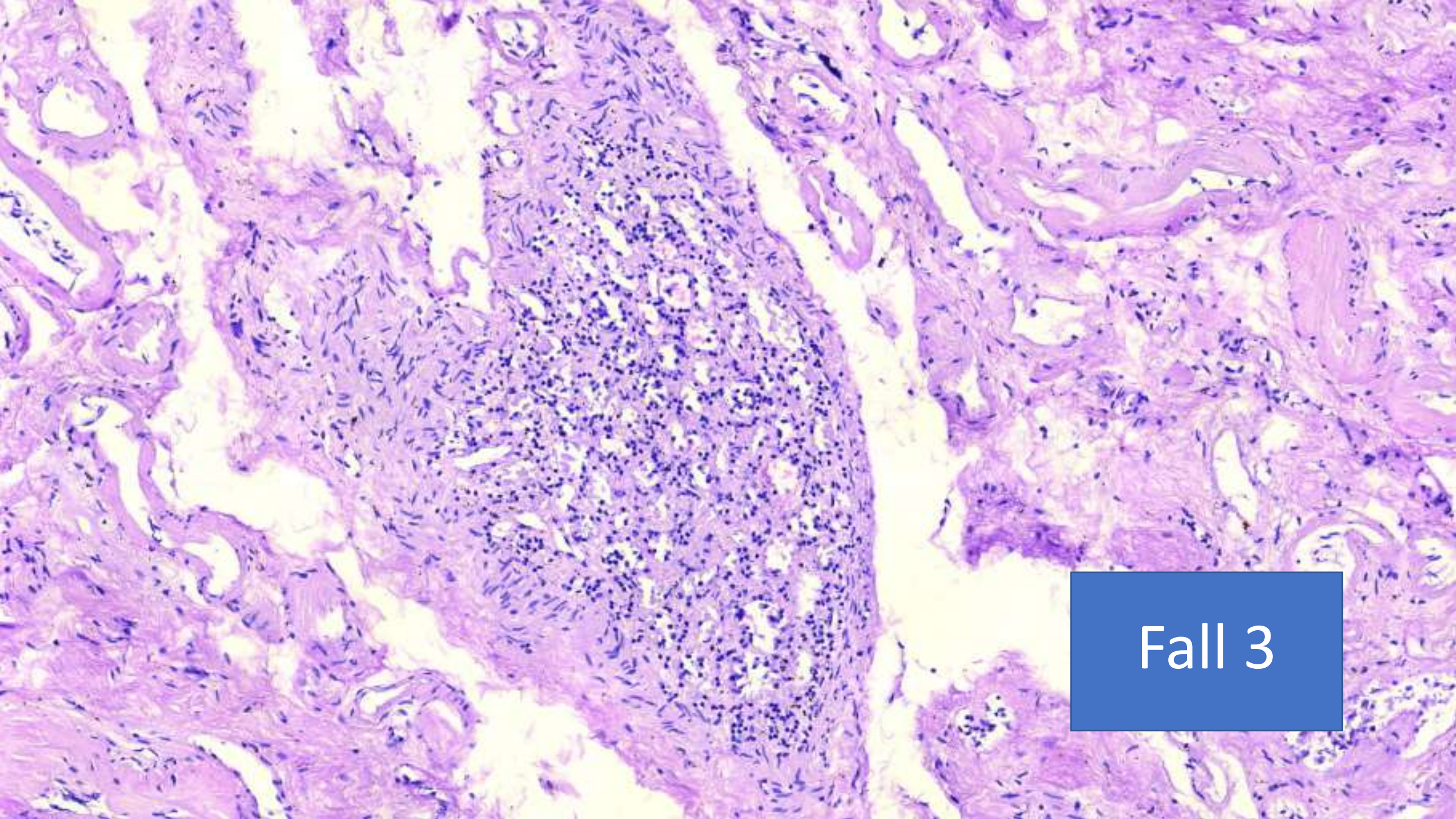




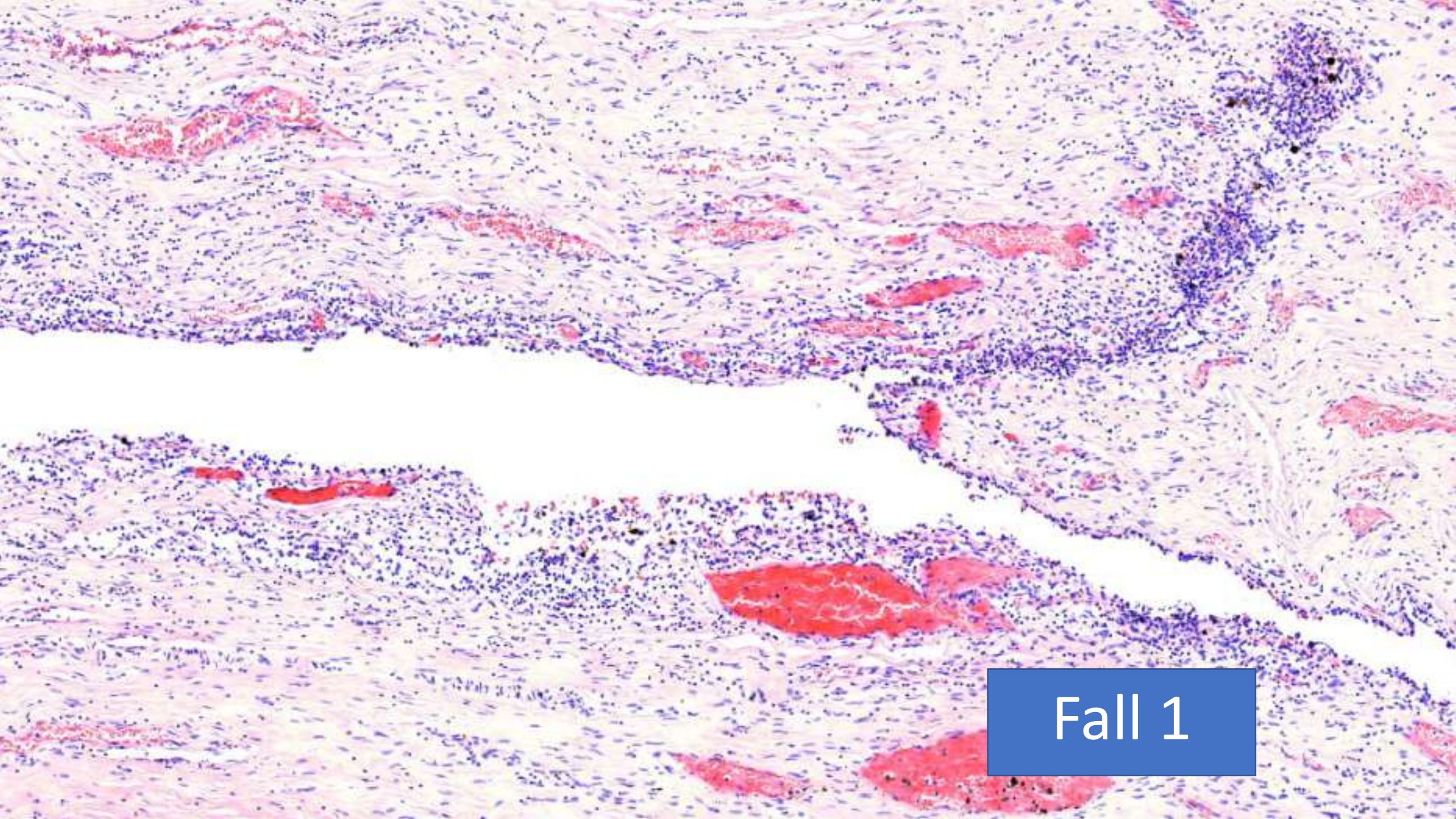
Fall 2



Fall 1



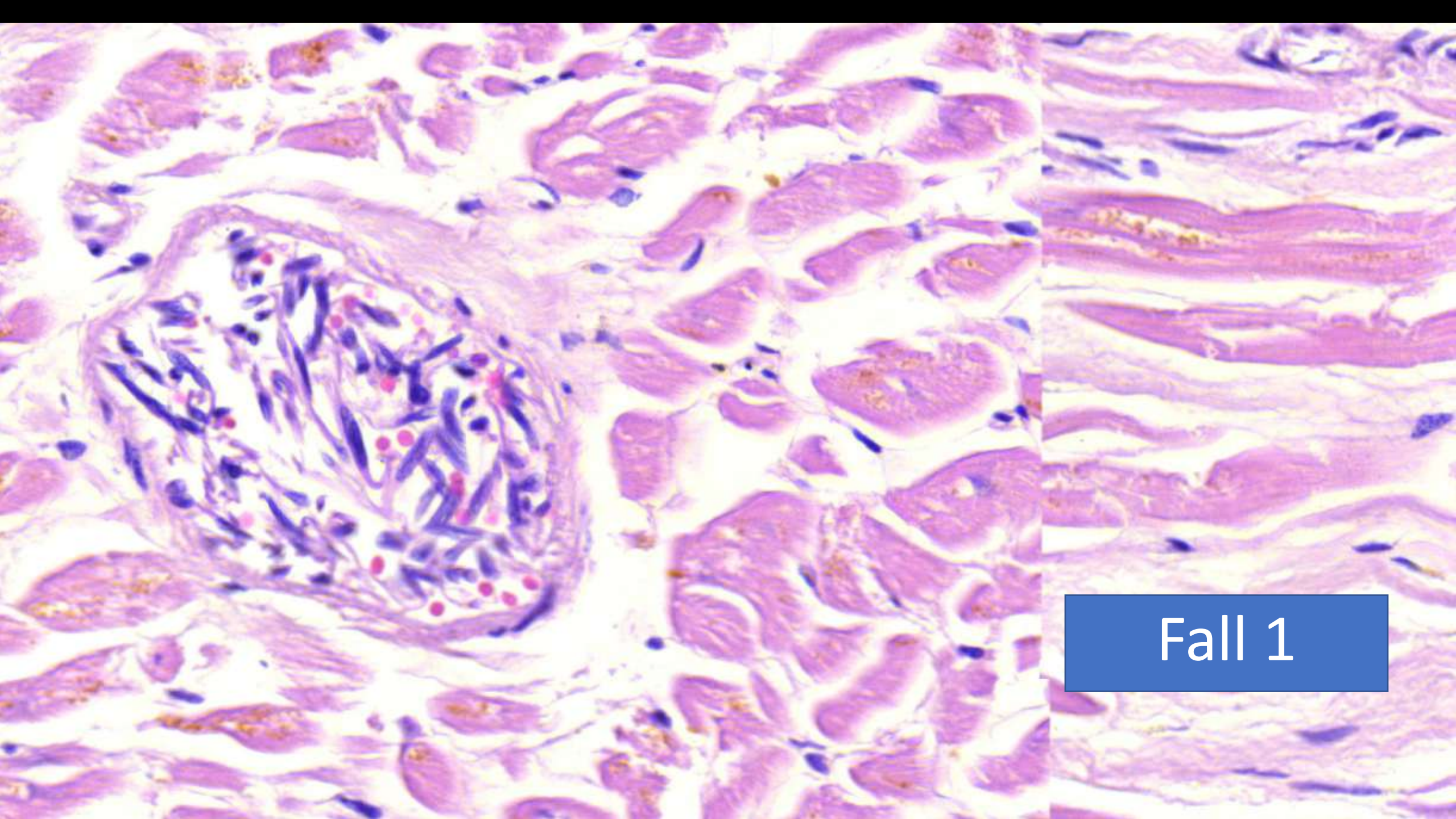
Fall 3



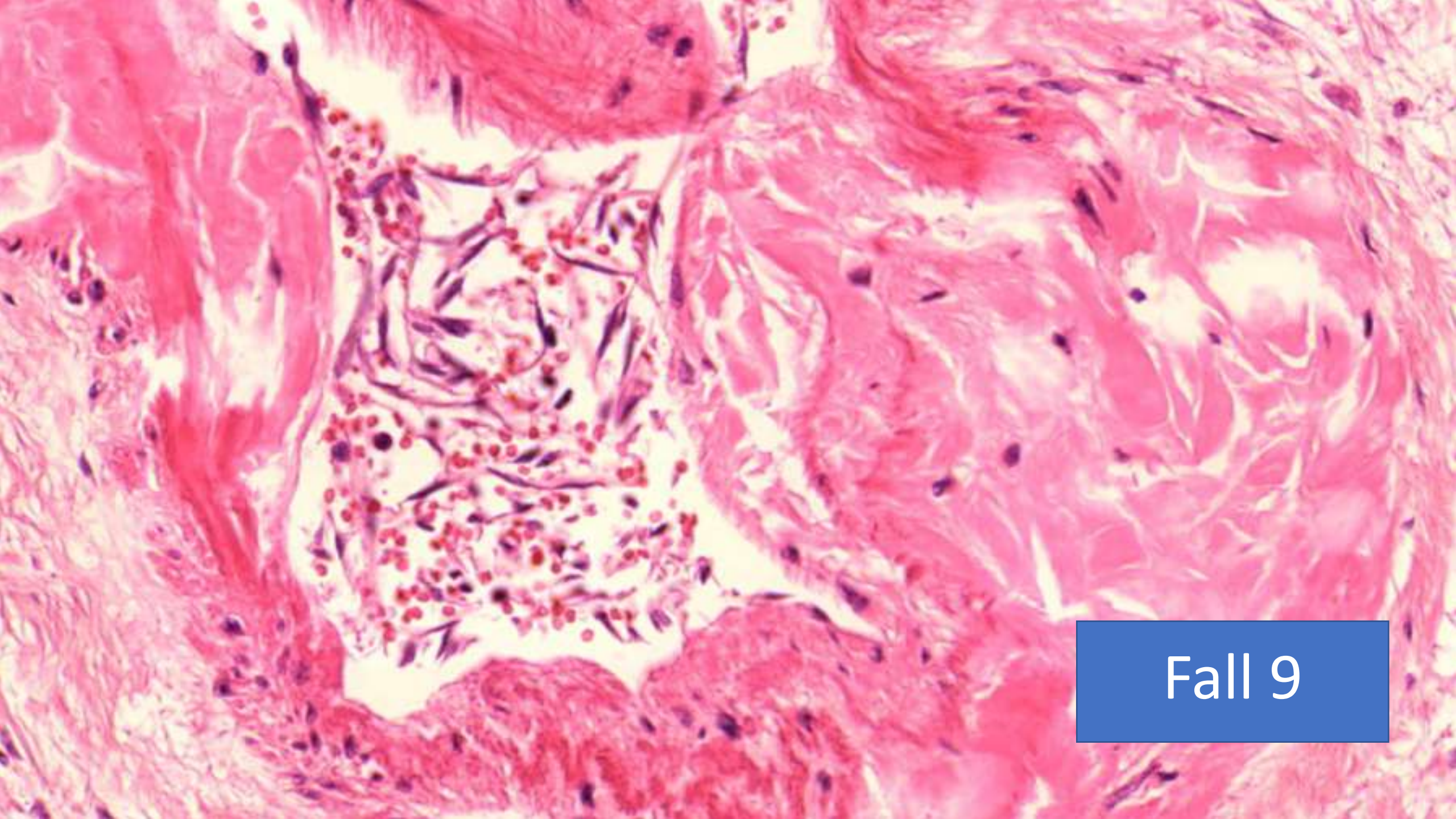
Fall 1

Vermutete Corona-Impfnebenwirkungen mit potentieller Todesfolge

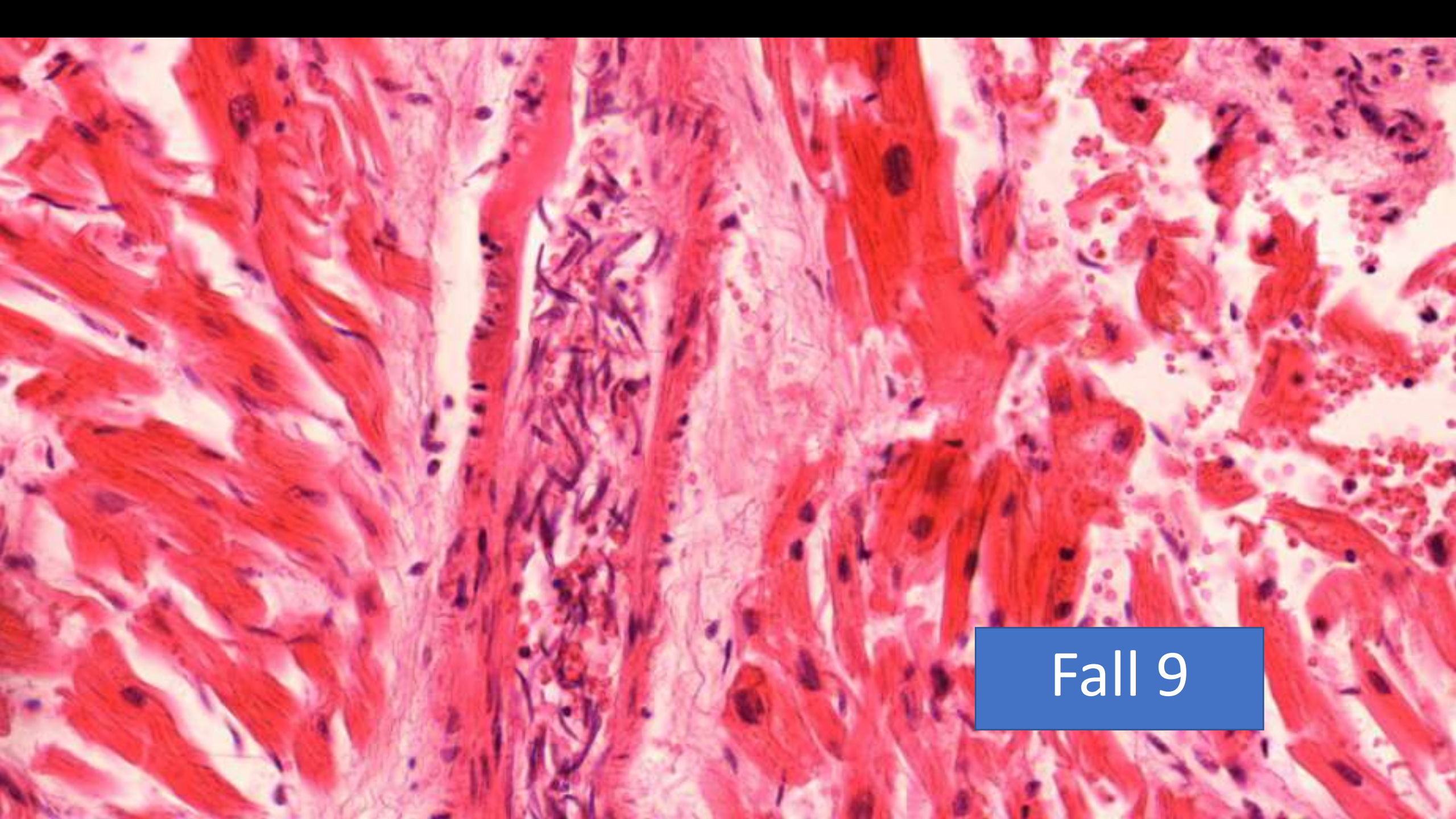
- Autoimmunphänomene („self-to-self attack“)
- Verminderung der Immunkapazität
- Beeinflussung des Krebswachstums
- Gefäßschaden „Endothelitis“, Vaskulitis, Perivaskulitis
- Erythrozyten-„Verklumpung“



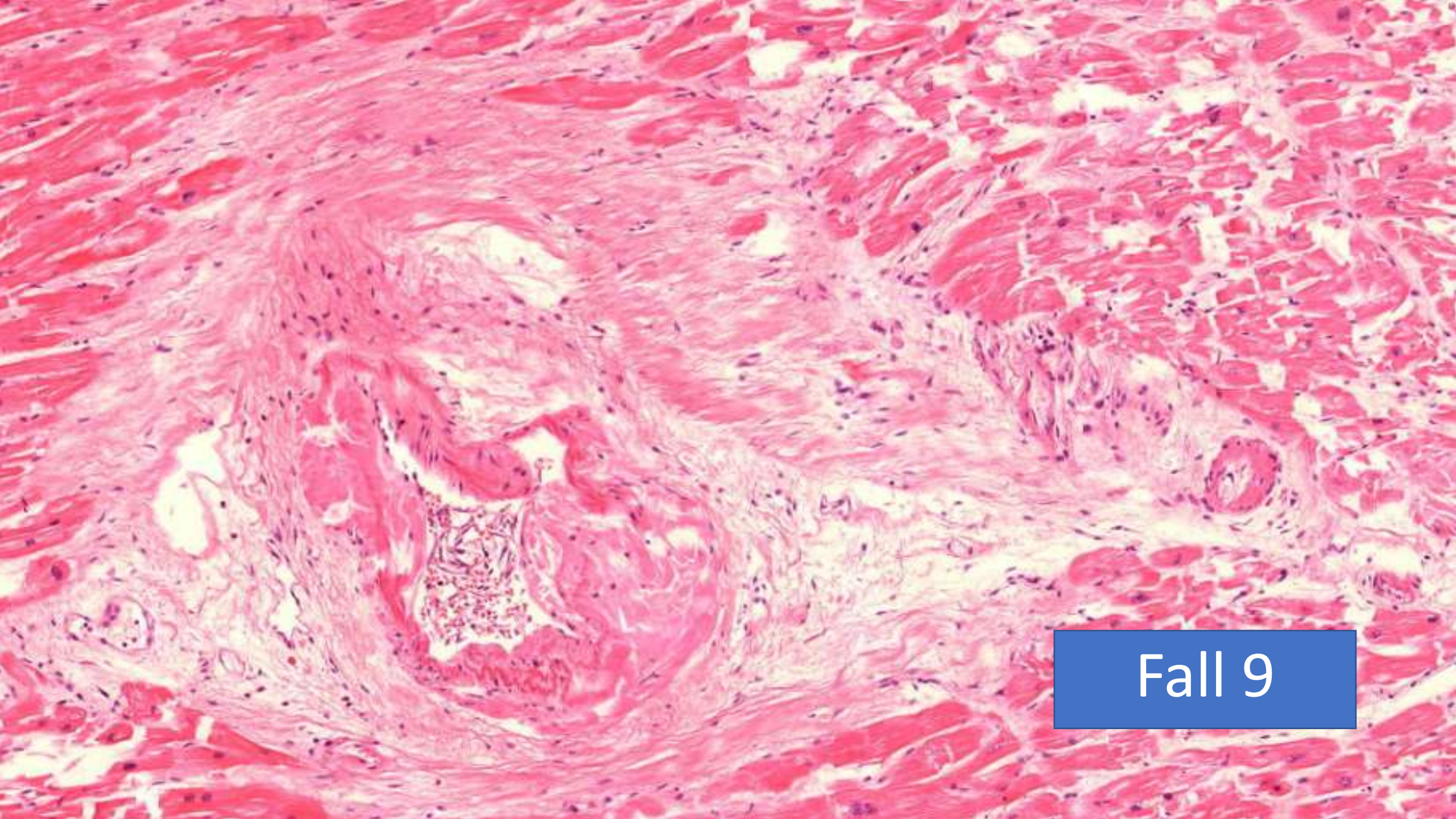
Fall 1



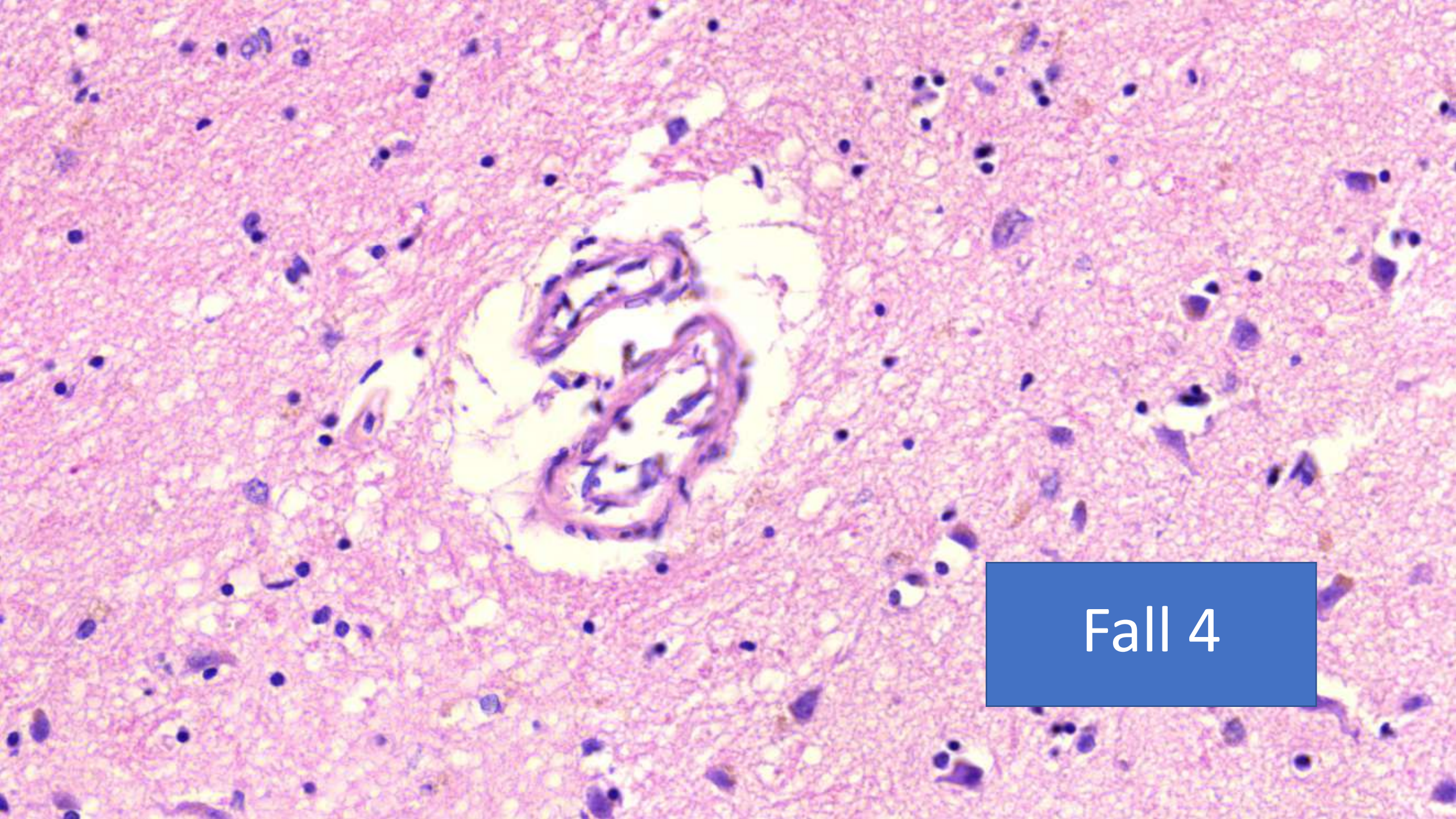
Fall 9



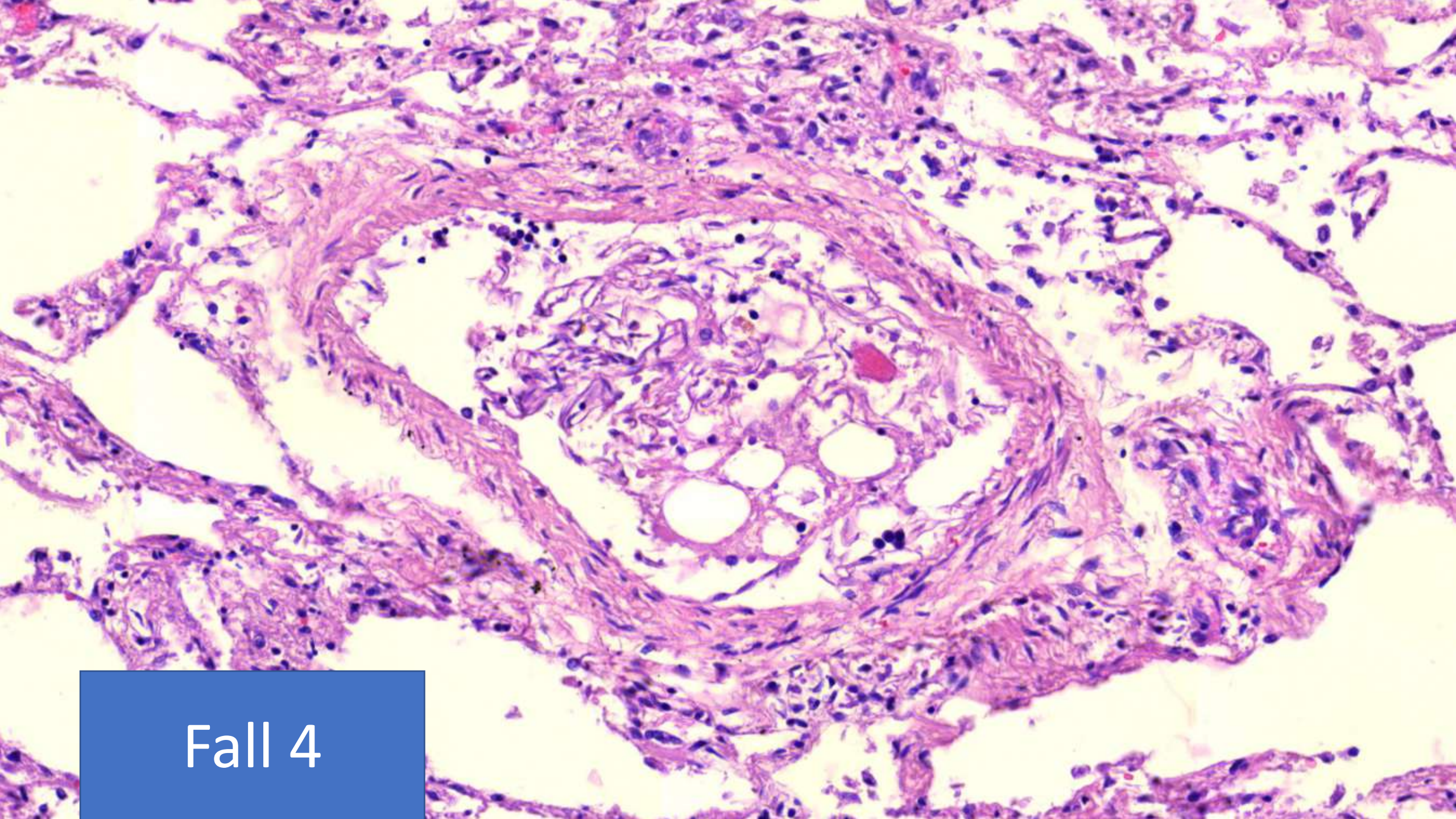
Fall 9



Fall 9

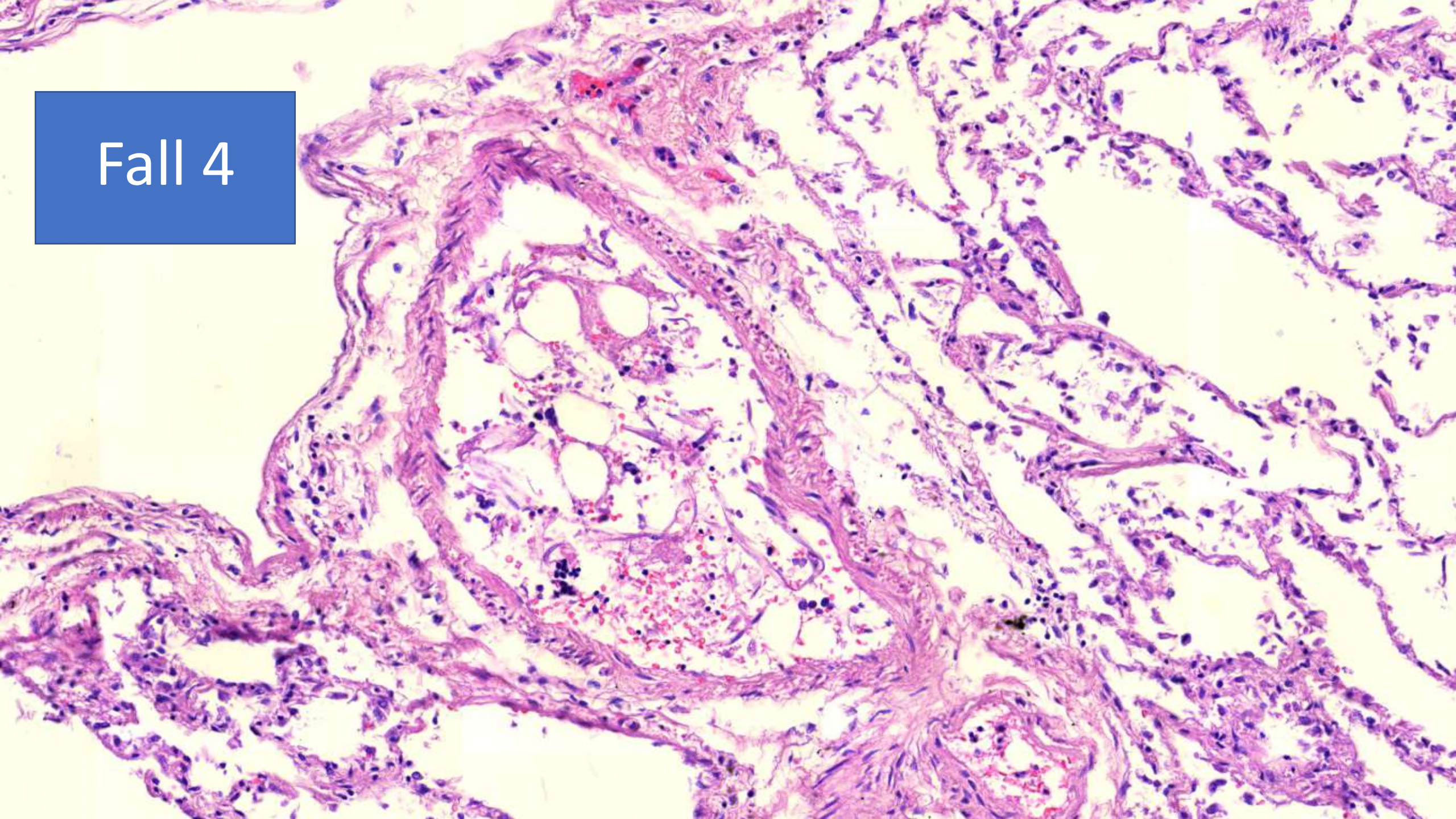


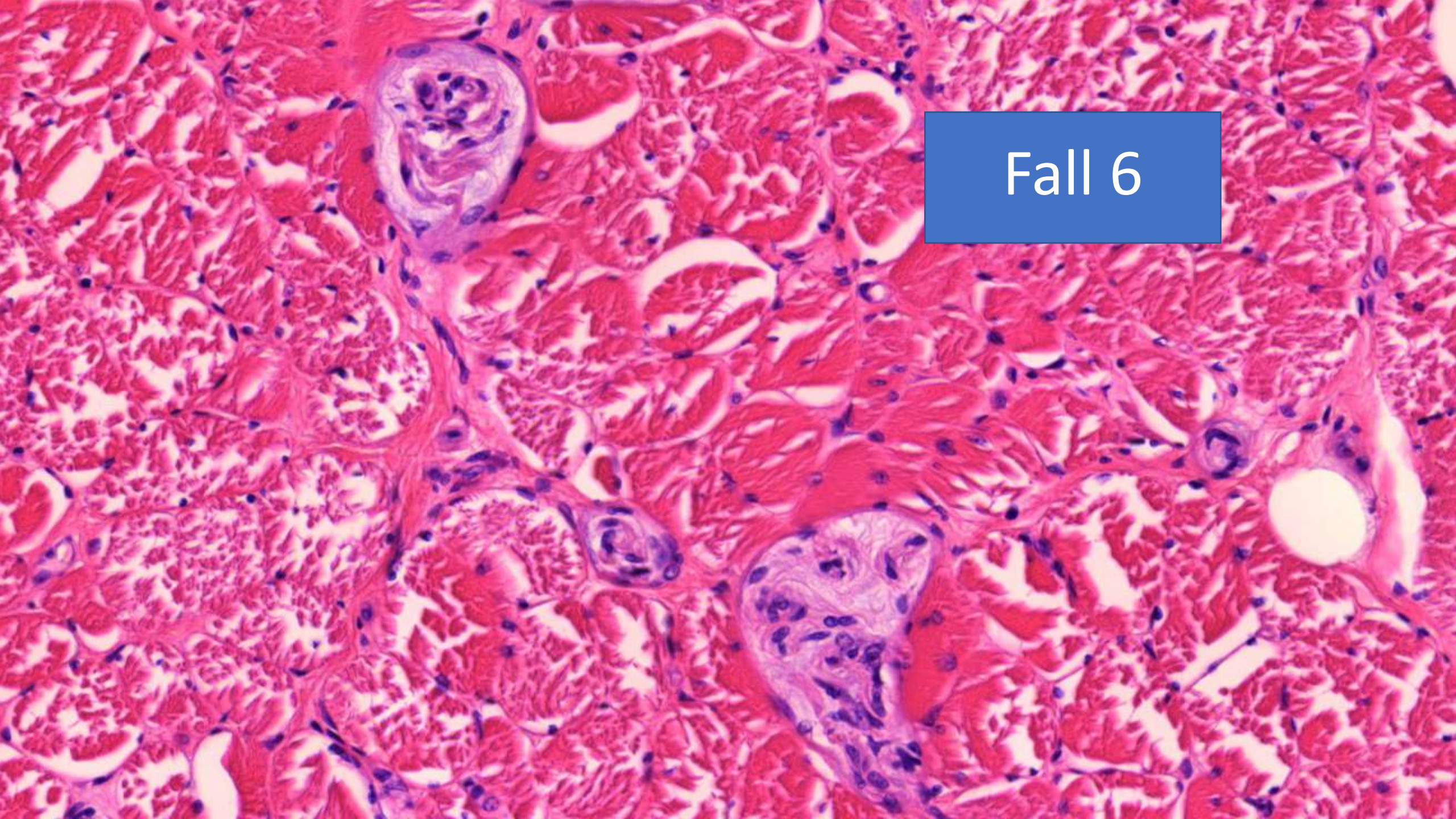
Fall 4



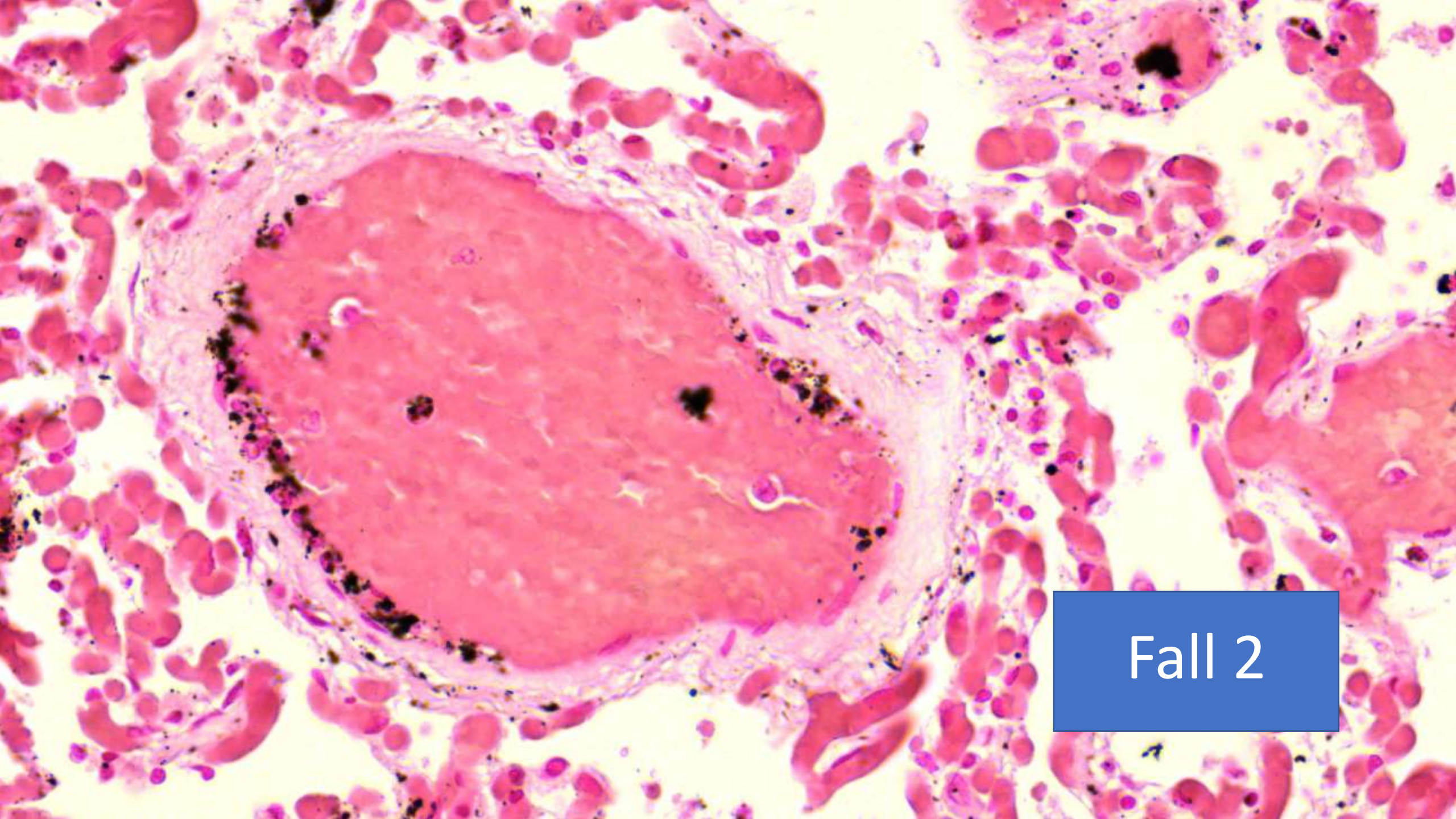
Fall 4

Fall 4

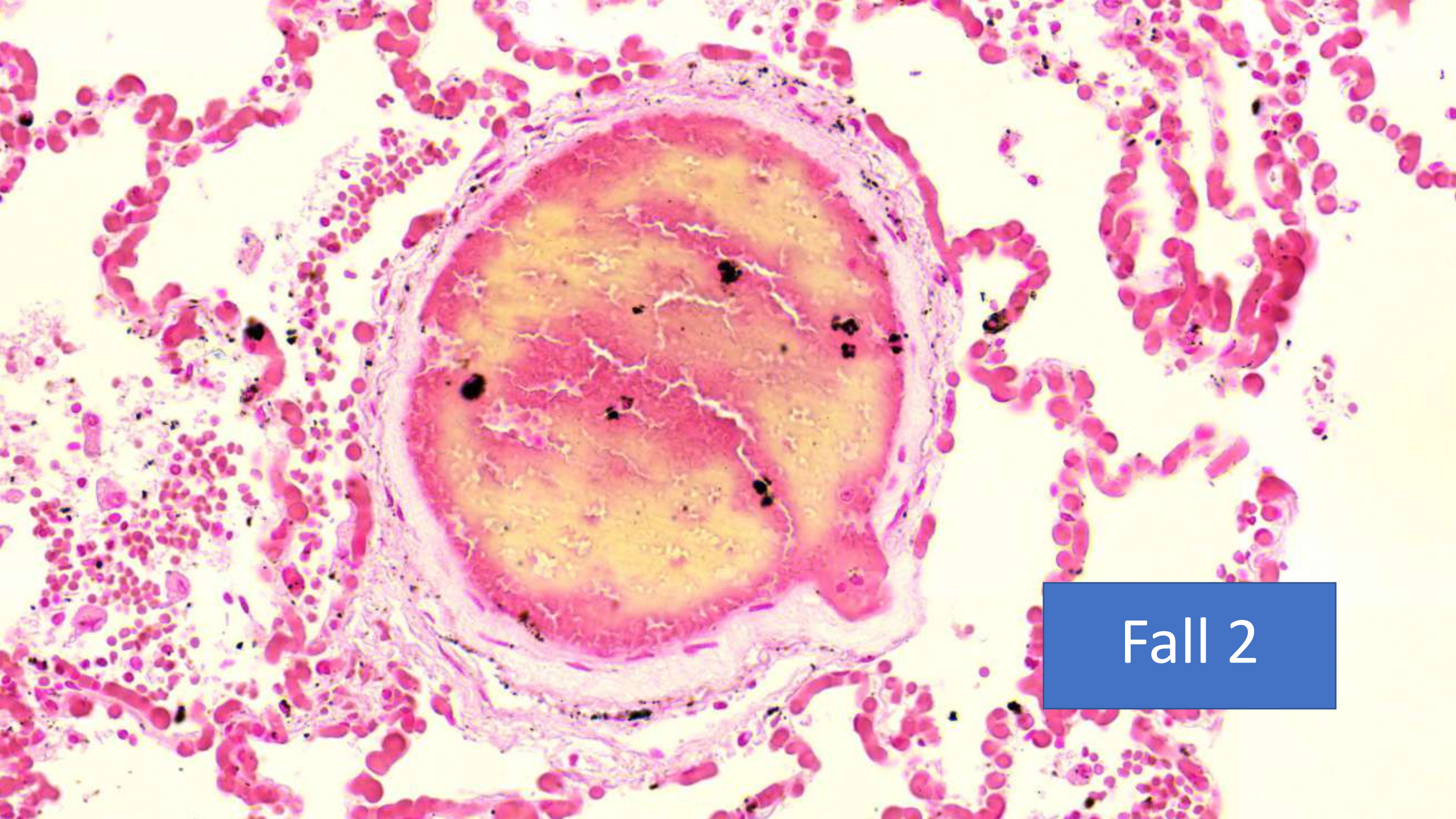


A histological section of tissue, likely stained with hematoxylin and eosin (H&E), showing a dense cellular structure. The tissue features numerous small, dark-stained nuclei and larger, lighter-stained areas that could be glandular or ductal structures. A semi-transparent blue rectangular box is overlaid on the right side of the image, containing the text "Fall 6" in white. The overall appearance is that of a microscopic view of a tissue sample, possibly from a glandular organ.

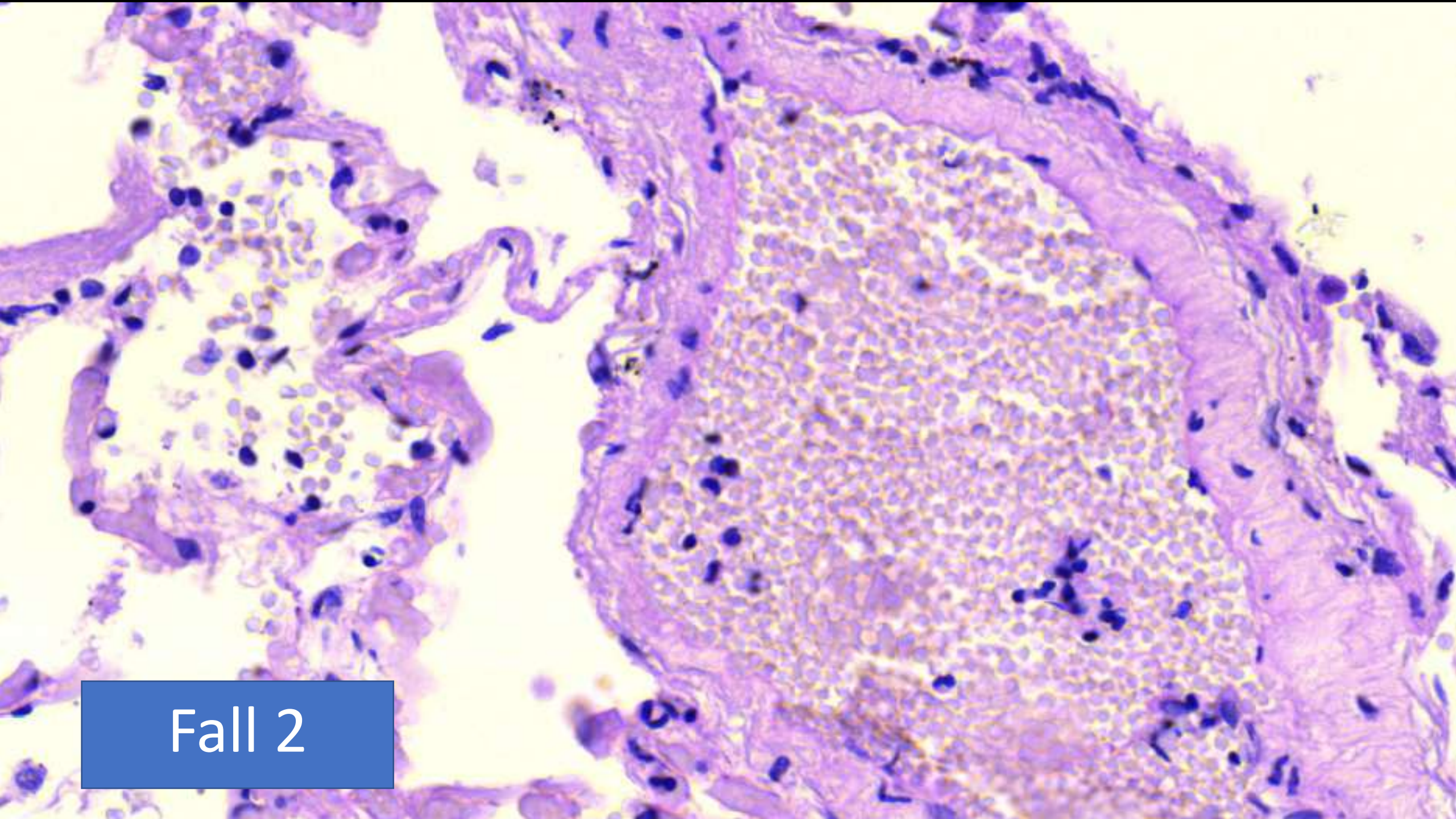
Fall 6



Fall 2

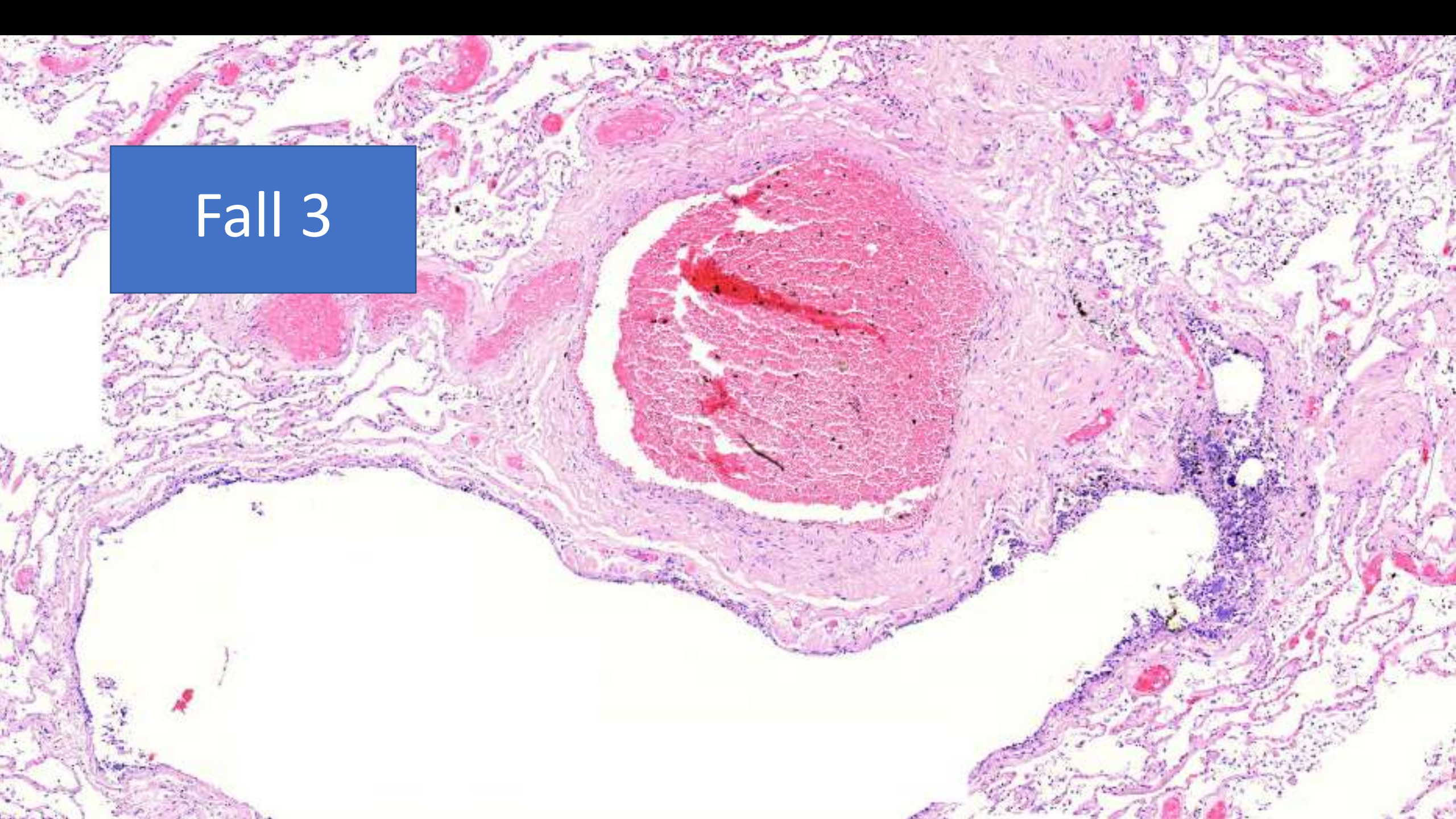


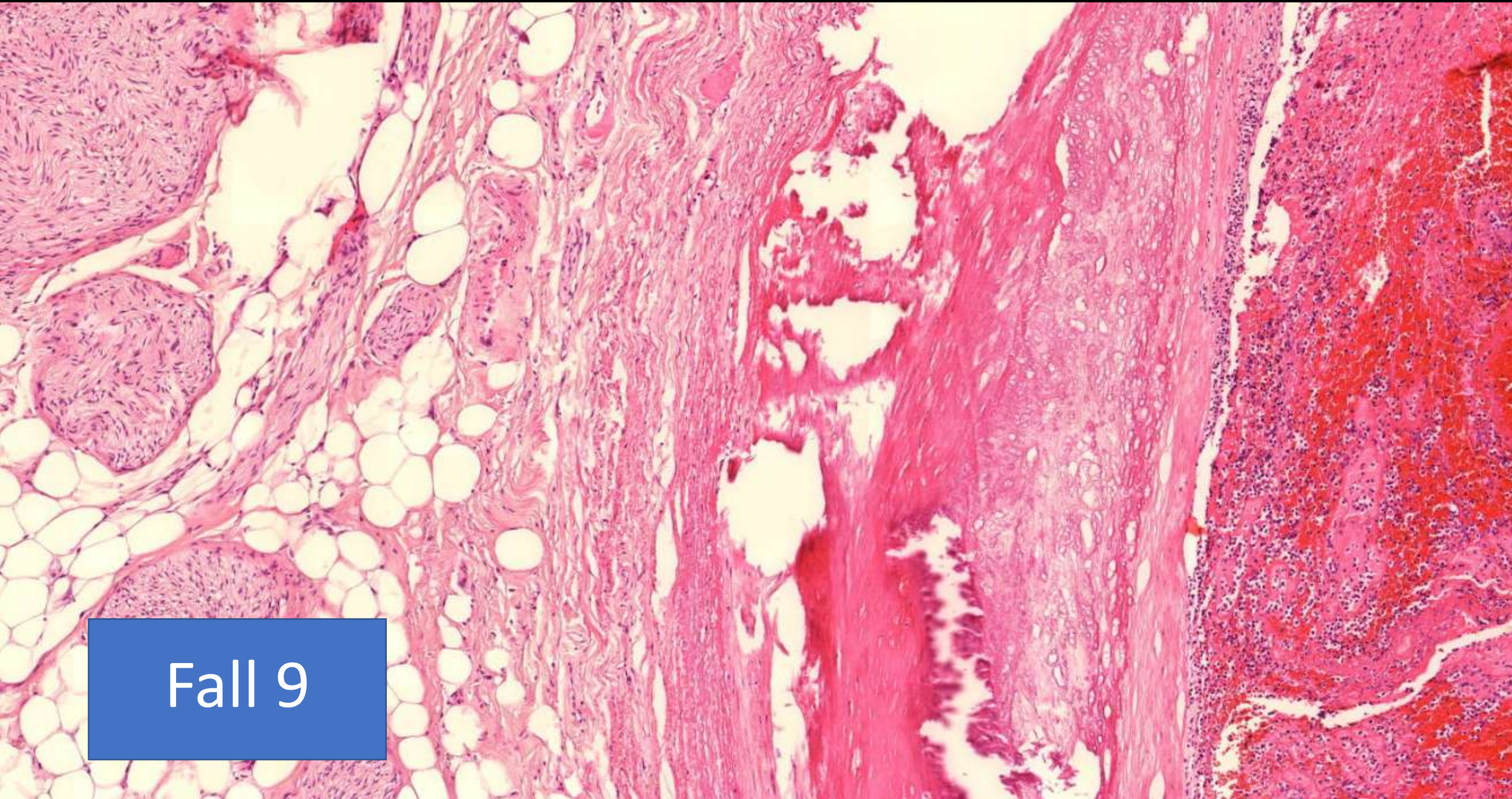
Fall 2



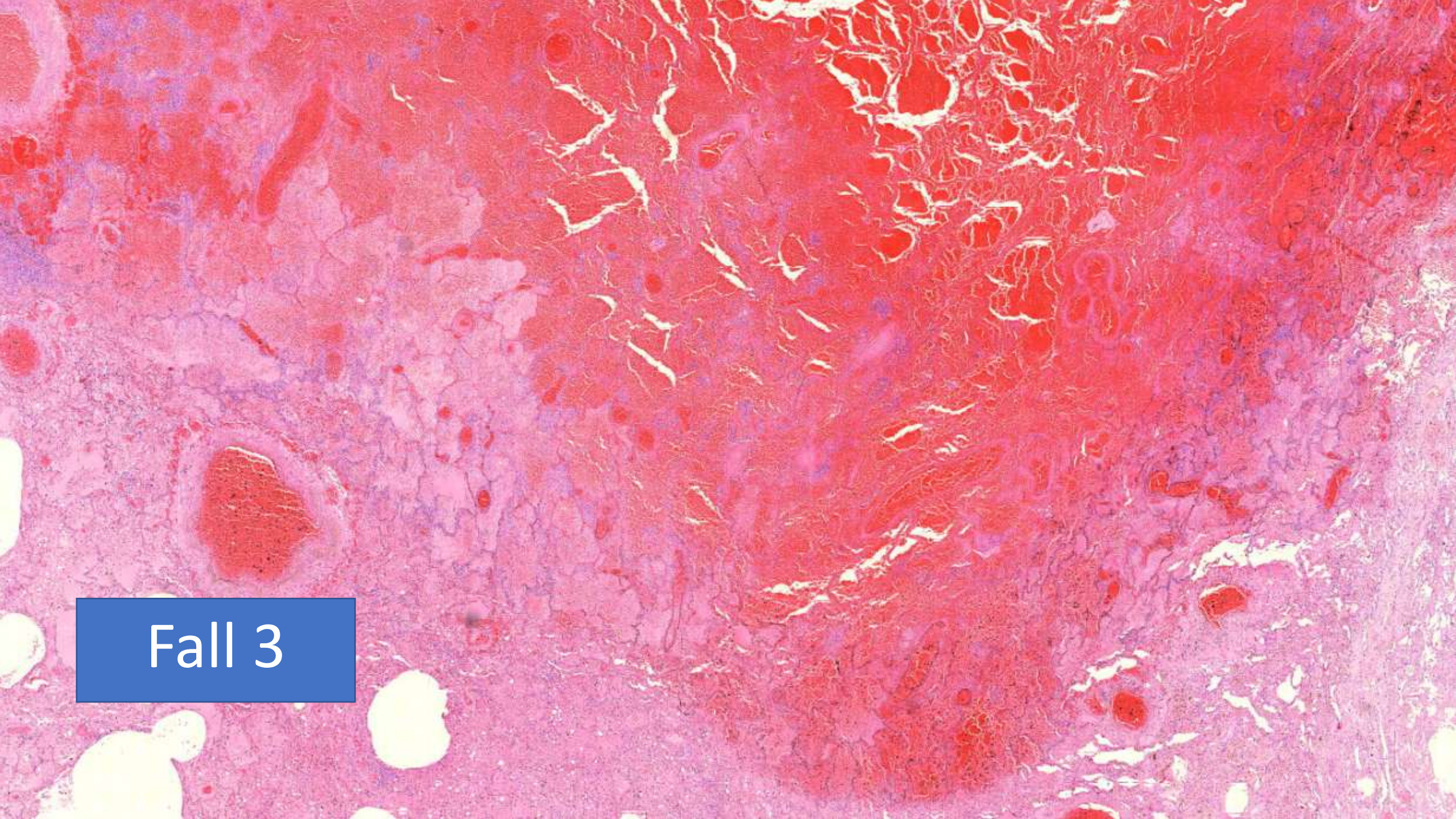
Fall 2

Fall 3

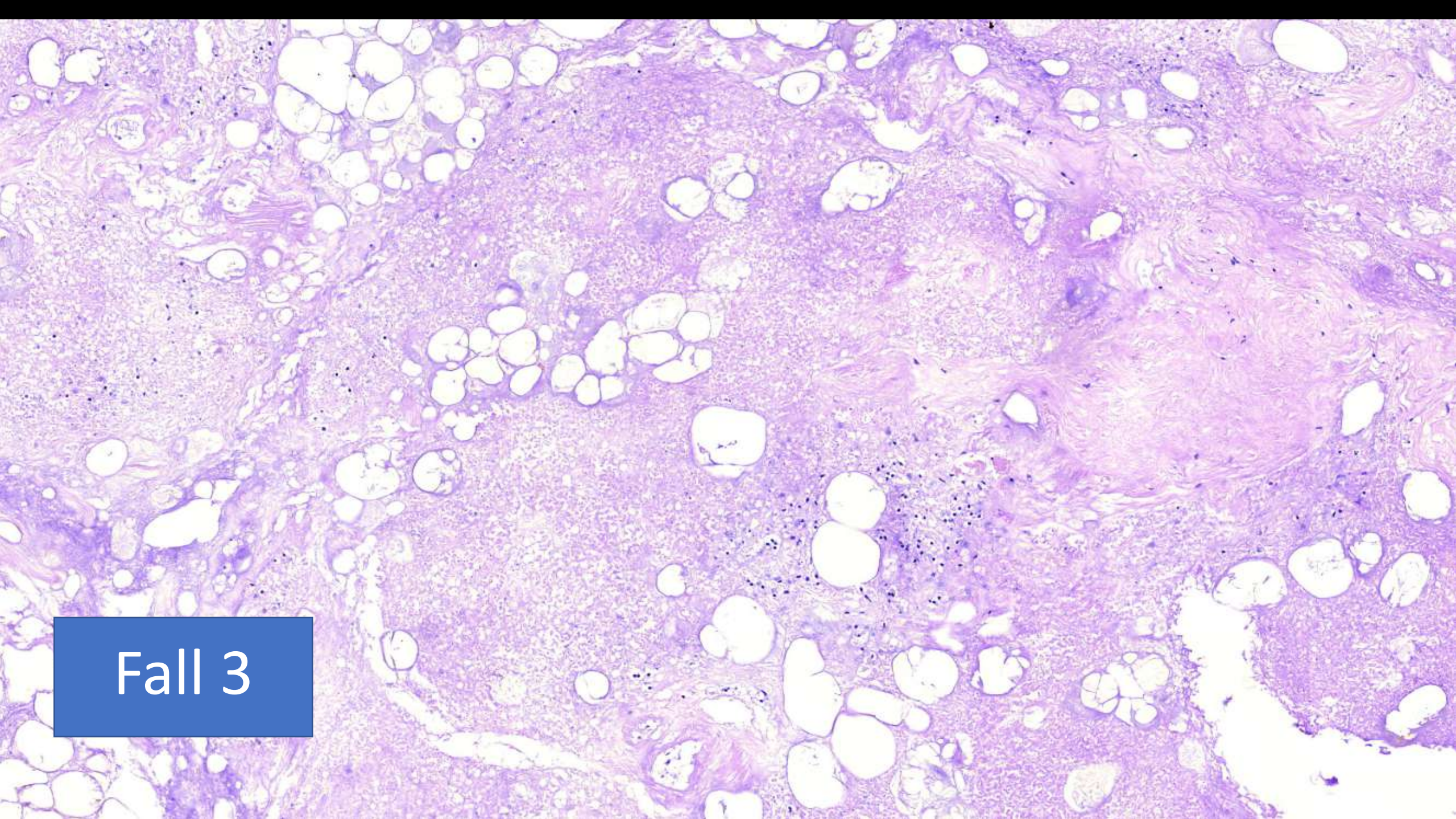




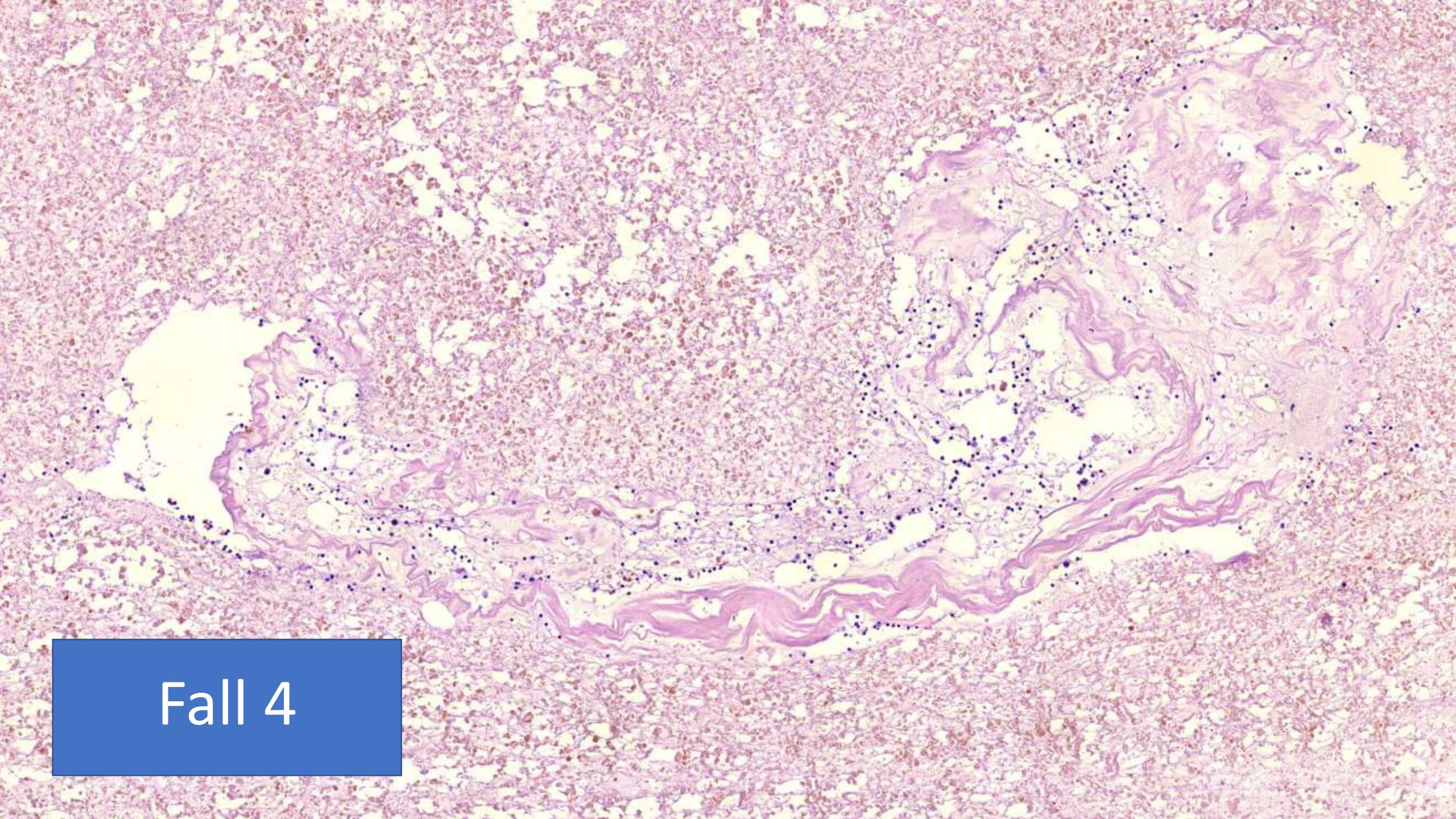
Fall 9



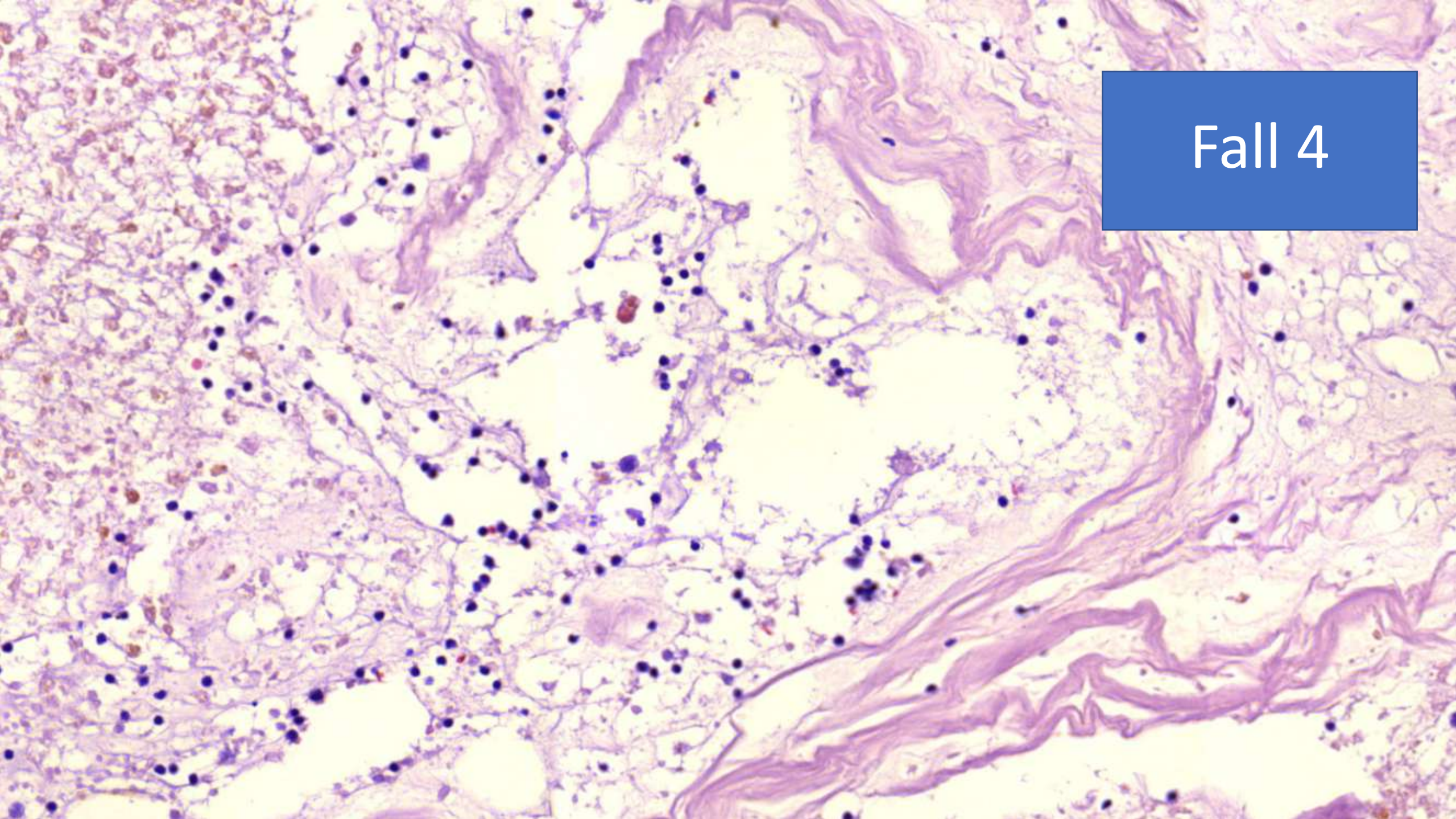
Fall 3



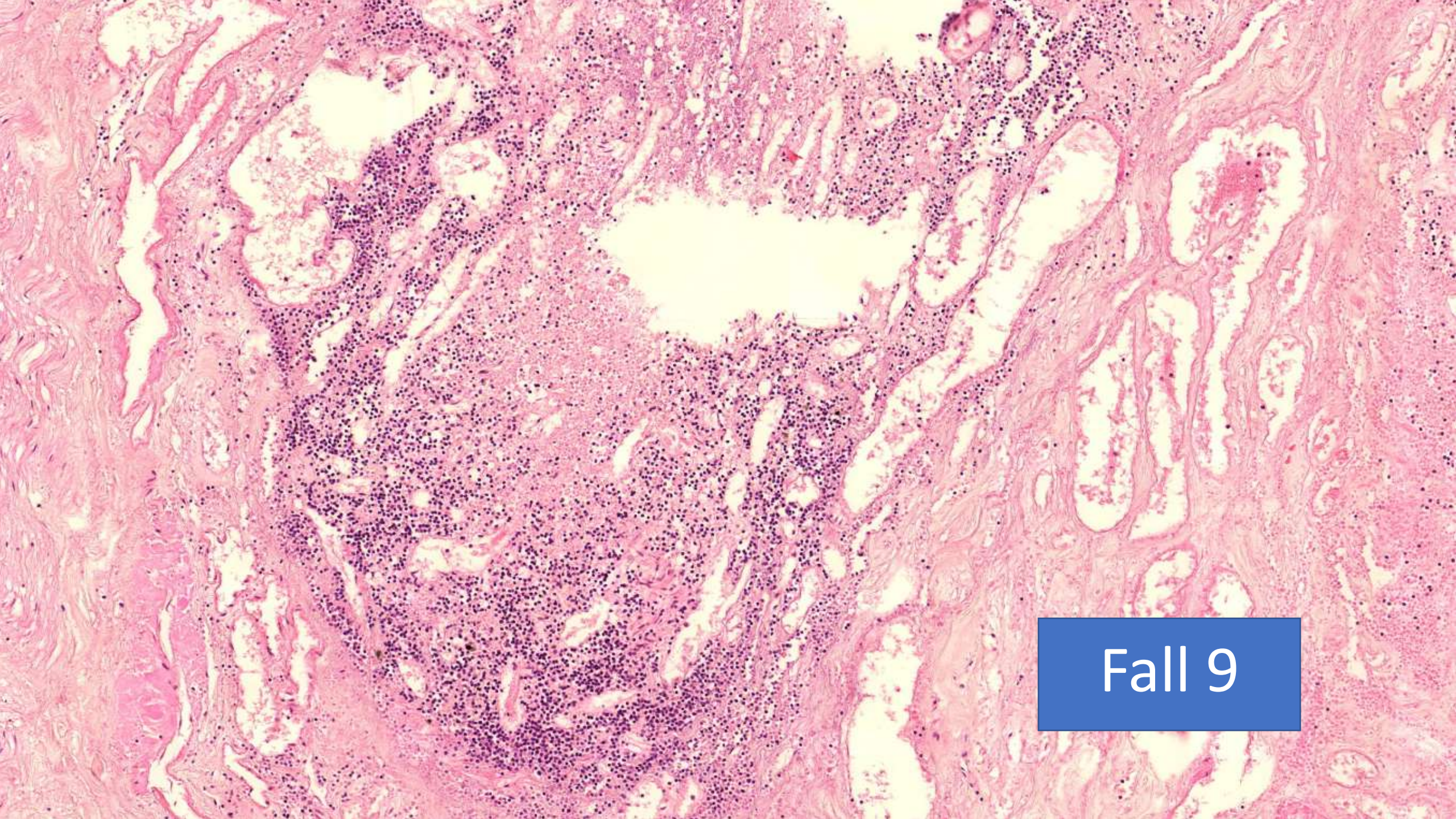
Fall 3



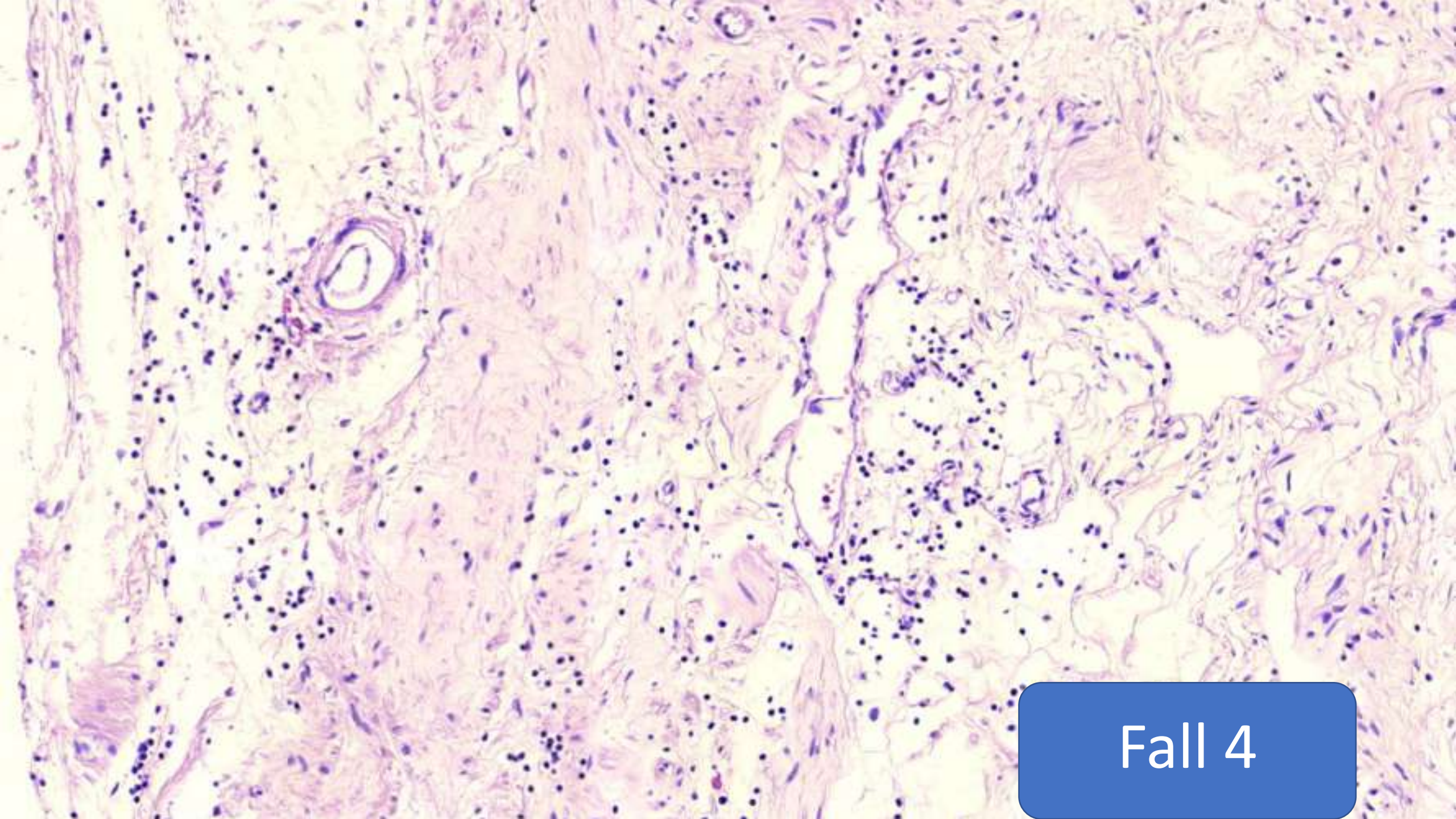
Fall 4

A histological slide showing a tissue section with a blue overlay in the top right corner. The tissue is stained with hematoxylin and eosin (H&E), showing a dense network of cells with dark purple nuclei and pinkish-purple cytoplasm and extracellular matrix. The blue overlay is a solid rectangle with the text 'Fall 4' in white. The text is in a sans-serif font, with 'Fall' and '4' separated by a space. The overlay is positioned in the upper right quadrant of the image, partially obscuring the tissue details.

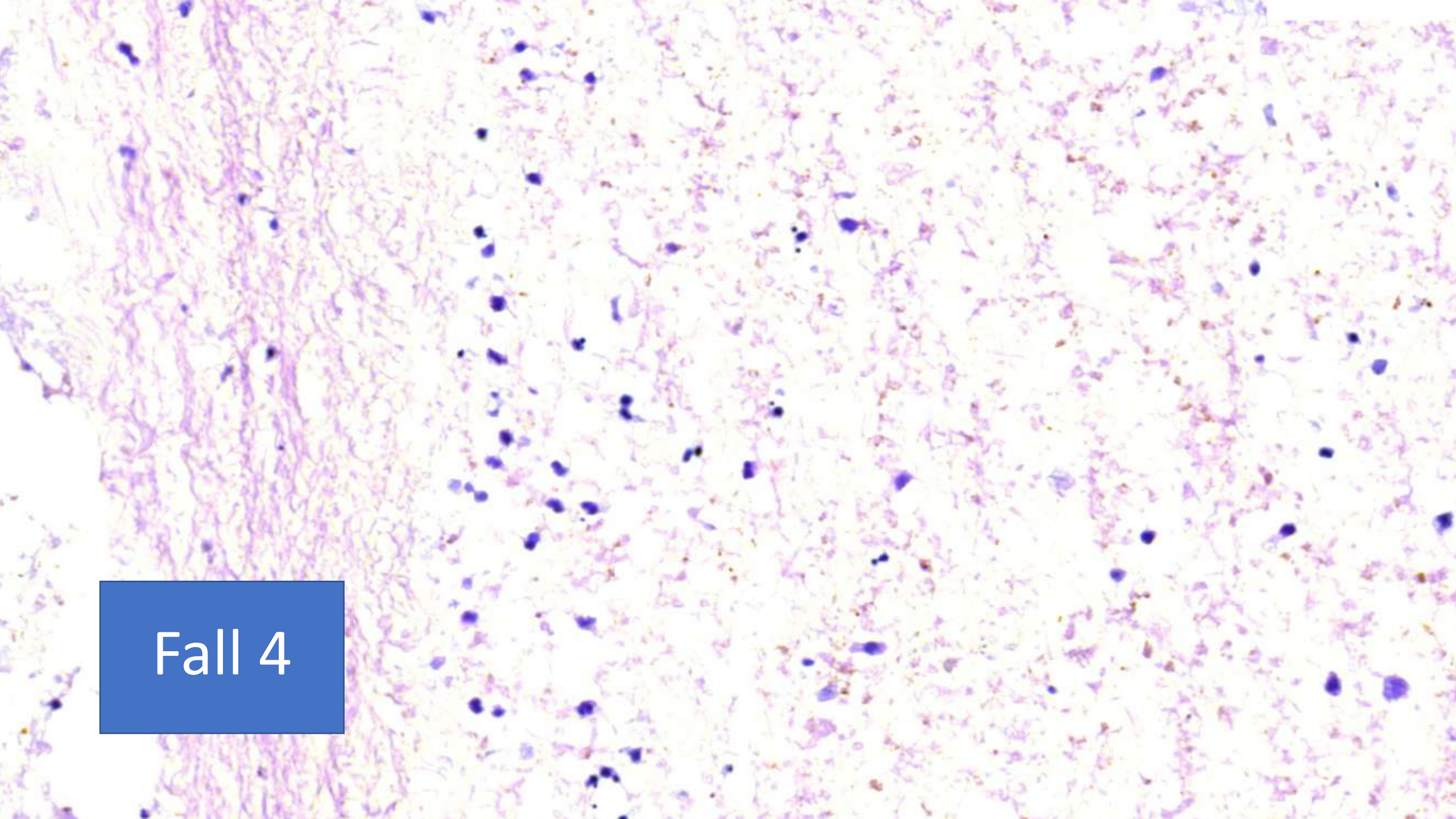
Fall 4



Fall 9

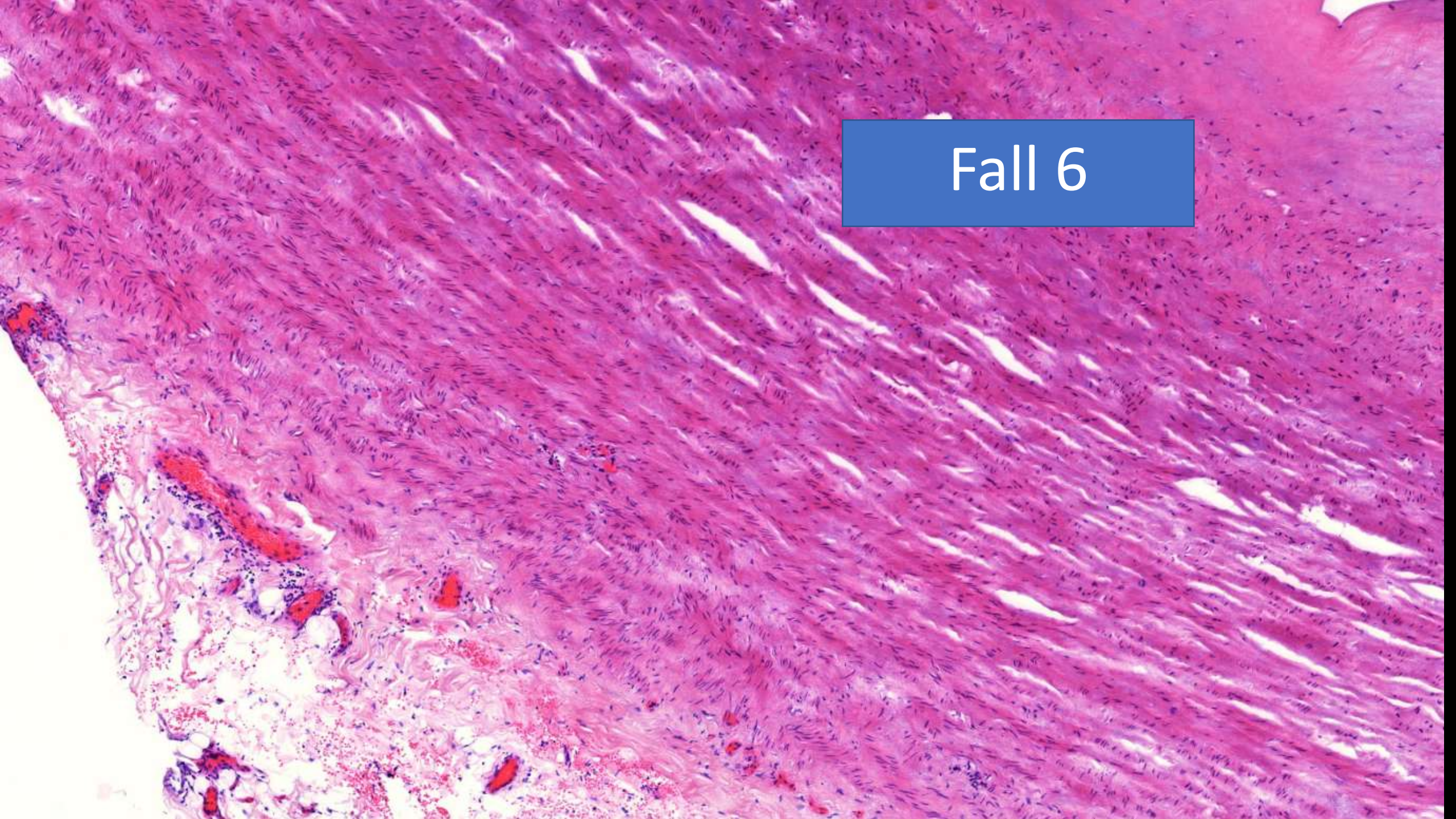


Fall 4

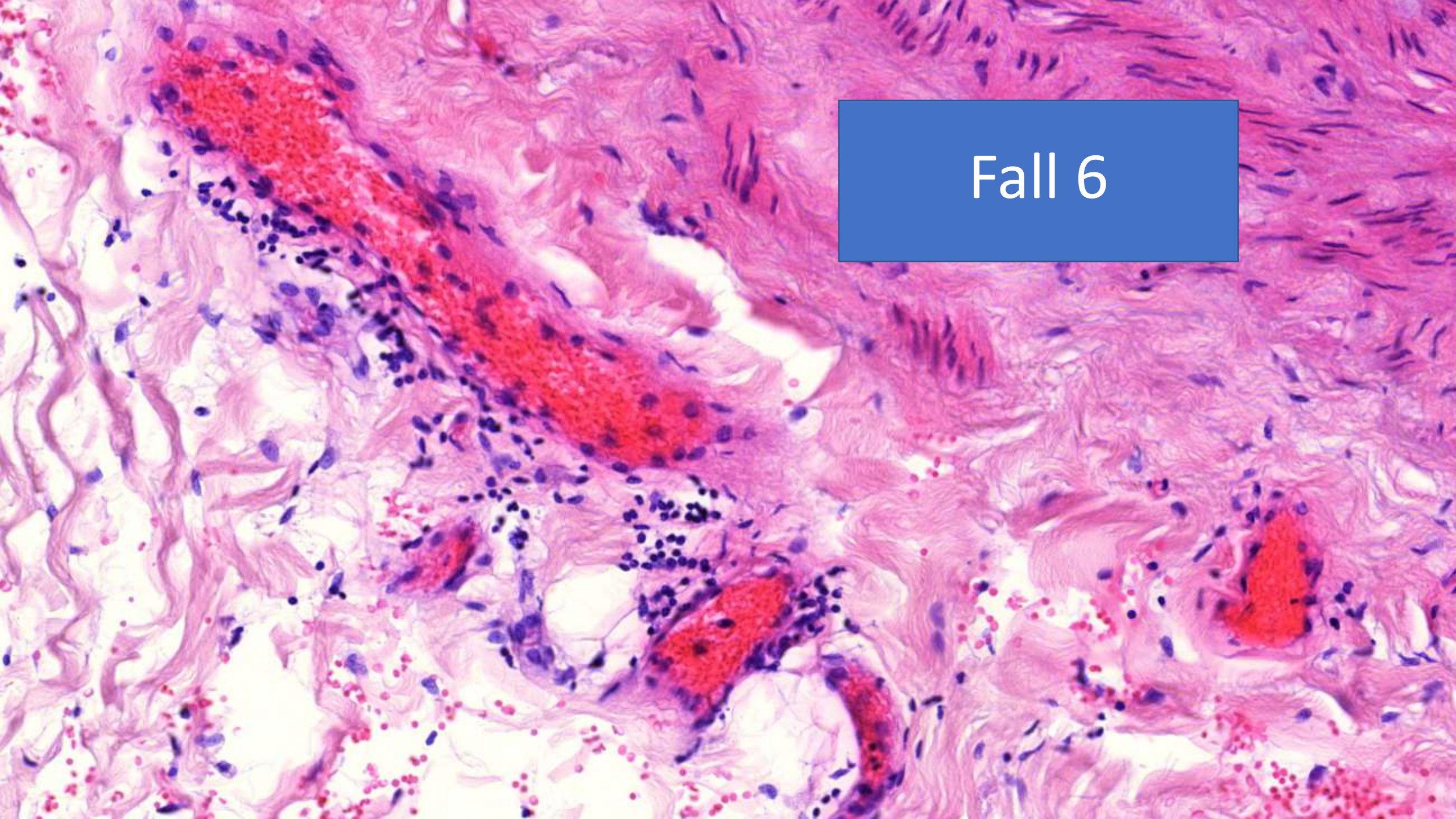
A microscopic image of tissue, likely a histological section, showing a dense network of purple-stained fibers and numerous small, dark blue nuclei. The tissue has a complex, fibrous appearance. In the bottom-left corner, there is a solid blue rectangular box containing the white text "Fall 4".

Fall 4

Vaskulitis / Perivaskulitis

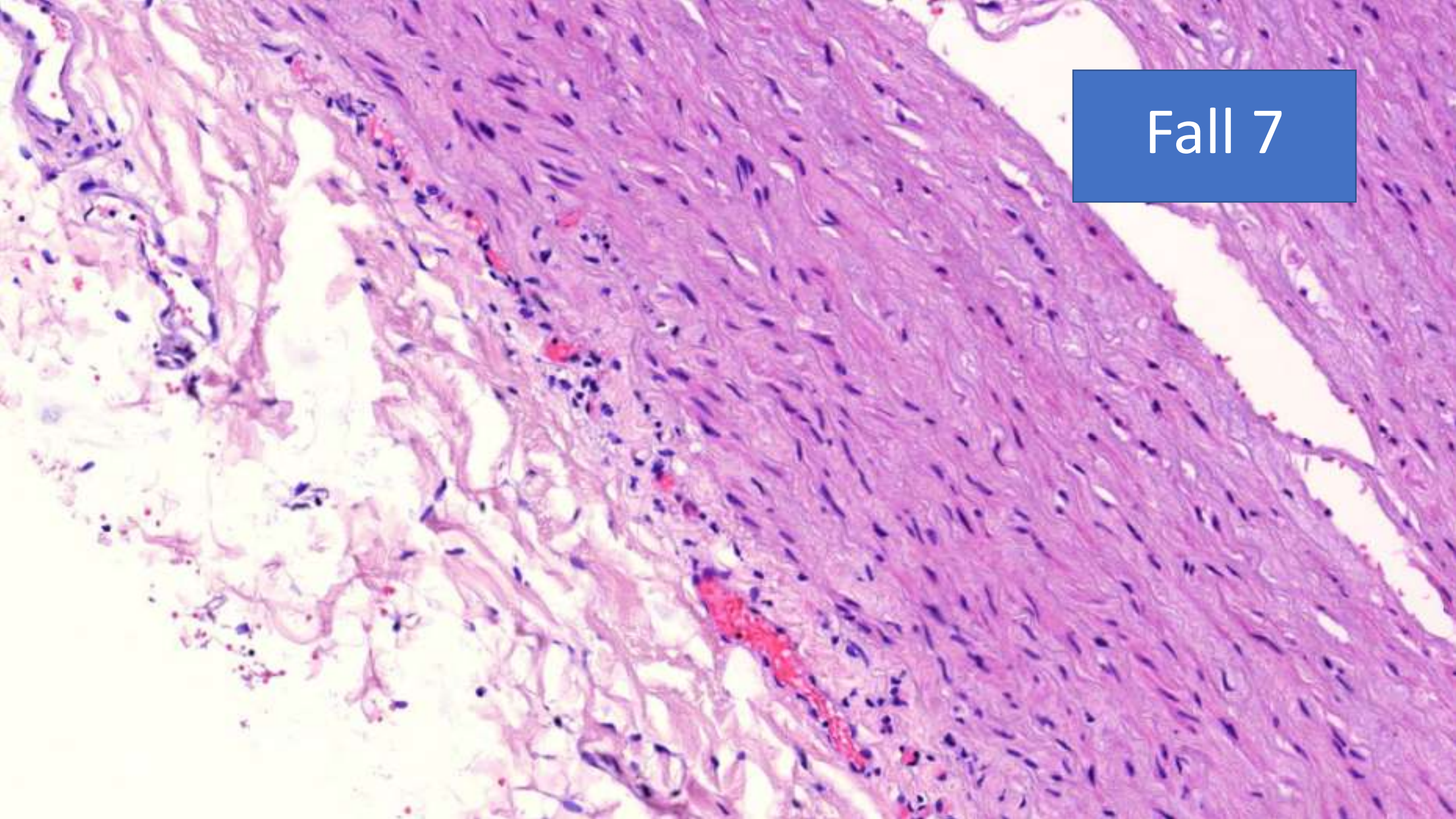
A histological section of smooth muscle tissue, stained with hematoxylin and eosin (H&E). The image shows a dense arrangement of smooth muscle cells with elongated, spindle-shaped nuclei and prominent, wavy bundles of actin filaments (myofibrils) running diagonally across the field of view. The tissue is characterized by its pinkish-purple hue and the organized structure of the muscle fibers. A blue rectangular box is overlaid on the upper right portion of the image, containing the text 'Fall 6'.

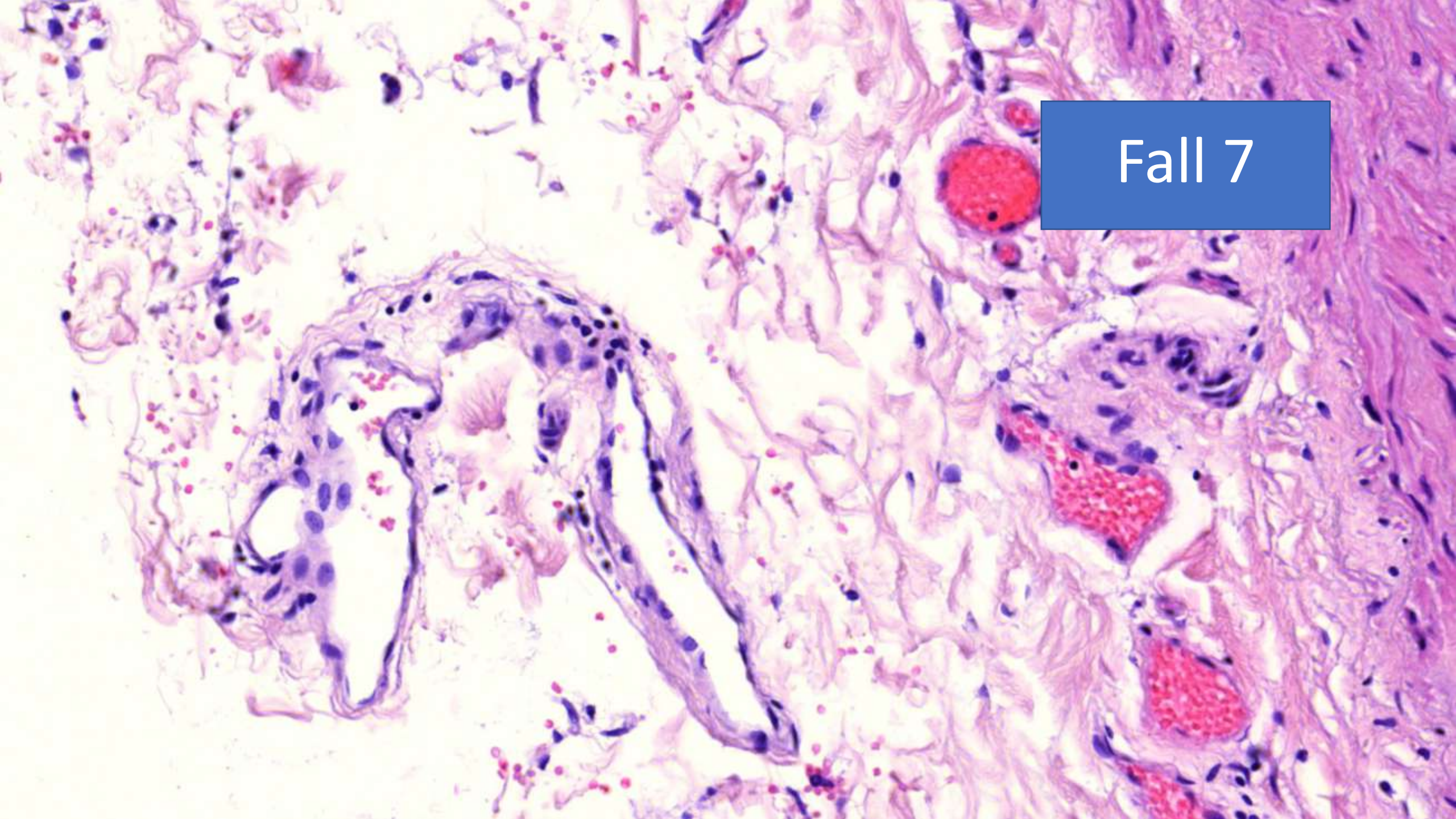
Fall 6

A histological slide showing a tissue section stained with hematoxylin and eosin (H&E). The tissue features a dense network of pink-stained collagen fibers and numerous small, dark blue-stained nuclei. Several larger, irregularly shaped areas of red staining are visible, likely representing areas of hemorrhage or necrosis. A blue rectangular text box is overlaid on the right side of the image.

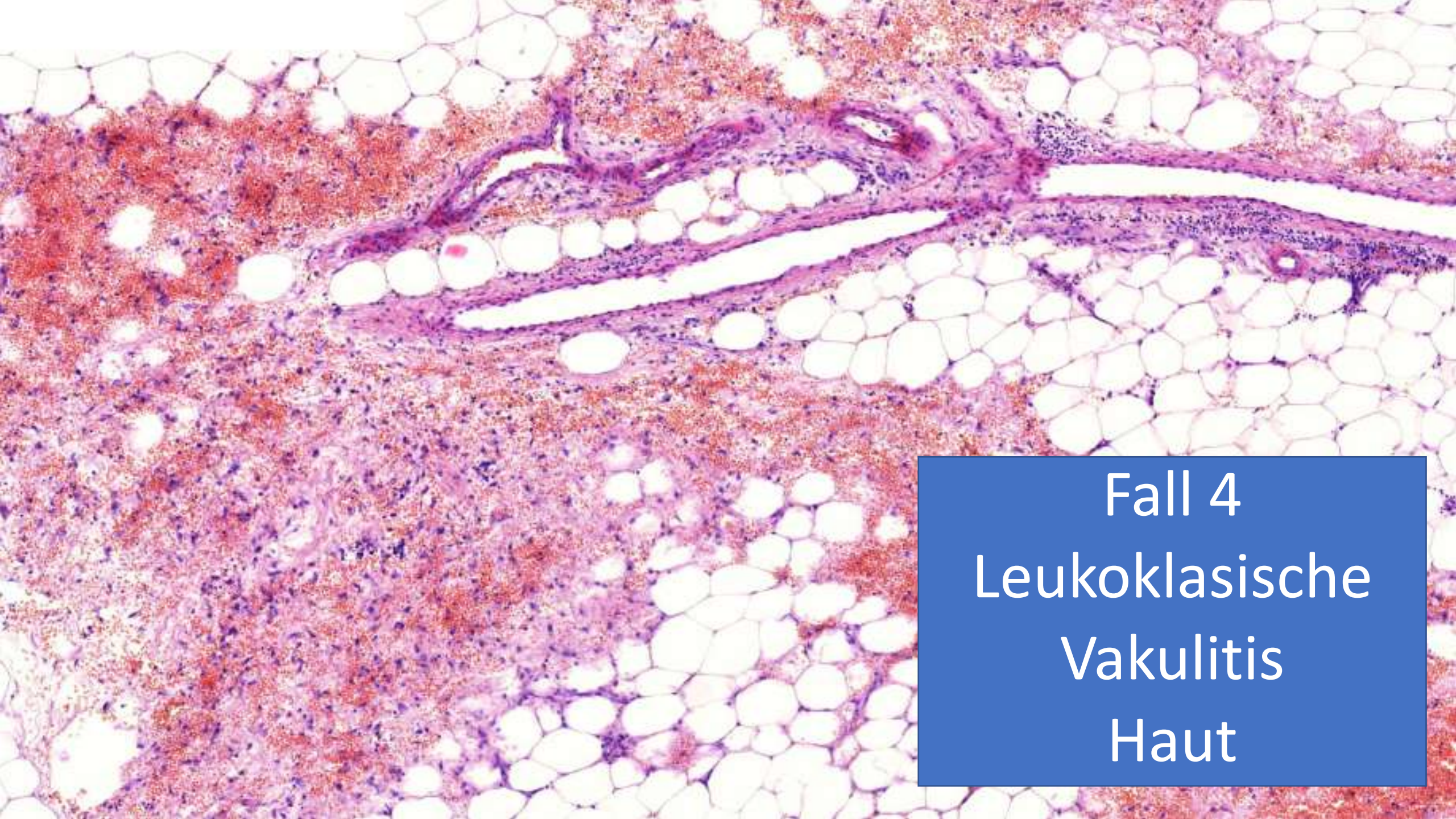
Fall 6

Fall 7

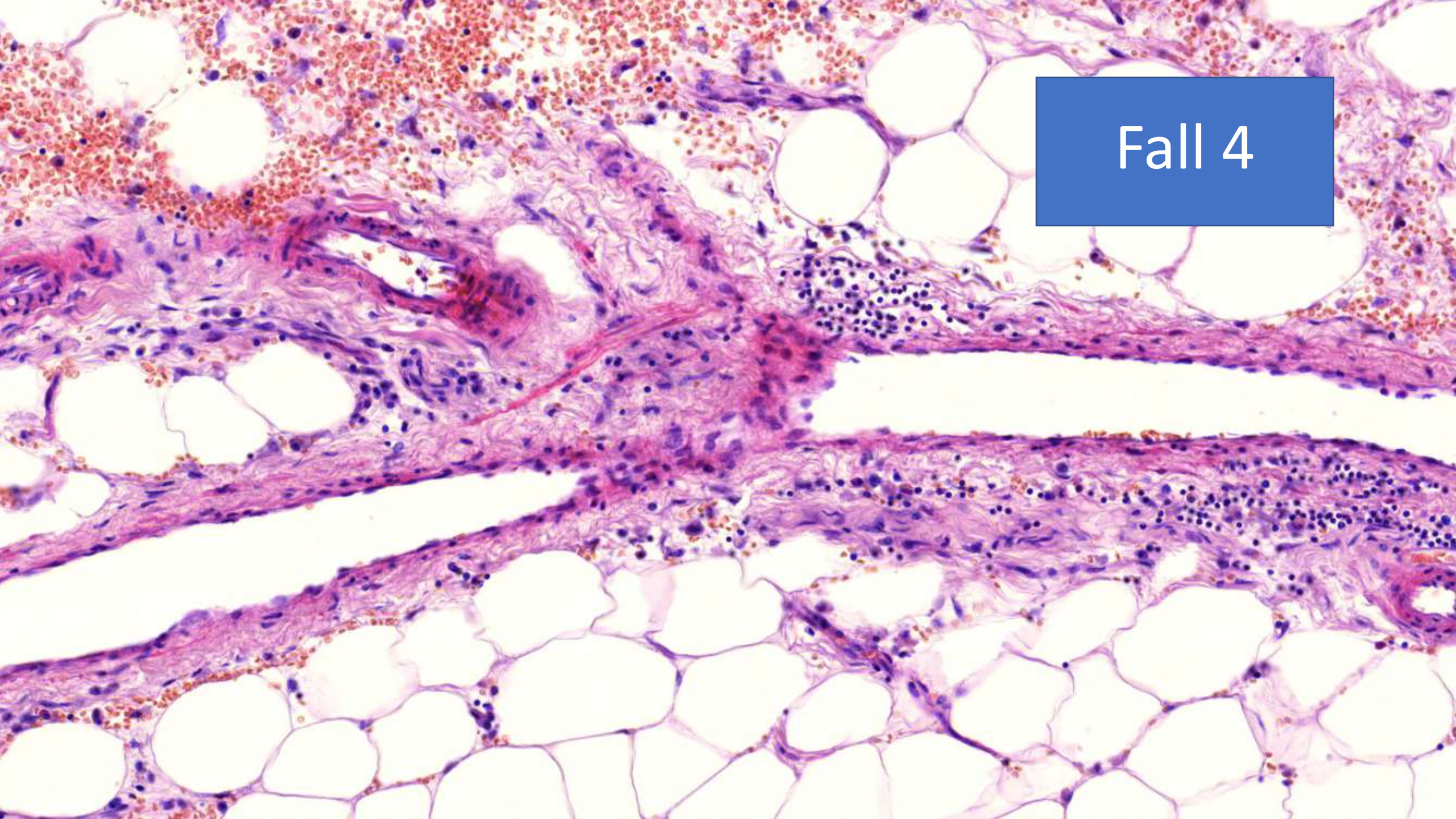


A histological section of tissue, likely stained with hematoxylin and eosin (H&E). The tissue shows a complex arrangement of cells and fibers. A prominent feature is a large, irregularly shaped structure in the center-left, which appears to be a gland or a large cell cluster. The surrounding tissue is composed of various cell types, including what looks like fibroblasts and possibly some inflammatory cells. There are several small, dark, circular structures scattered throughout, which could be nuclei or small vessels. A blue rectangular overlay is positioned in the upper right corner, containing the text 'Fall 7' in white. The overall color palette is dominated by the pink and purple hues of the H&E stain.

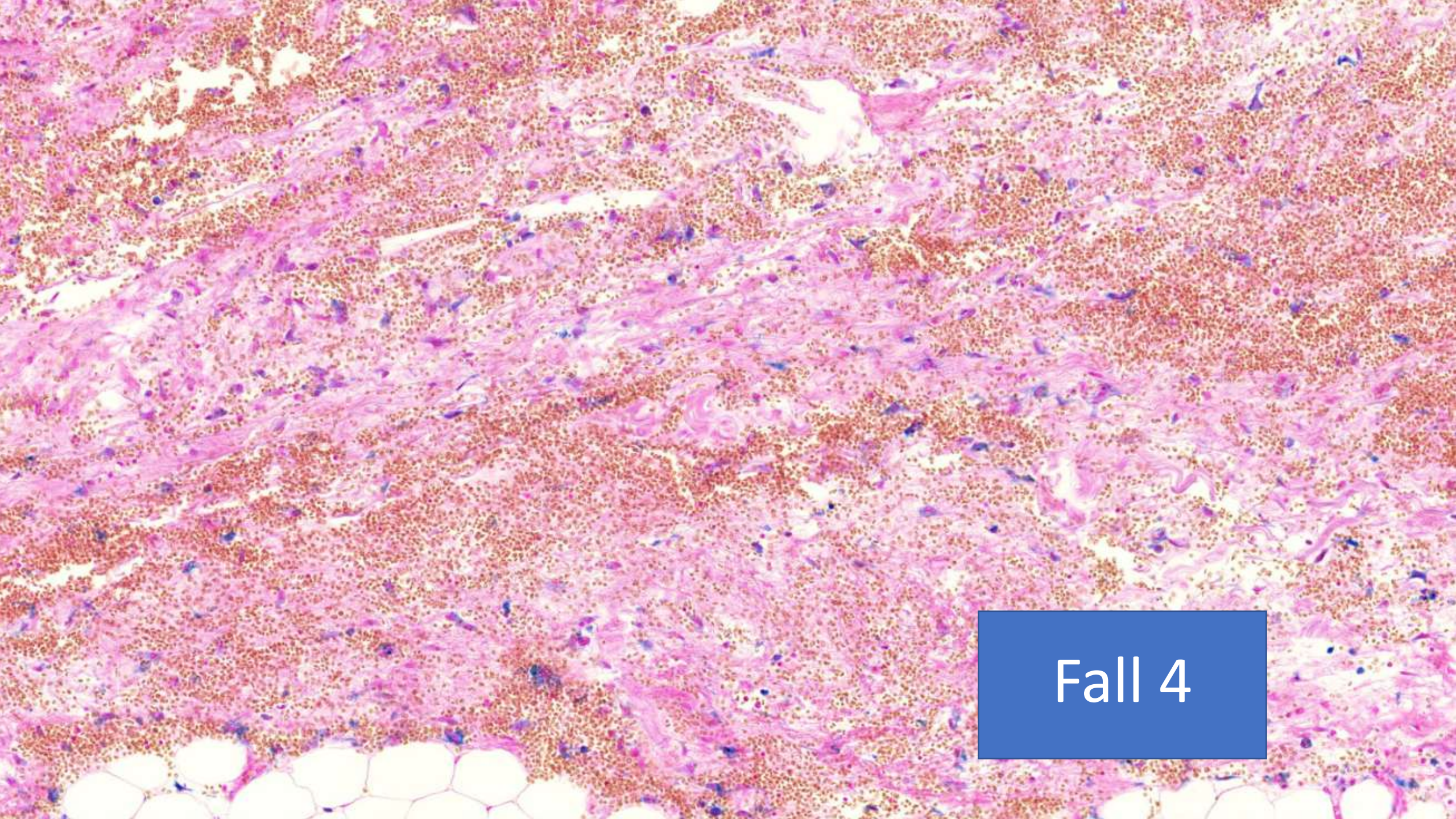
Fall 7



Fall 4
Leukoklasische
Vakulitis
Haut

A histological section of breast tissue stained with hematoxylin and eosin (H&E). The image shows large, clear adipose tissue cells (fat) interspersed with a dense, pink-stained fibrous band. The fibrous band contains numerous small, dark blue nuclei, likely representing inflammatory cells or fibroblasts. A blue rectangular box in the upper right corner contains the text "Fall 4".

Fall 4



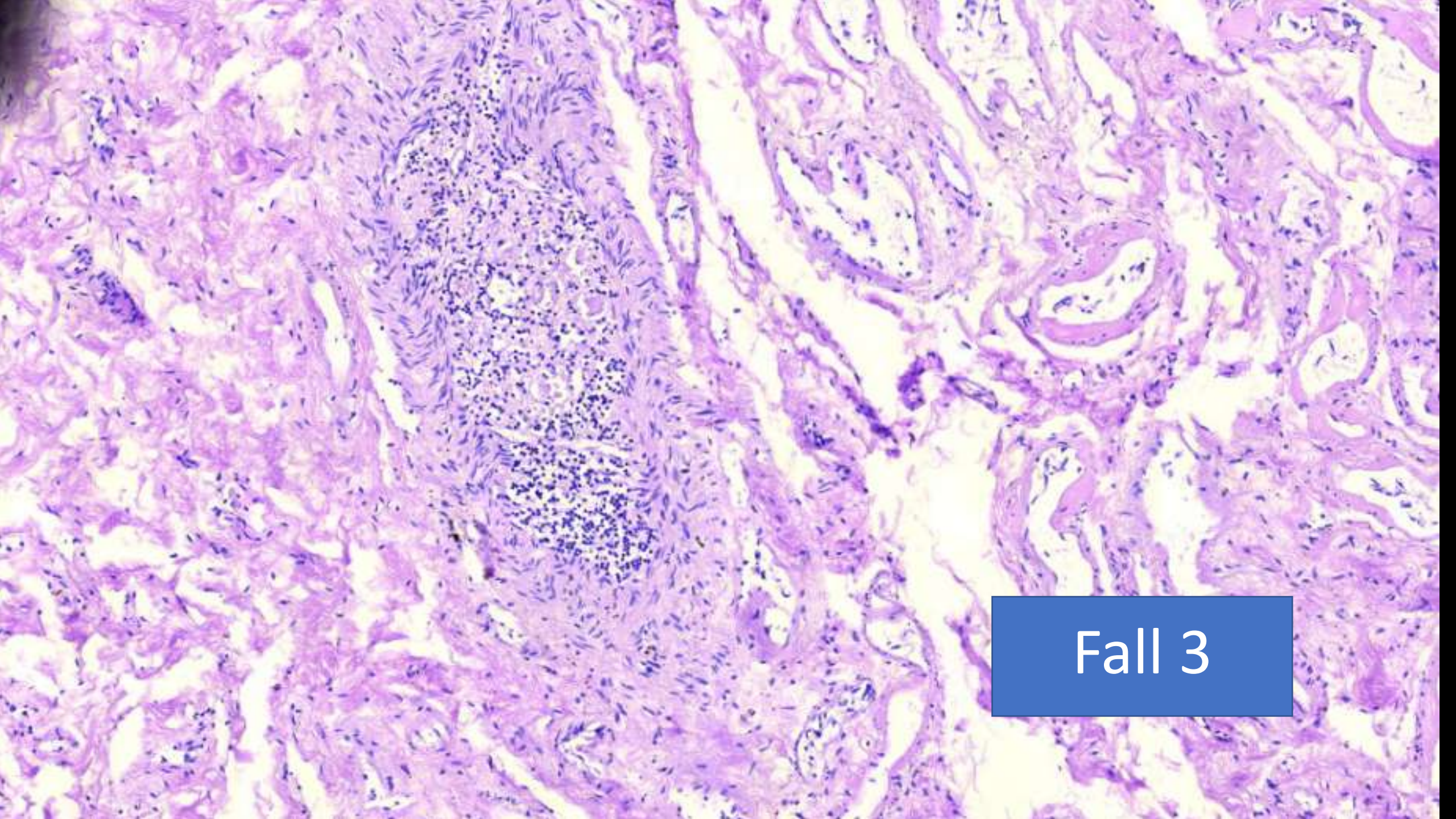
Fall 4

Lymphozyten-Amok

- Überschüssige Immunreaktion mit Gefahr von Autoimmun-Erkrankungen („self-to-self attack“)
- Hyperplasie und Aktivierung der lymphatischen Organe (Lymphknoten, Milz) - Pseudolymphome
- Infiltration und Lymphfollikel-Bildungen in nicht-lymphatischen Organen u.U. mit Destruktion (Leber, Lunge, Schilddrüse, Speicheldrüse)
- „Depletion“, d.h. Entspeicherung der lymphatischen Organe, mit Verminderung der „externen“ Immunkapazität

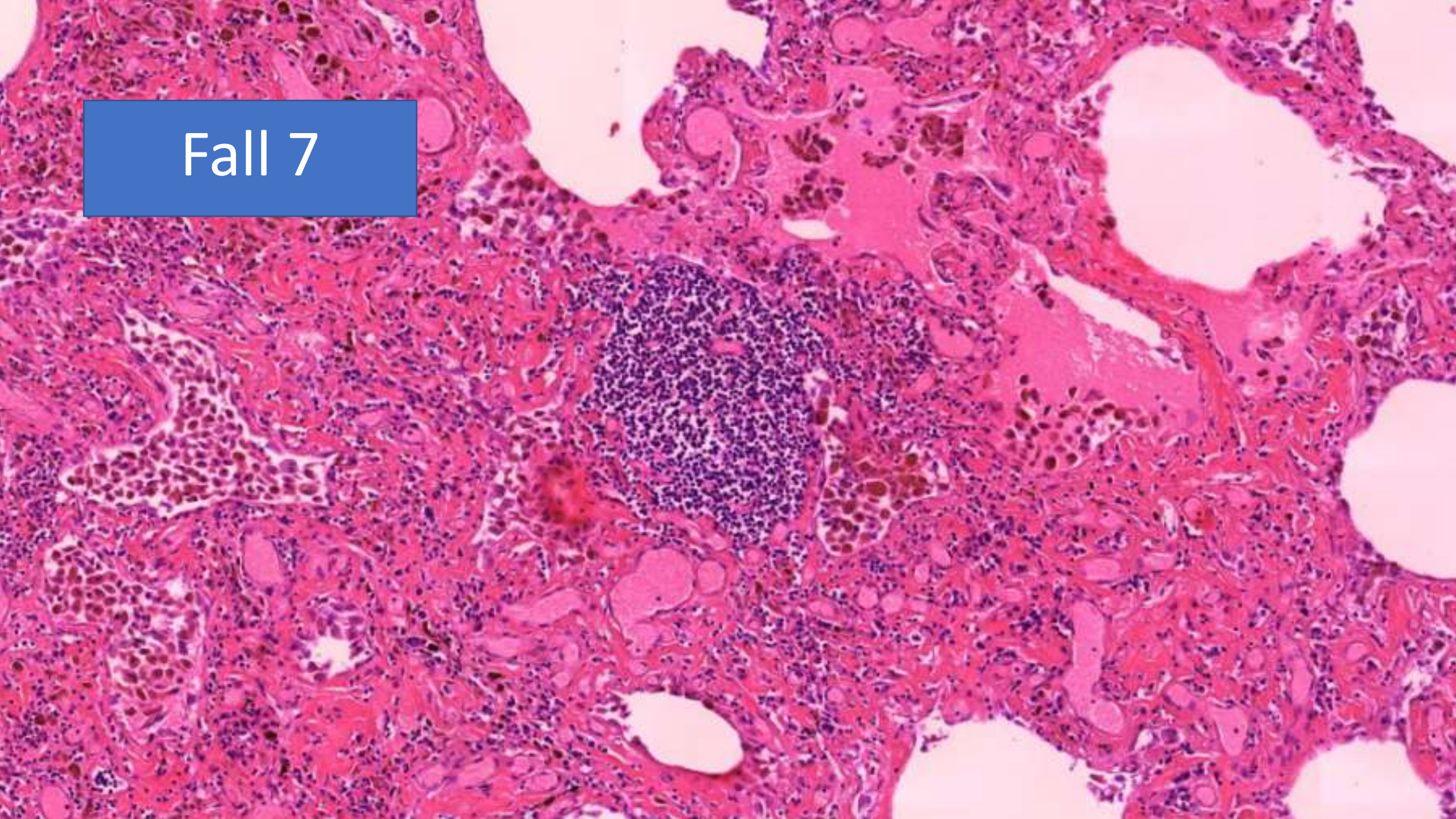
Lymphocyte - Amok

Lymphocyte-predominant tissue destruction („inflammation“) with immanent prolonged auto-immun disease

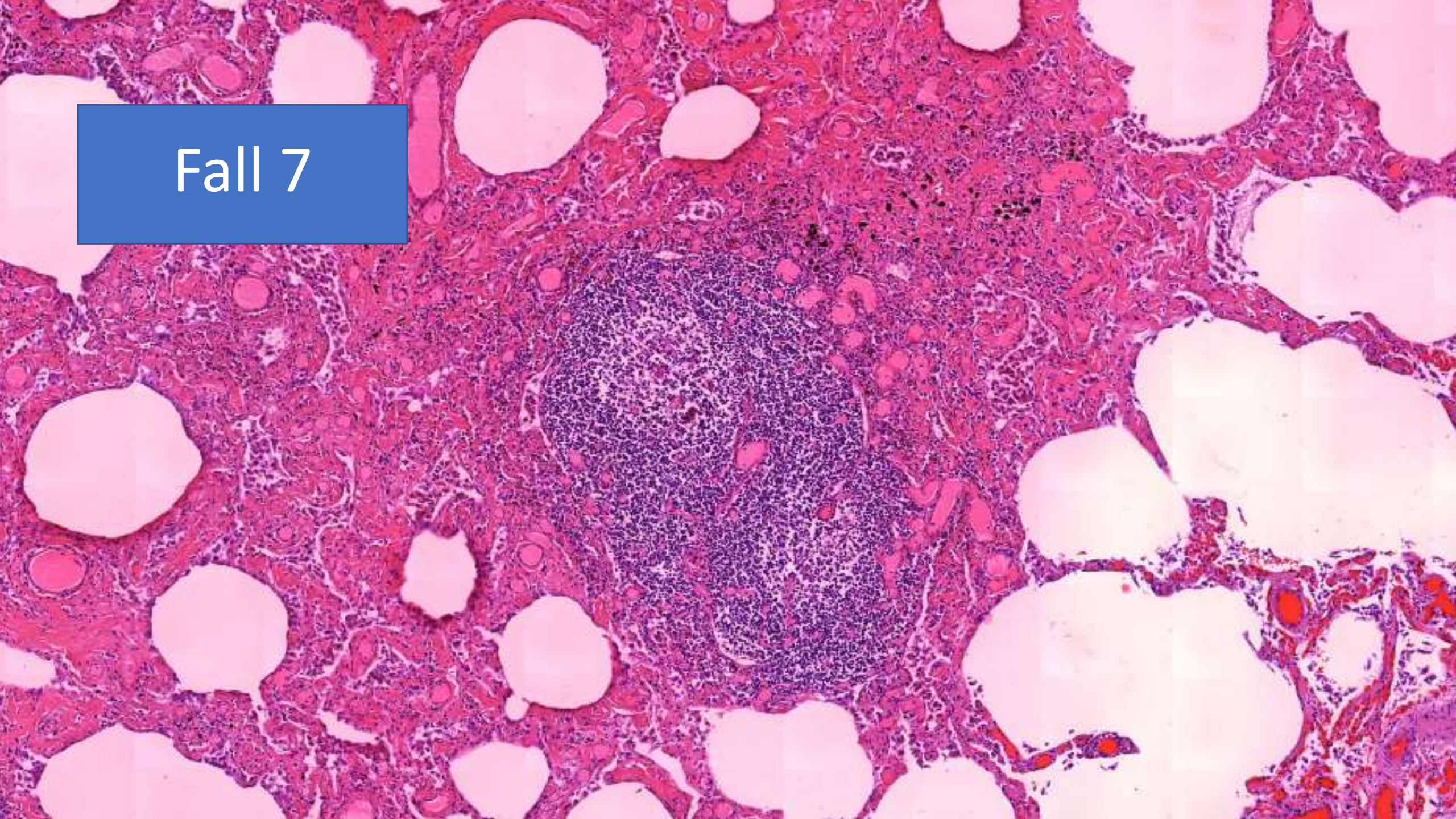


Fall 3

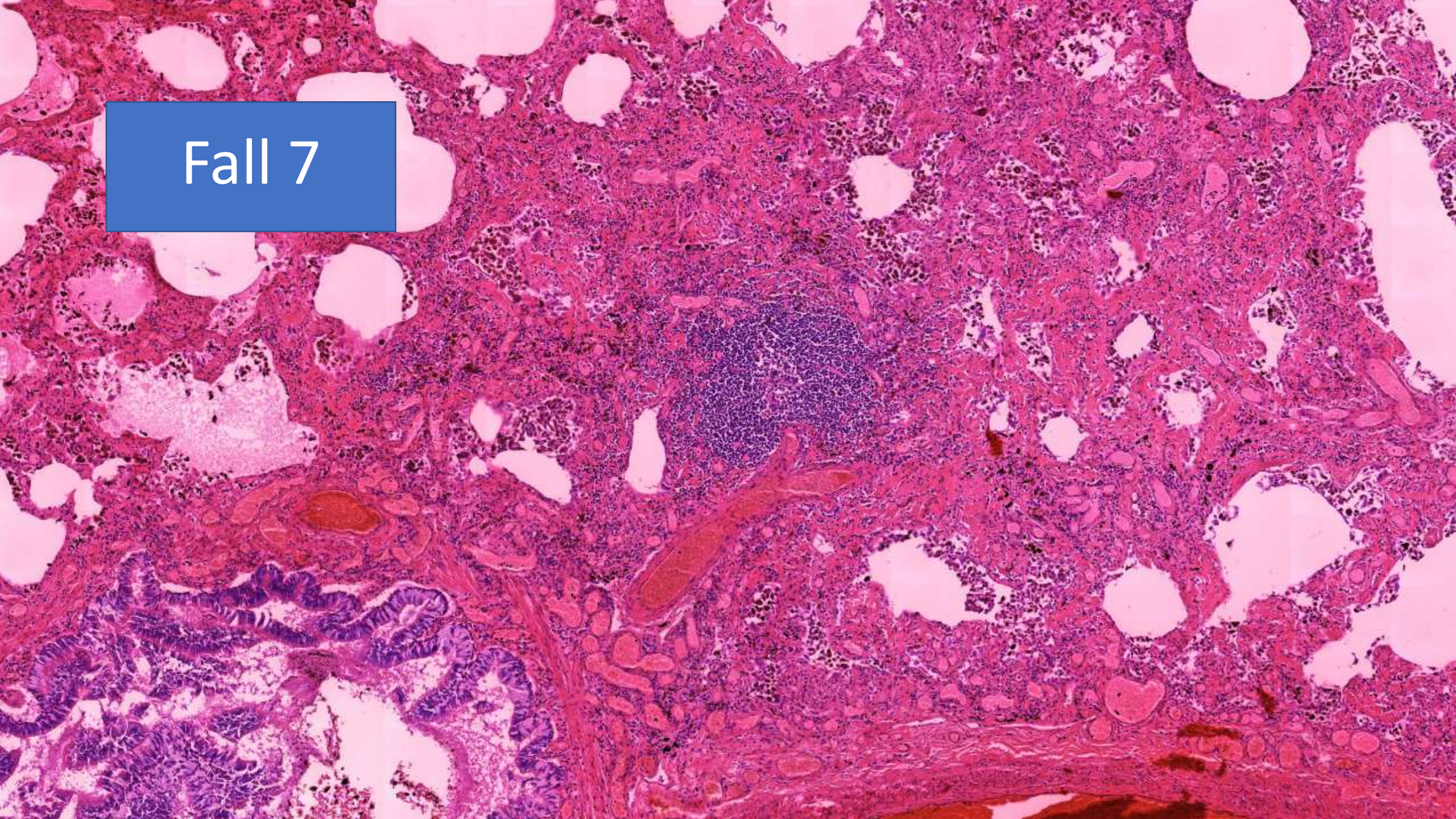
Fall 7

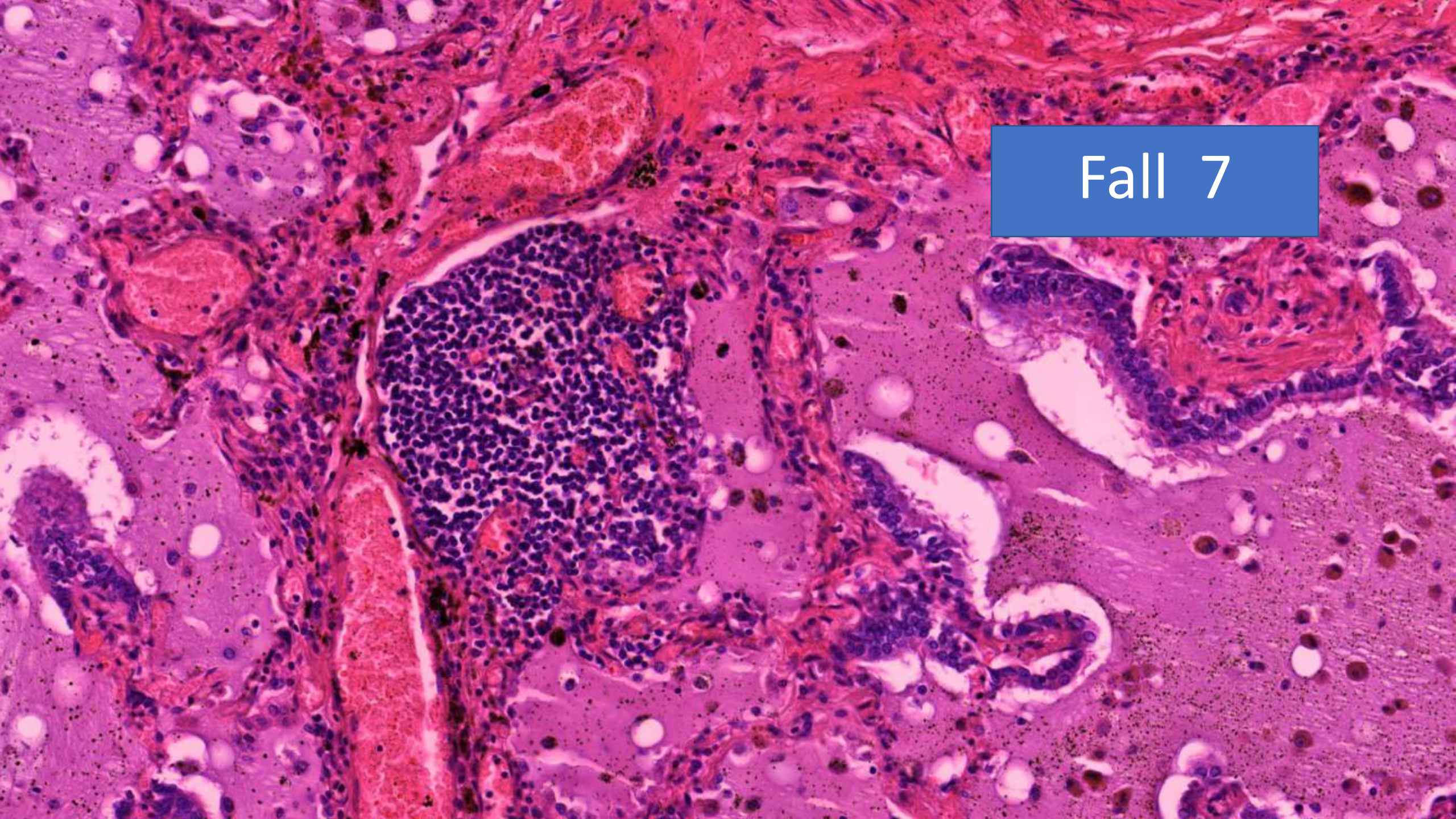


Fall 7



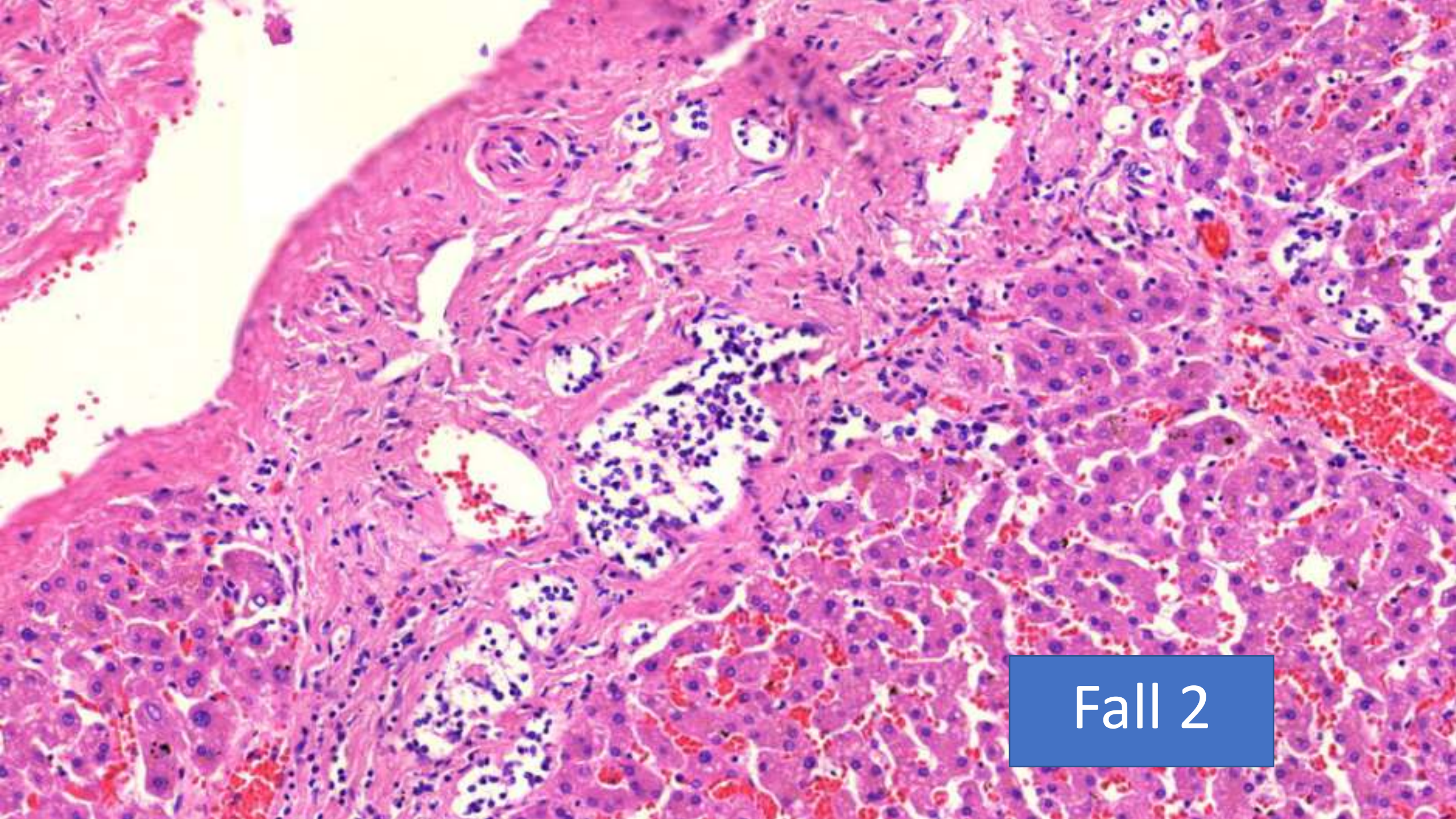
Fall 7



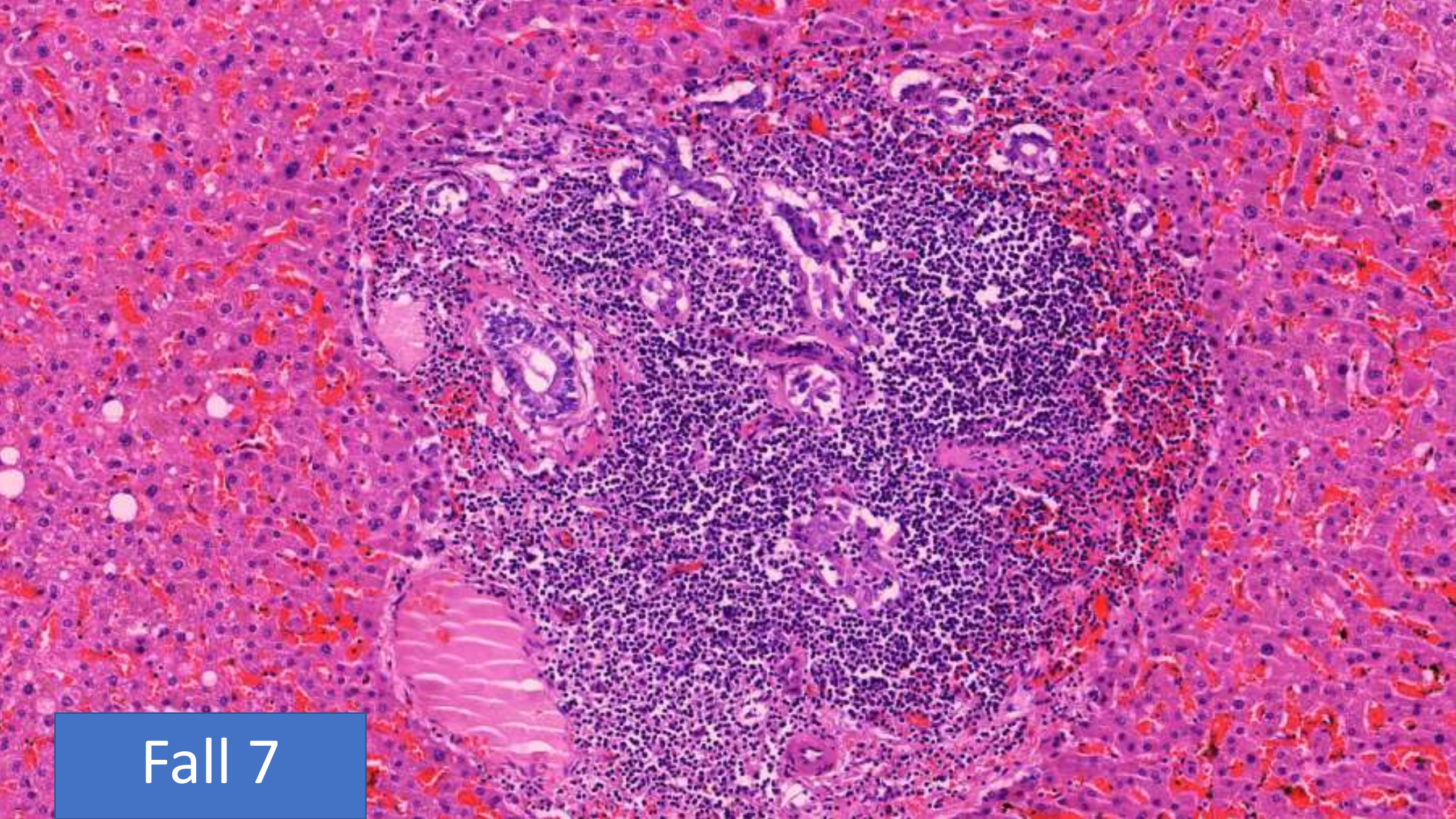


Fall 7

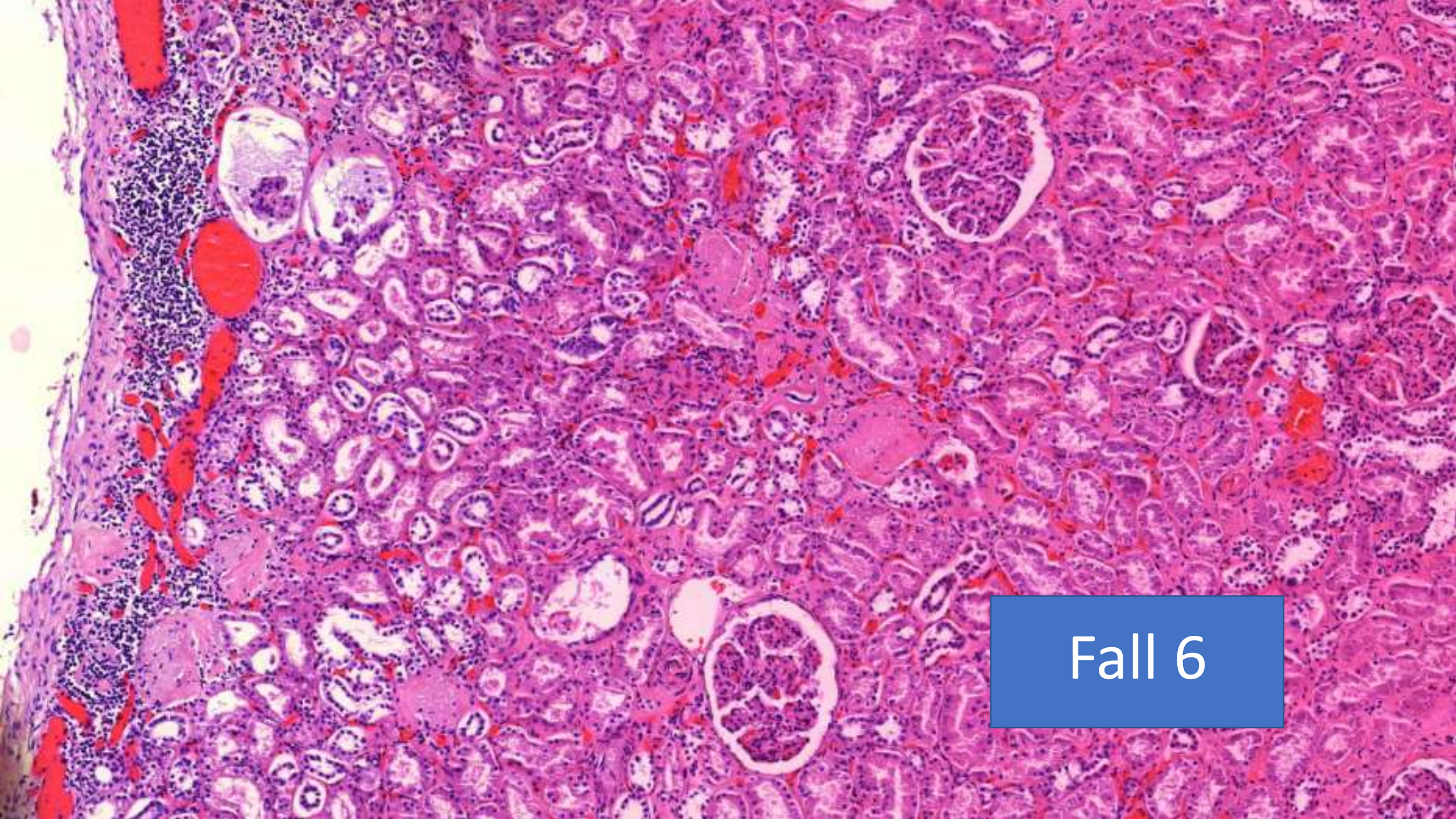
This histological image shows a section of breast tissue stained with hematoxylin and eosin (H&E). A prominent feature is a large, irregular ductal structure in the center-left, which is densely packed with a solid mass of cells. The cells have dark, hyperchromatic nuclei and scant cytoplasm. Surrounding this central duct are various other ductal and lobular structures, some of which appear dilated or contain secretory material. The stroma is composed of fibrous connective tissue and scattered inflammatory cells. The overall architecture suggests a proliferative process within the ductal system.



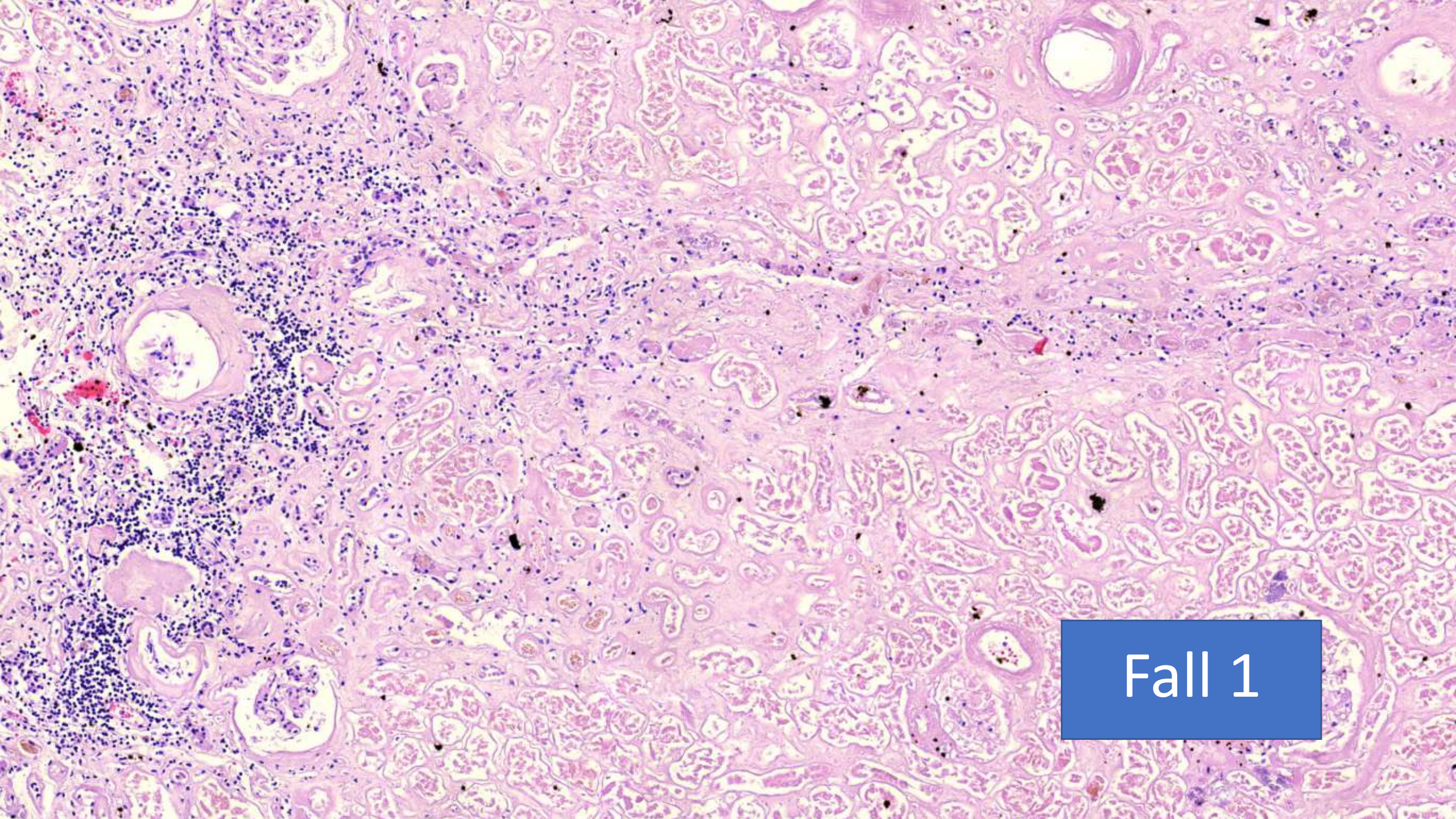
Fall 2



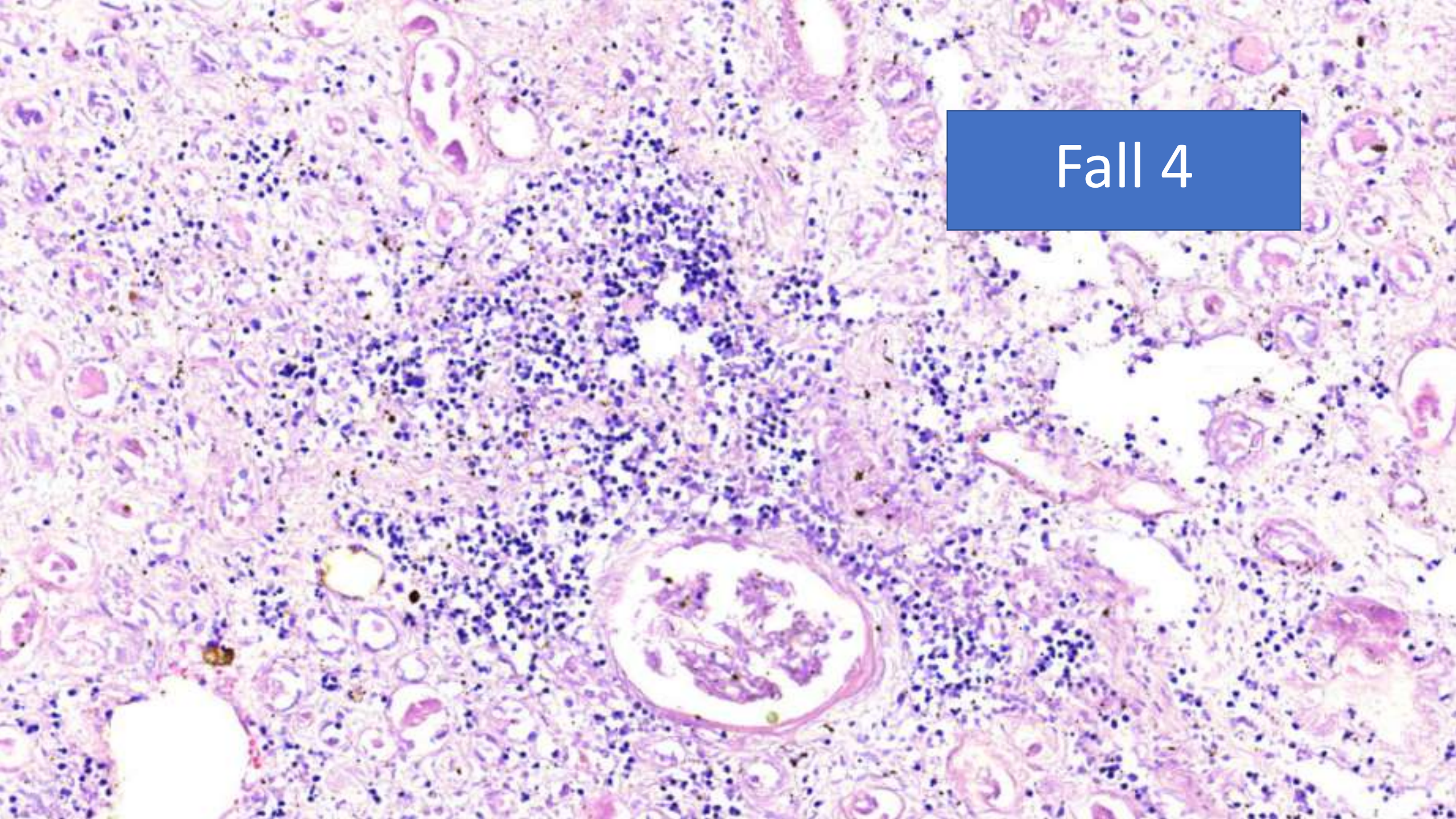
Fall 7



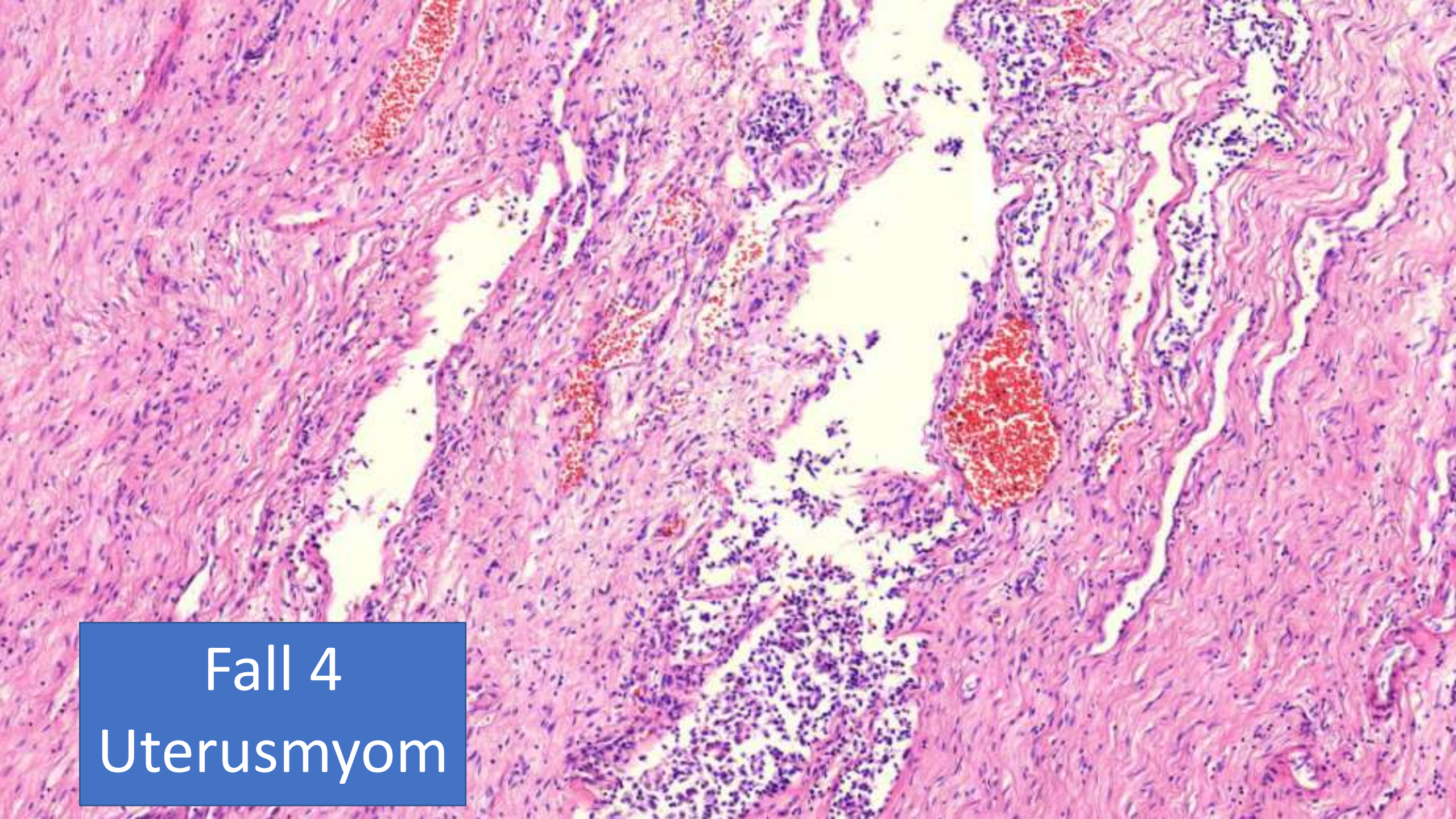
Fall 6



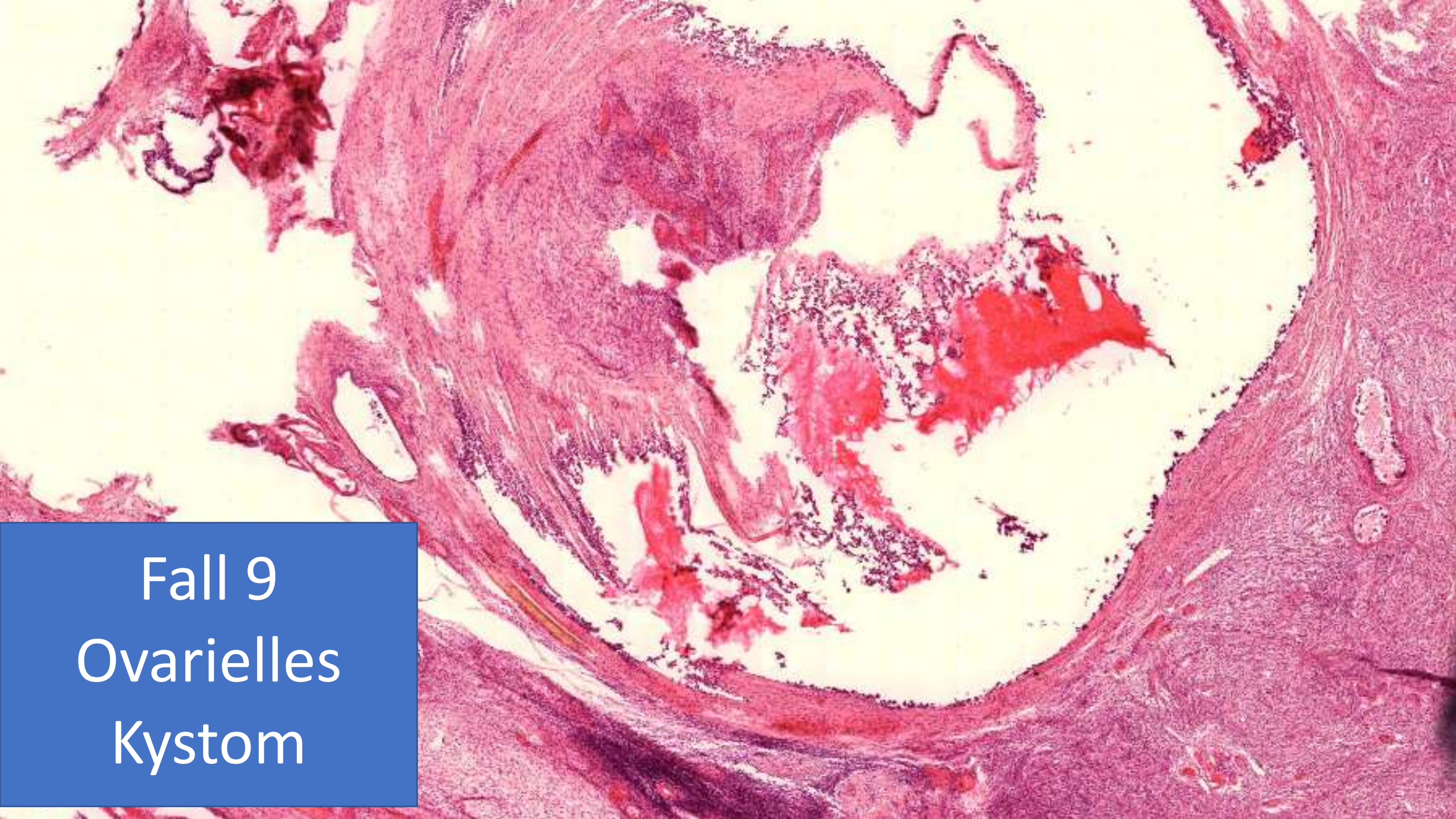
Fall 1

A histological section of prostate tissue stained with hematoxylin and eosin (H&E). The image shows numerous glandular structures of varying sizes, some containing secretory material. The glands are lined by a single layer of cuboidal epithelial cells. The surrounding stroma is densely populated with small, dark-staining nuclei, likely representing inflammatory cells or fibroblasts. A blue rectangular text box is overlaid in the upper right quadrant.

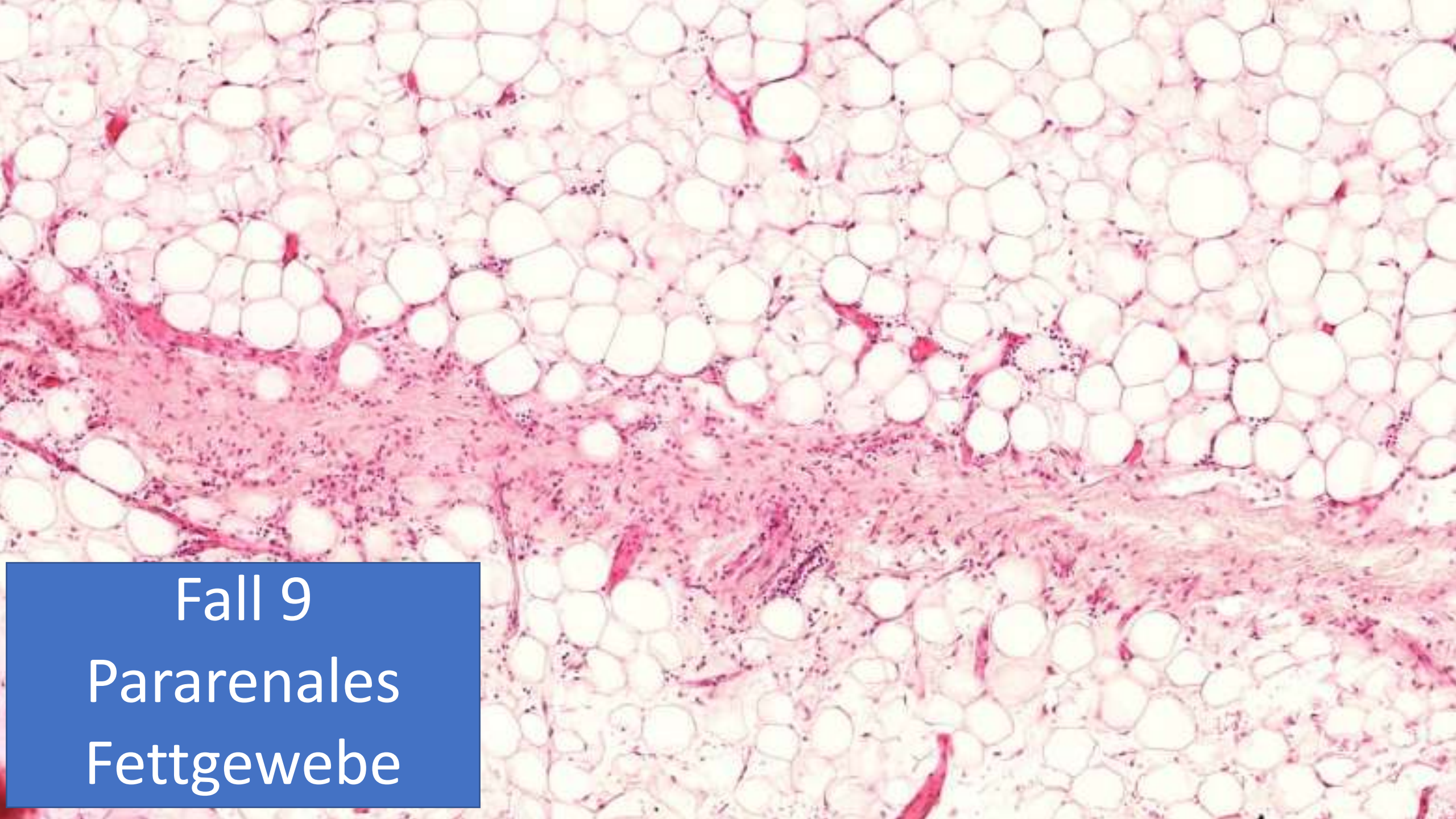
Fall 4



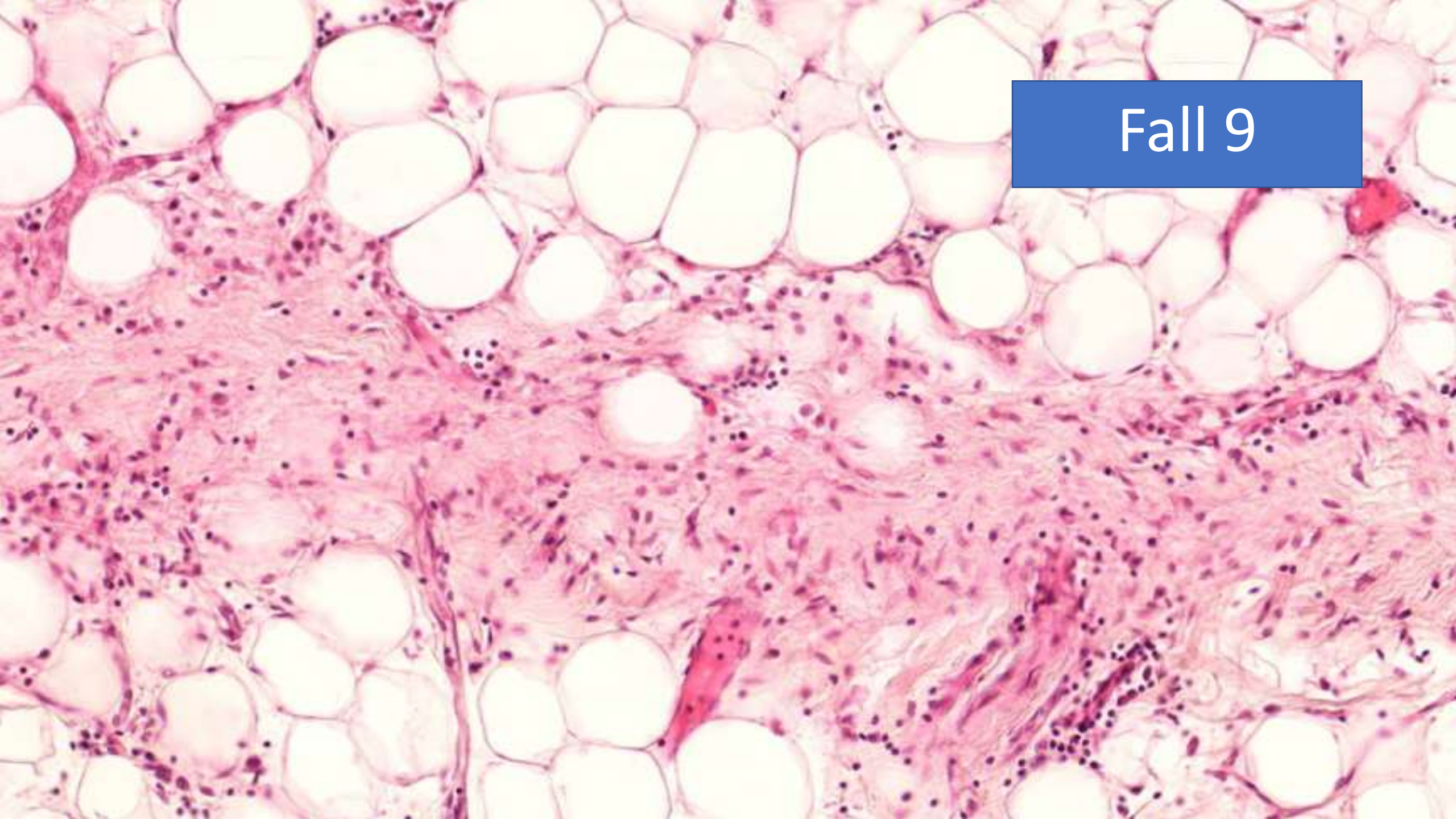
Fall 4
Uterusmyom



Fall 9
Ovarielles
Kystom



Fall 9
Pararenales
Fettgewebe

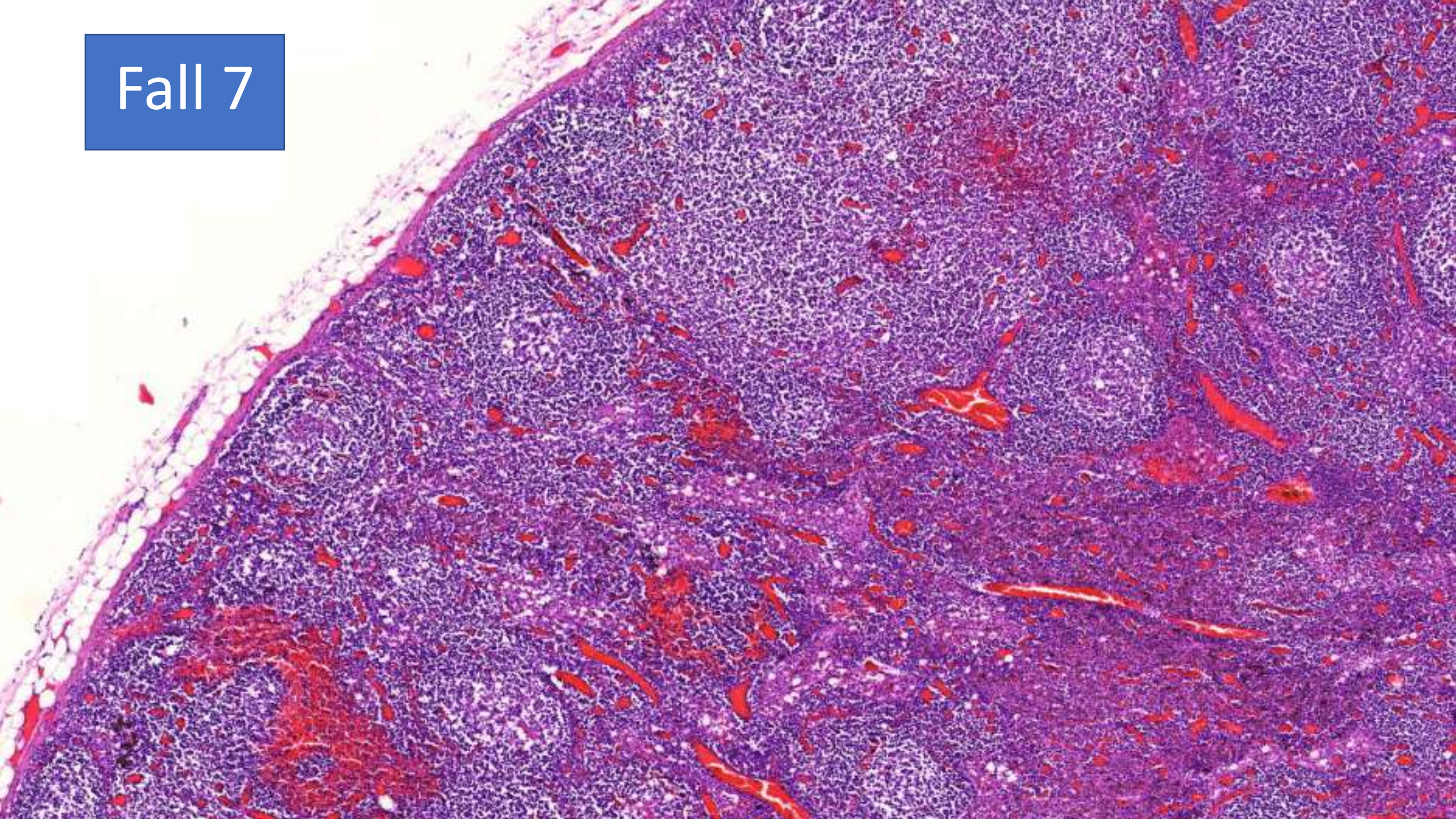
A histological section of adipose tissue, likely from a rat, stained with hematoxylin and eosin (H&E). The image shows numerous large, clear, circular adipocytes arranged in lobules, separated by thin layers of connective tissue and small blood vessels. The adipocytes have thin, dark outlines and very pale, almost white, interiors. The surrounding stroma is pinkish-red with scattered small, dark nuclei of fibroblasts and other cells.

Fall 9

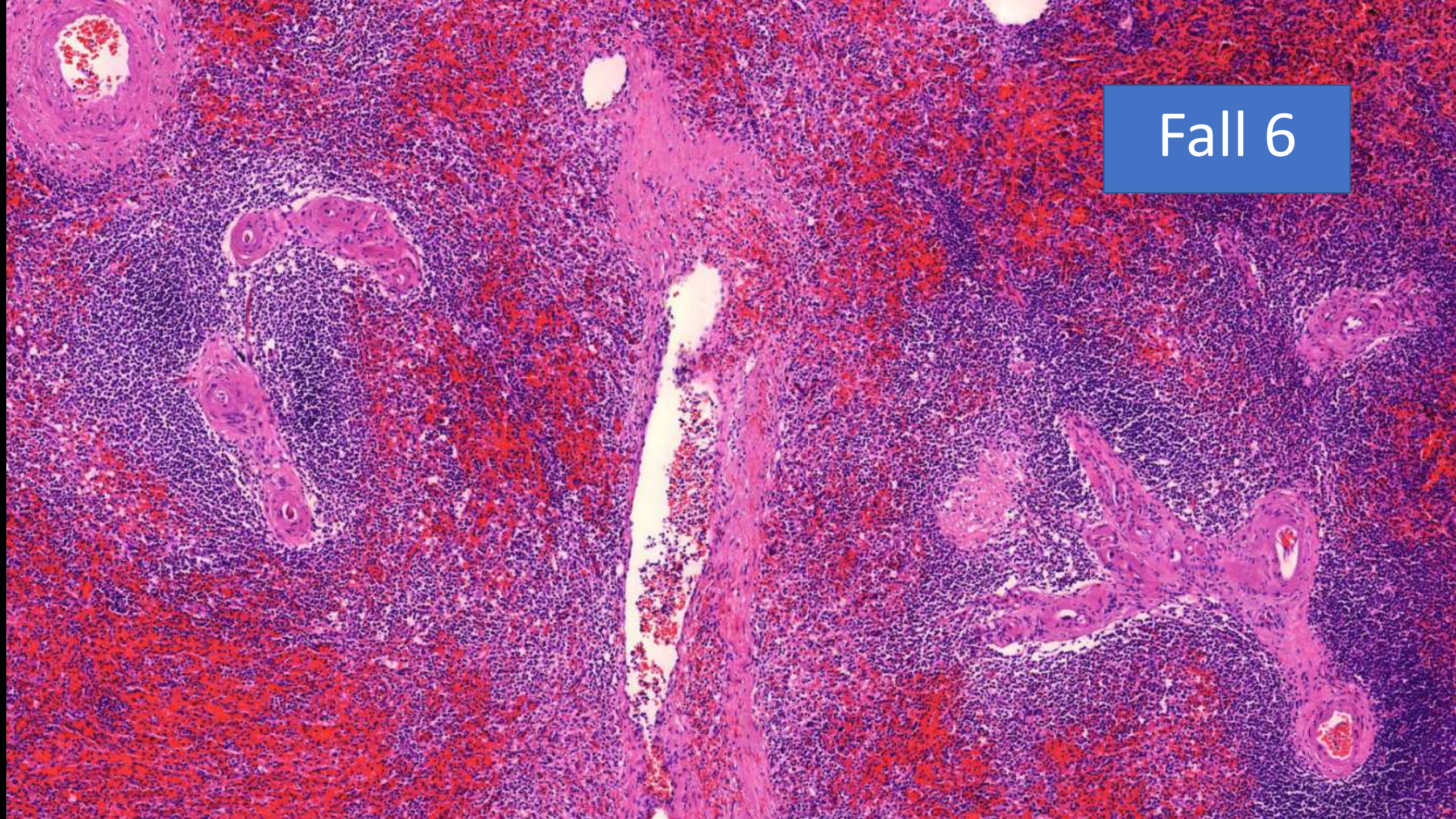
Fall 7



Fall 7

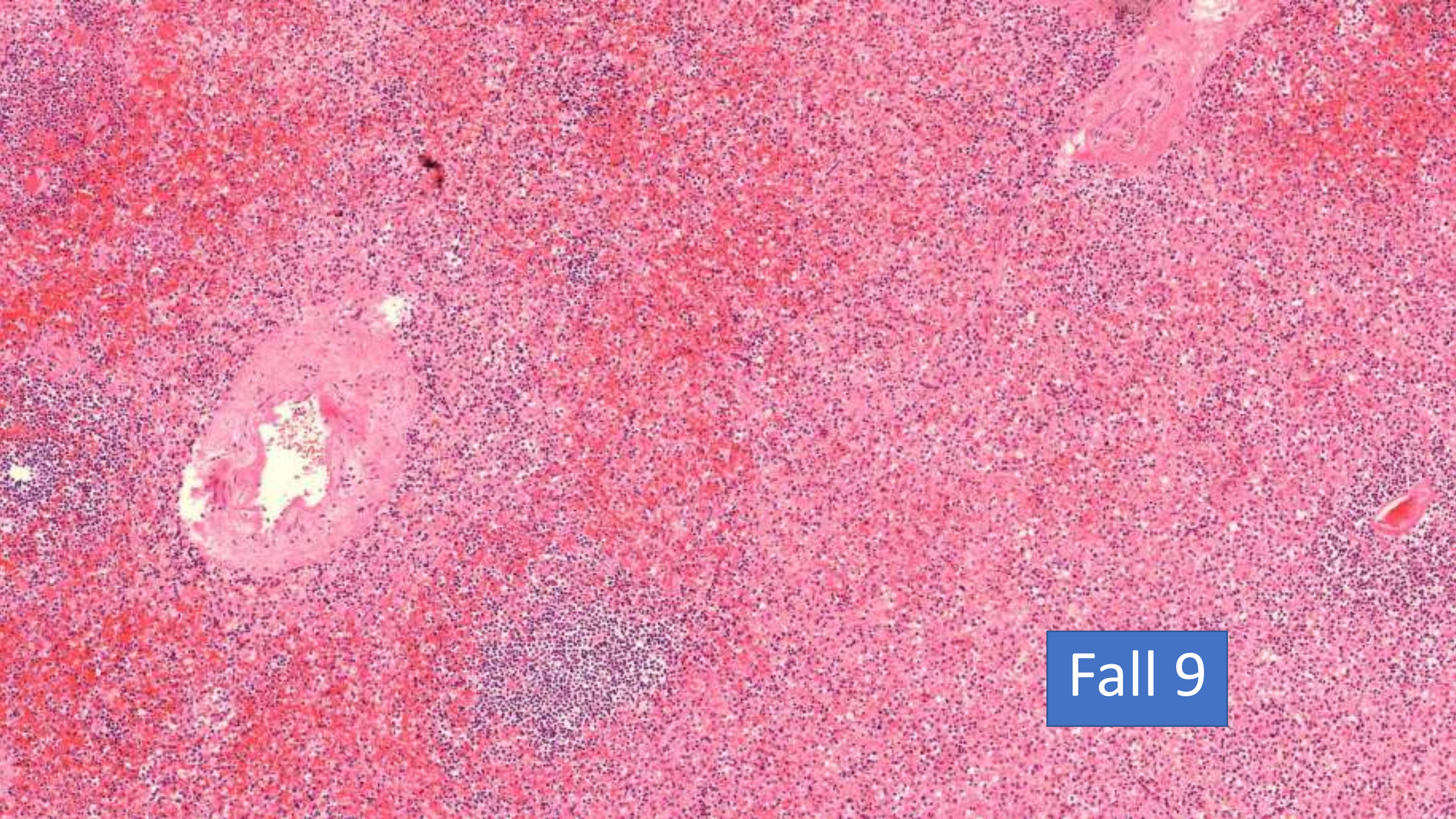


Fall 6



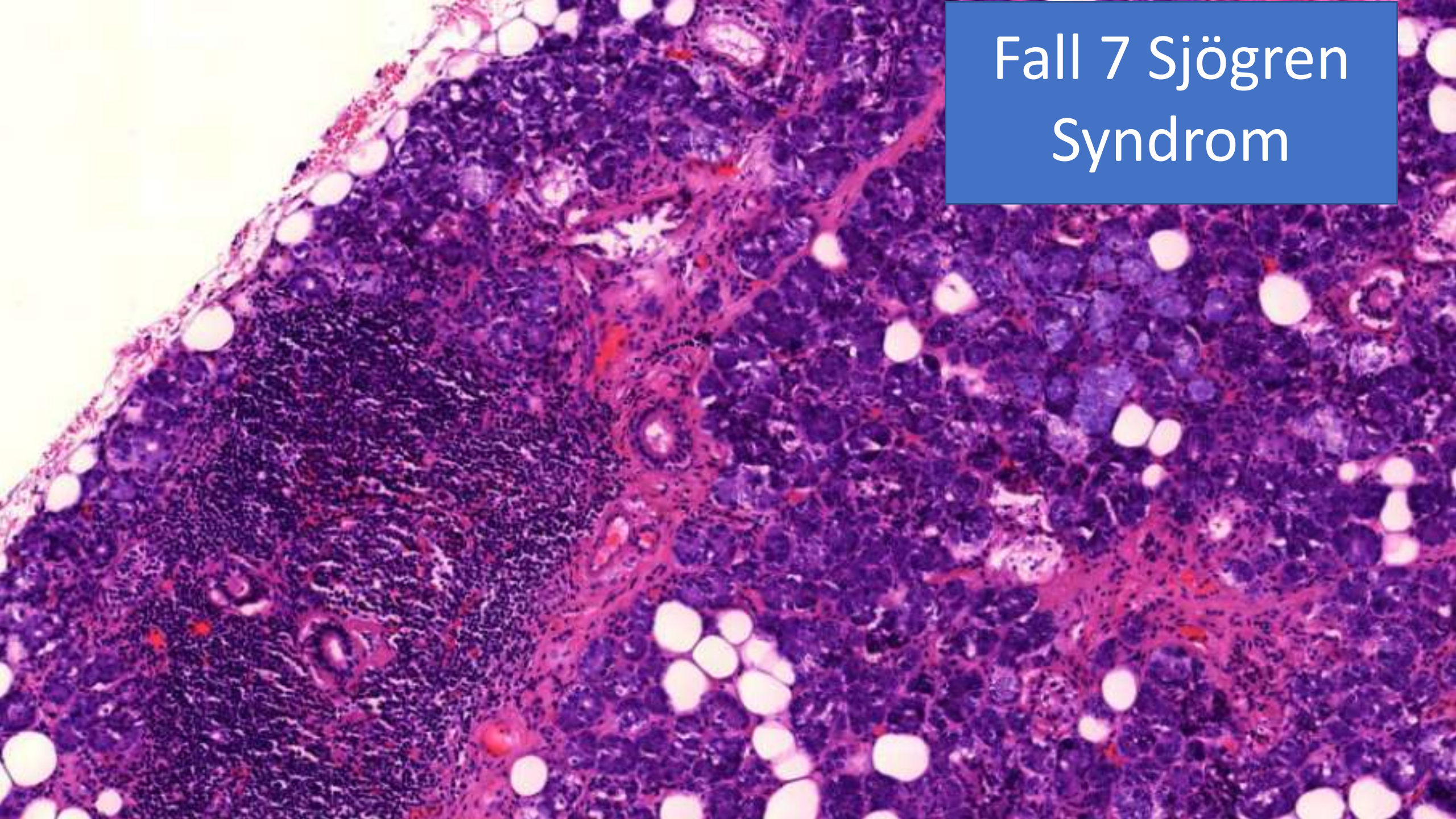
Depletion / Entspeicherung

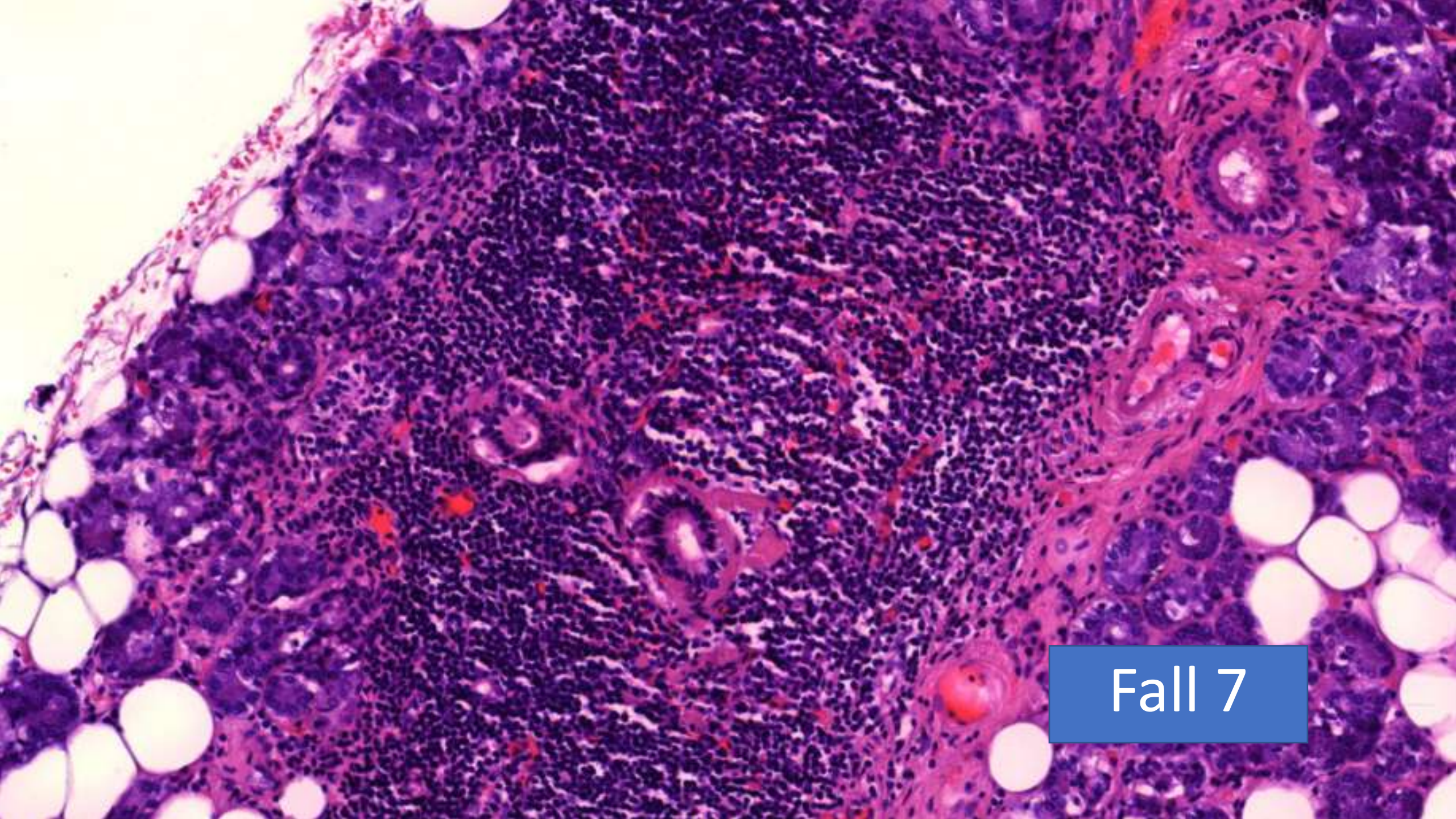


A microscopic view of a tissue section, likely a histological slide. The background is a dense, pink-stained tissue matrix. In the lower-left quadrant, there is a prominent, circular lesion with a yellowish, necrotic center. The surrounding tissue shows some cellular detail and staining variations. In the bottom right corner, there is a blue rectangular box containing the text "Fall 9".

Fall 9

Fall 7 Sjögren Syndrom

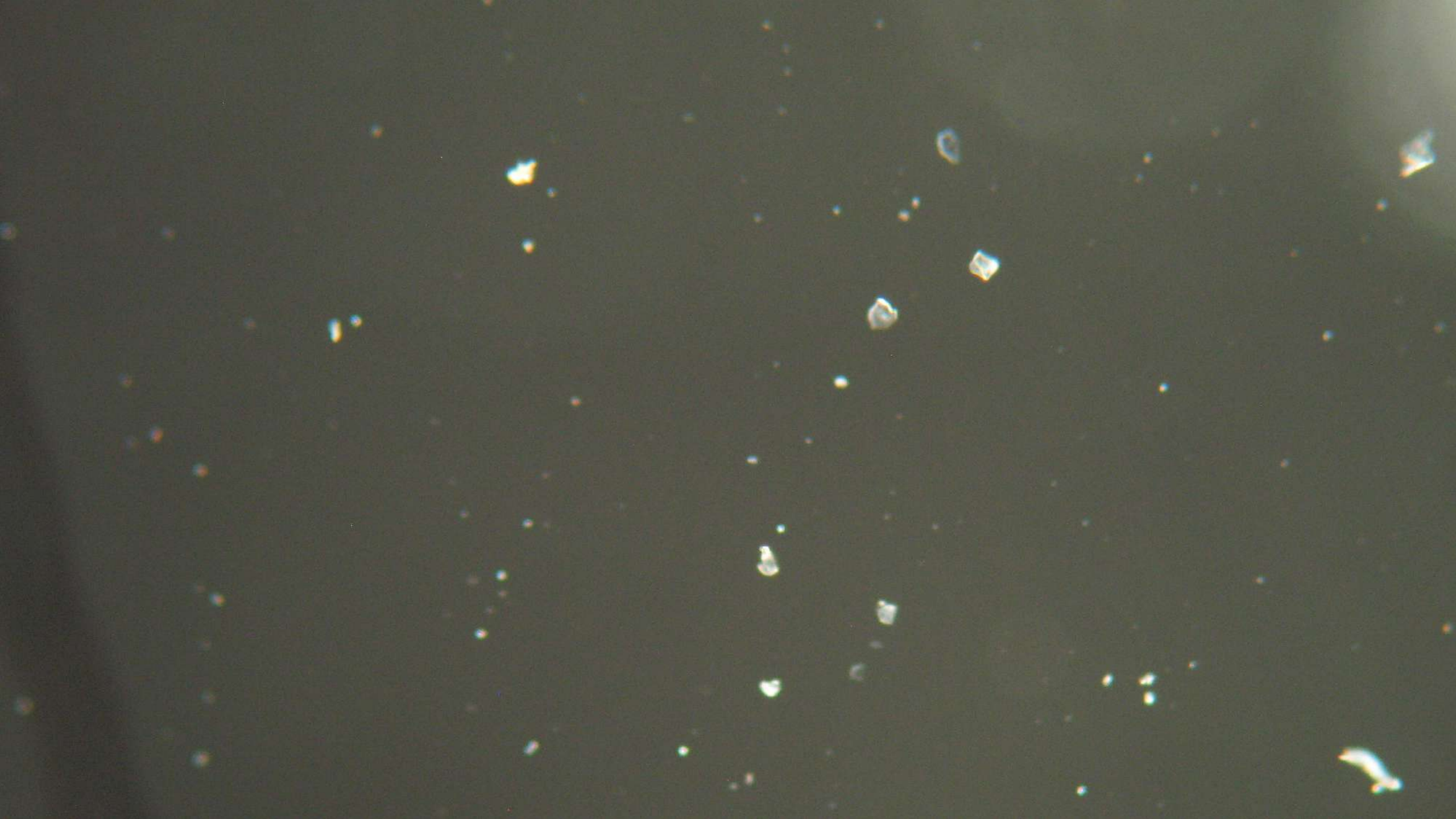


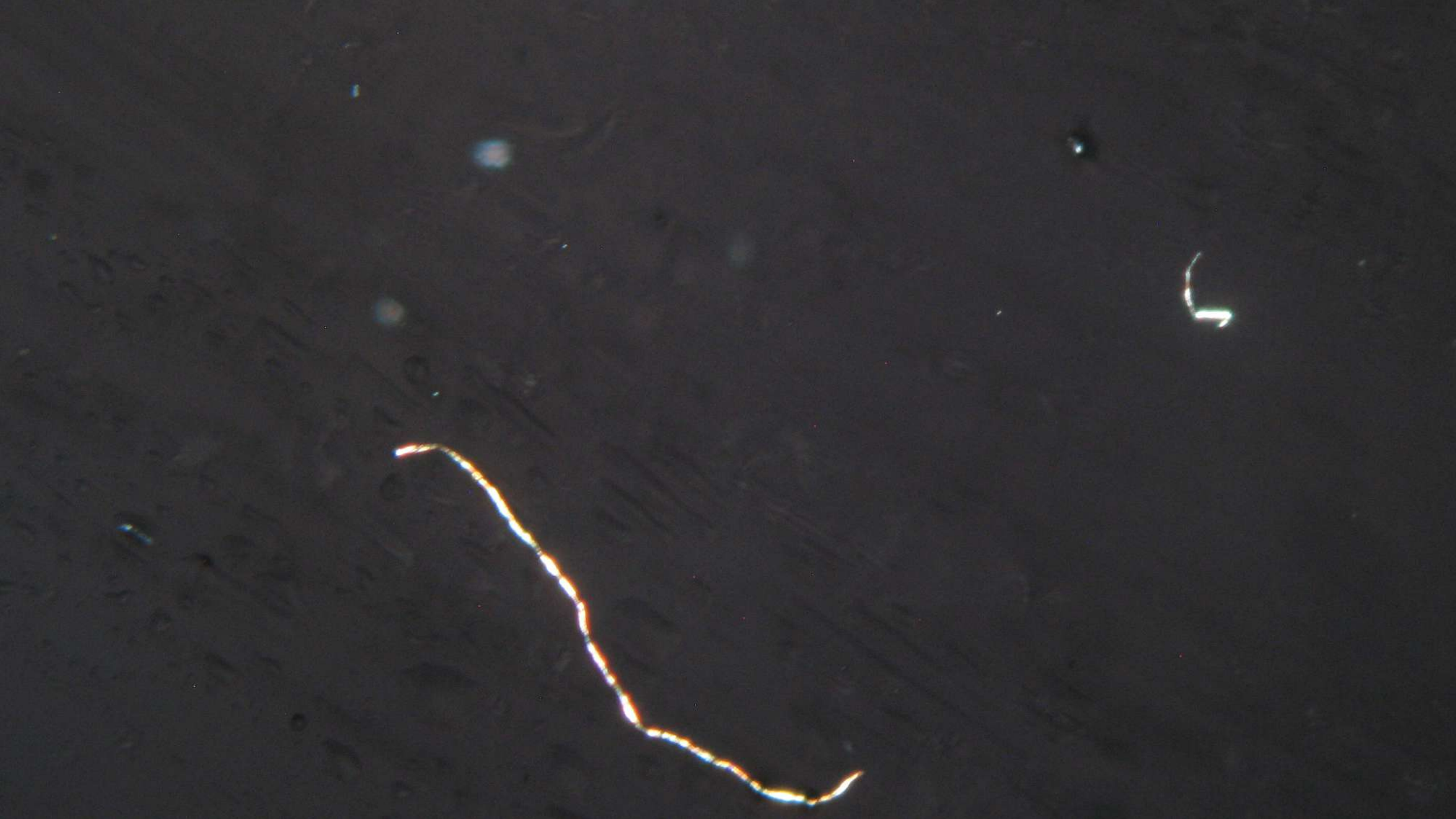


Fall 7

Fremdkörper / Verunreinigung /Adjuvantien im Impfstoff

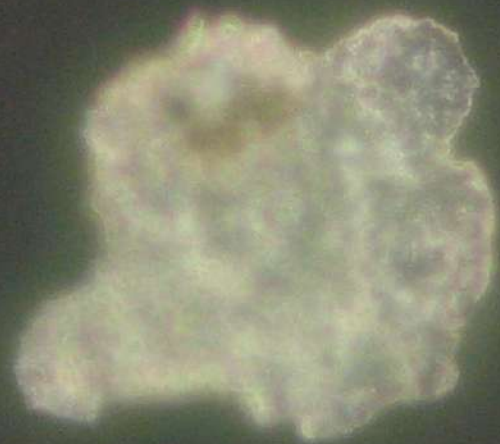
- Mikrochips ??
- Graphen / Graphenoxyd ?
- Mineralien
- Metalle - Aluminium-Verbindungen, Edelstahl
- Dazu bereits Hinweise aus Japan, Spanien

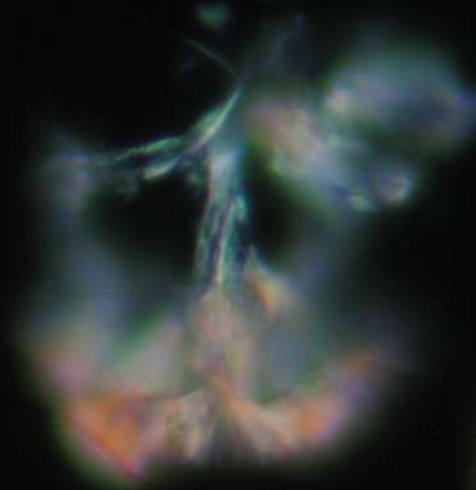
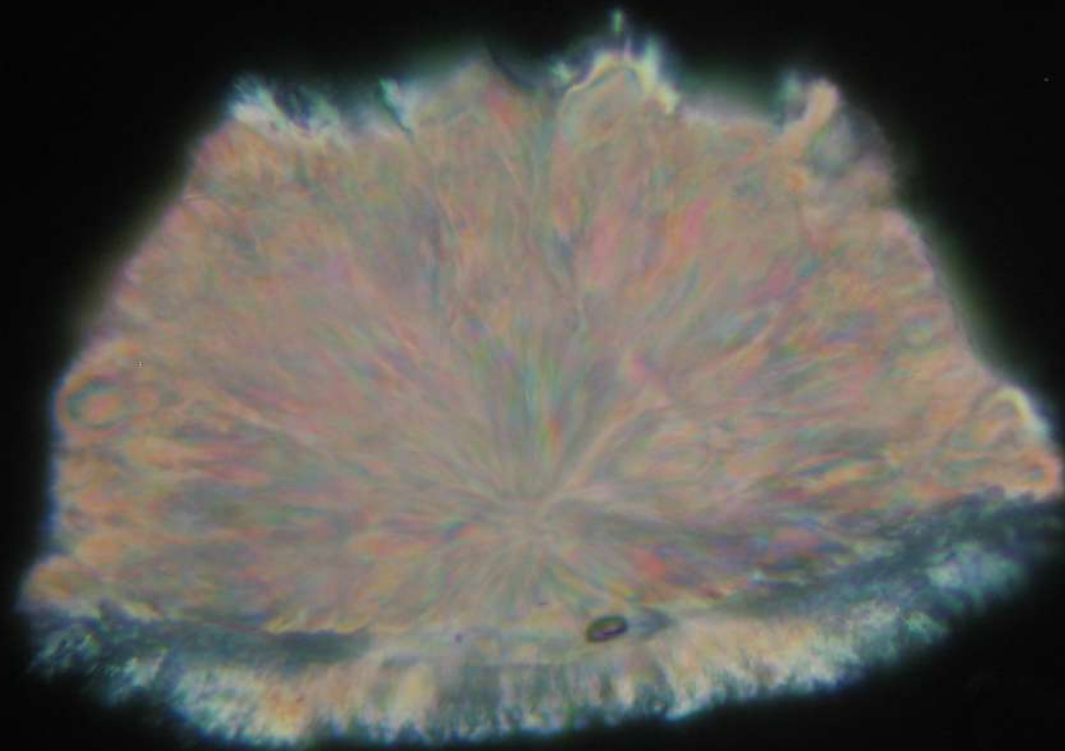










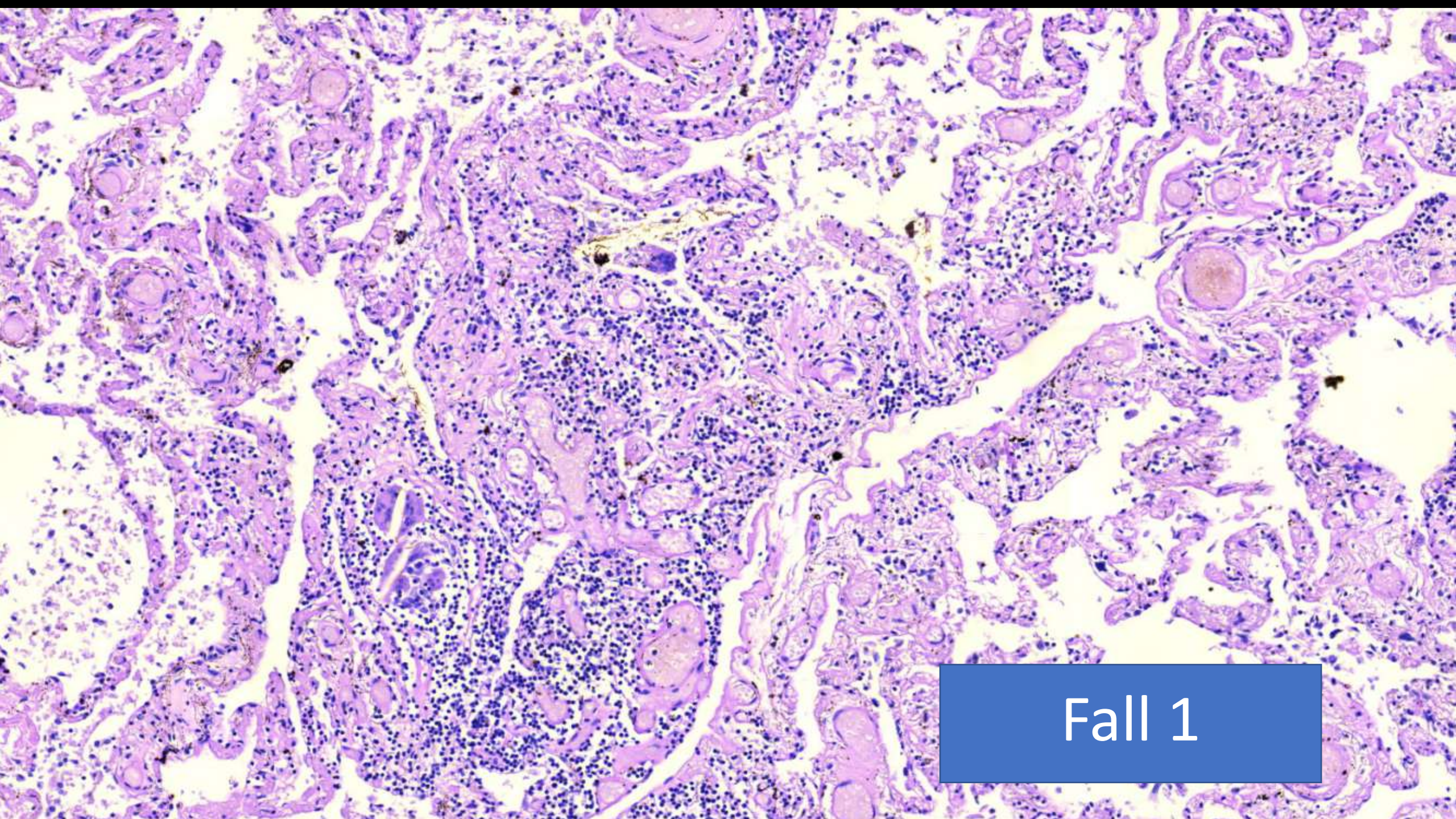




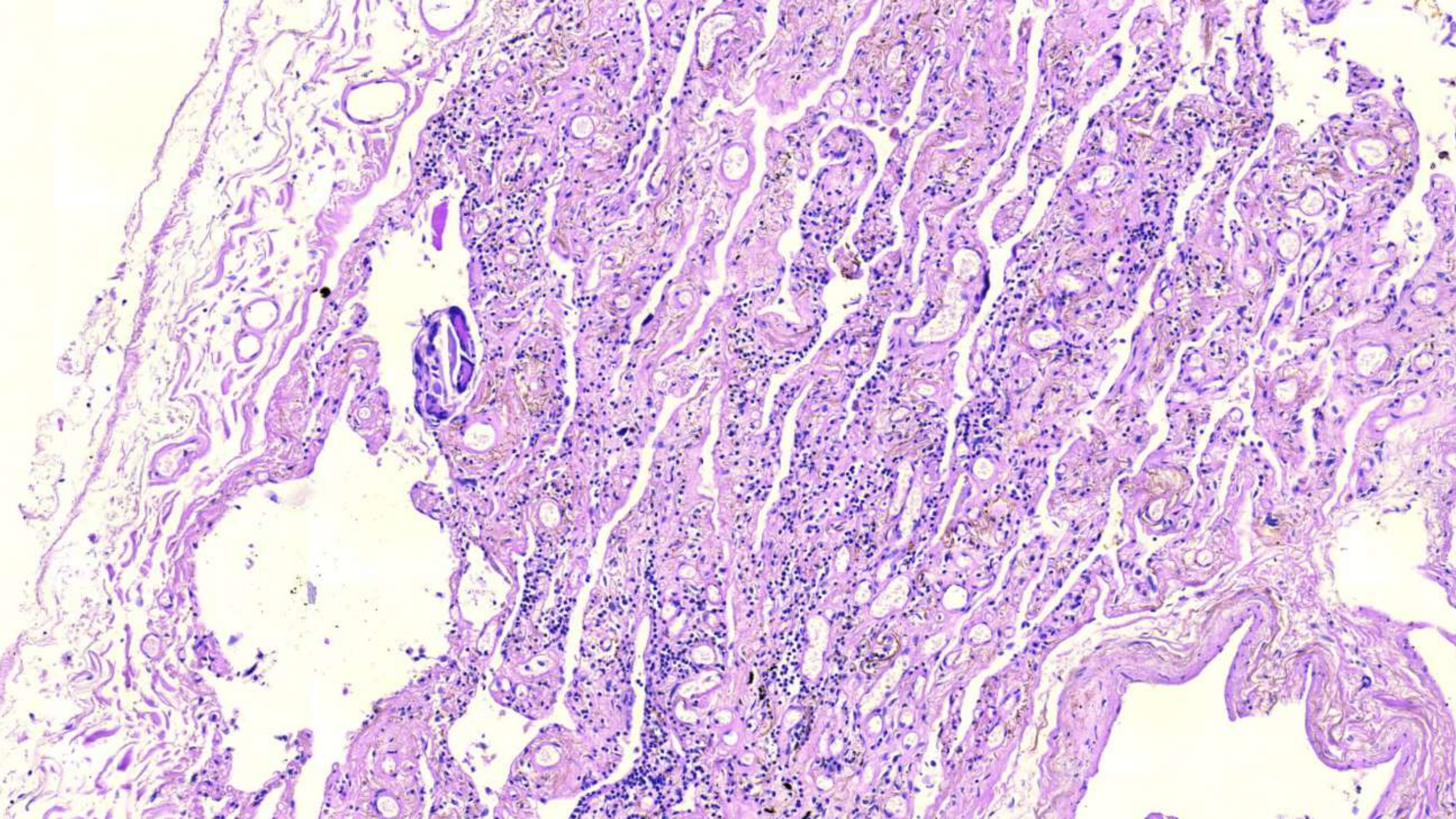


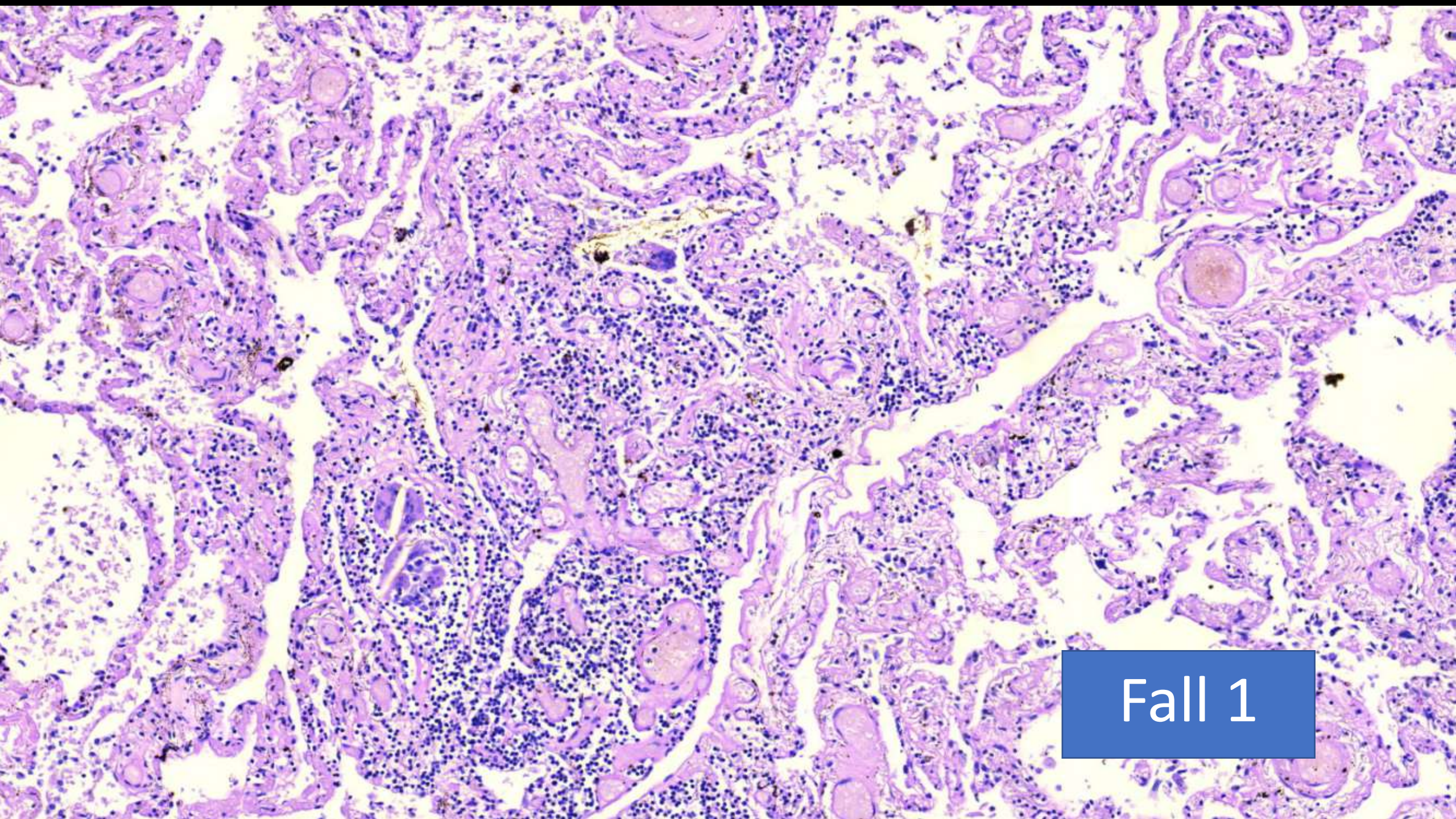
Fremdkörper – Lungen – Mikroembolie

- Fall 1
- Analogie zu Knochenmarks-Embolie nach Knochenfraktur

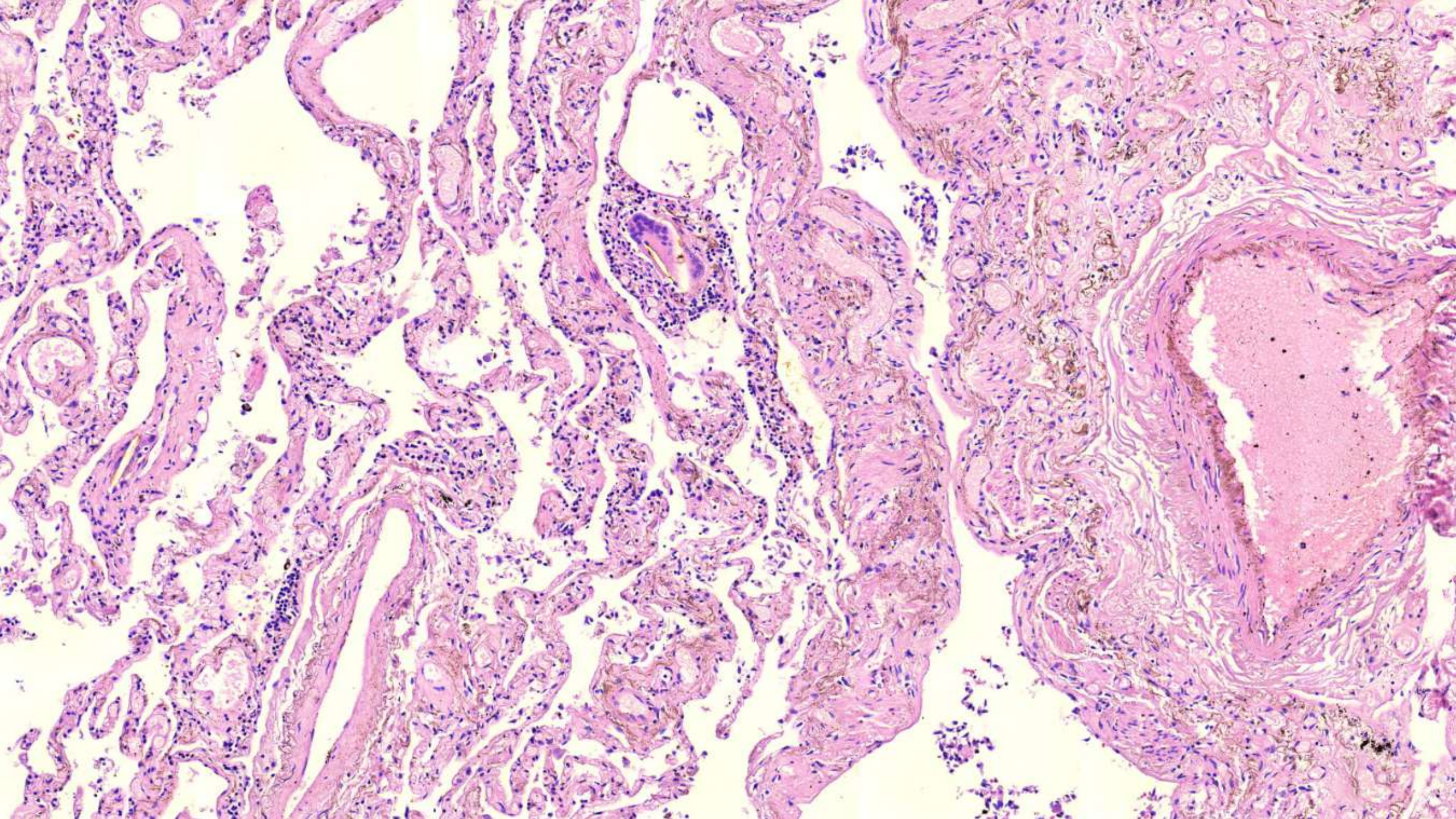


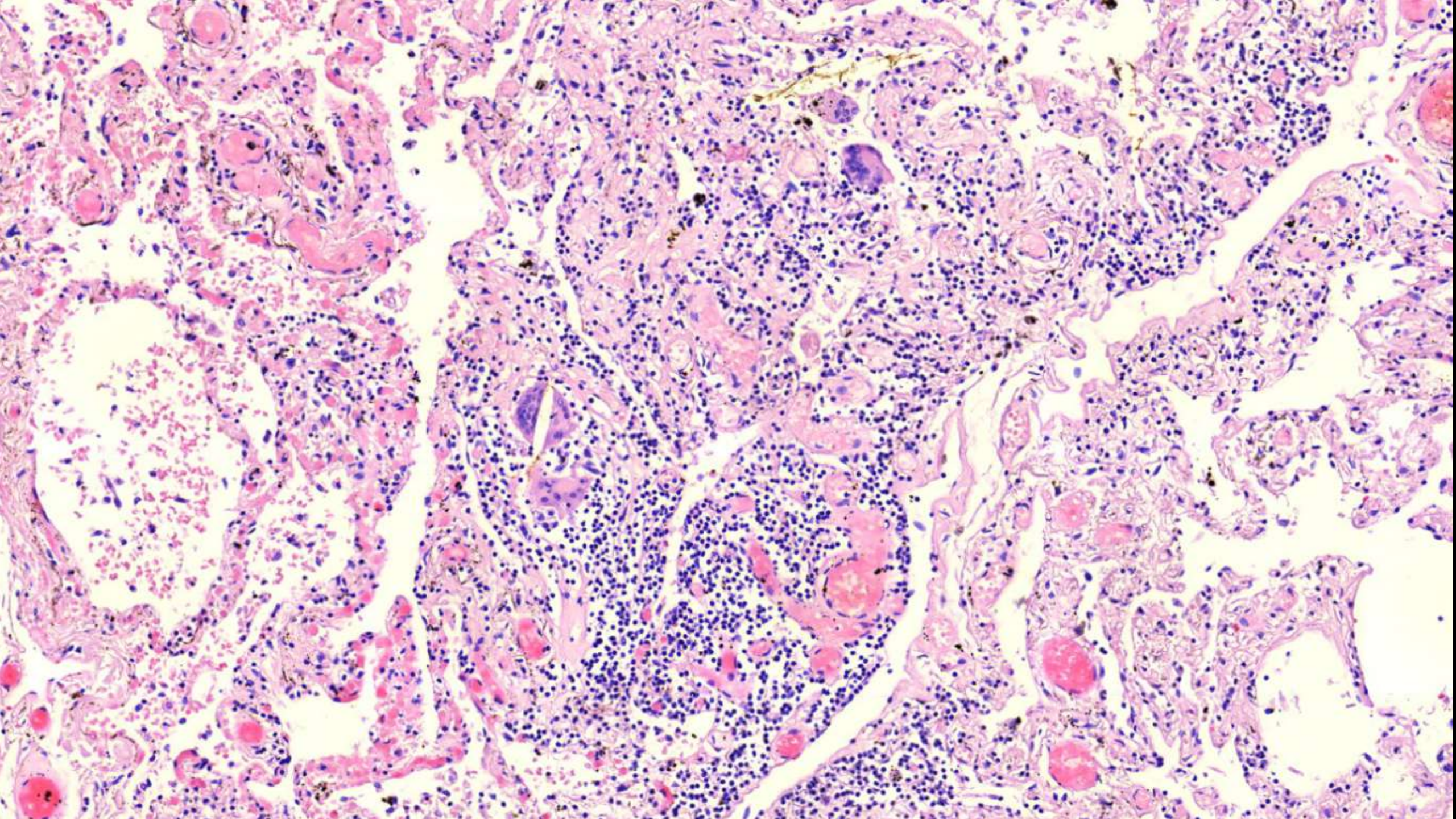
Fall 1

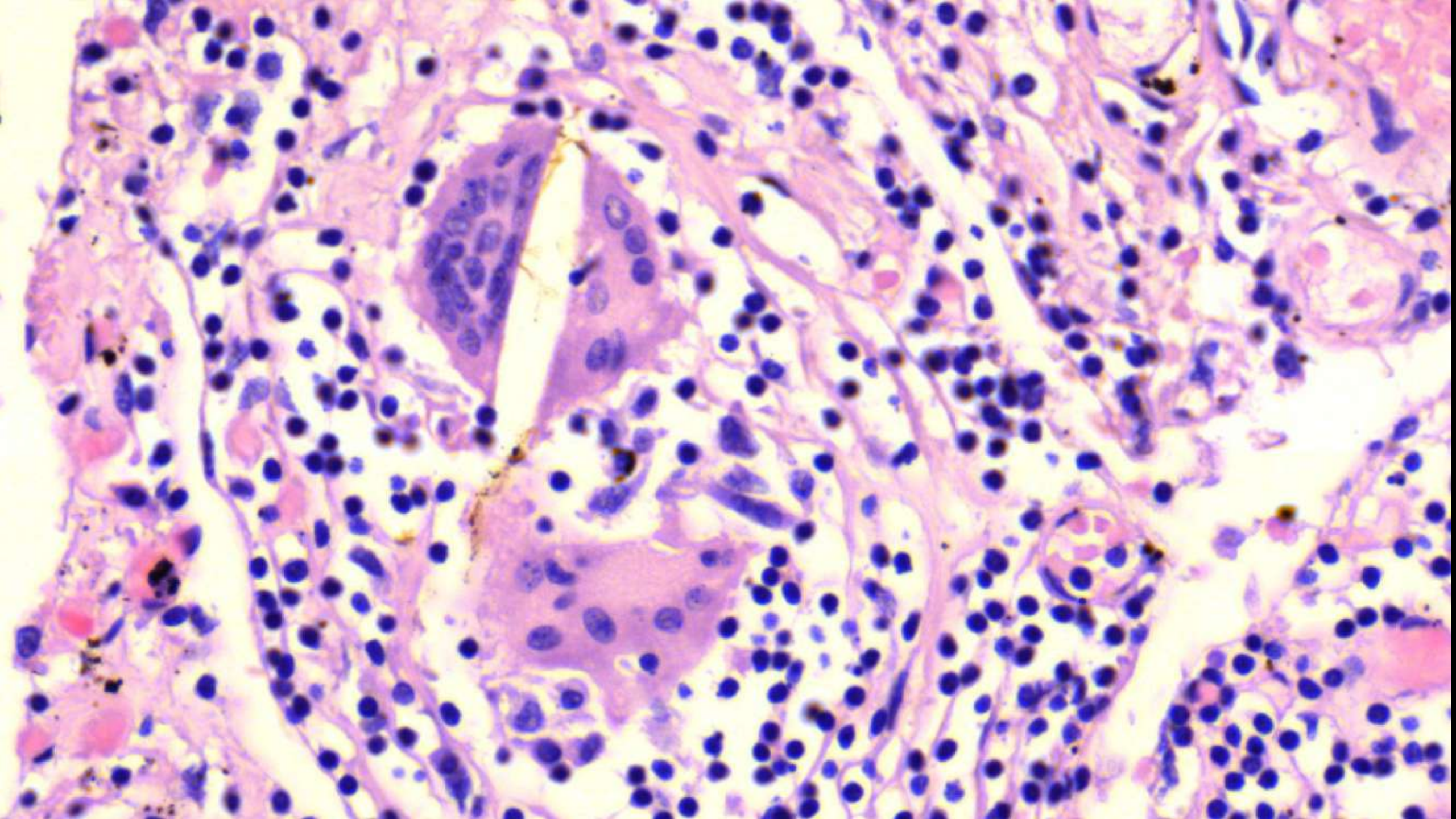


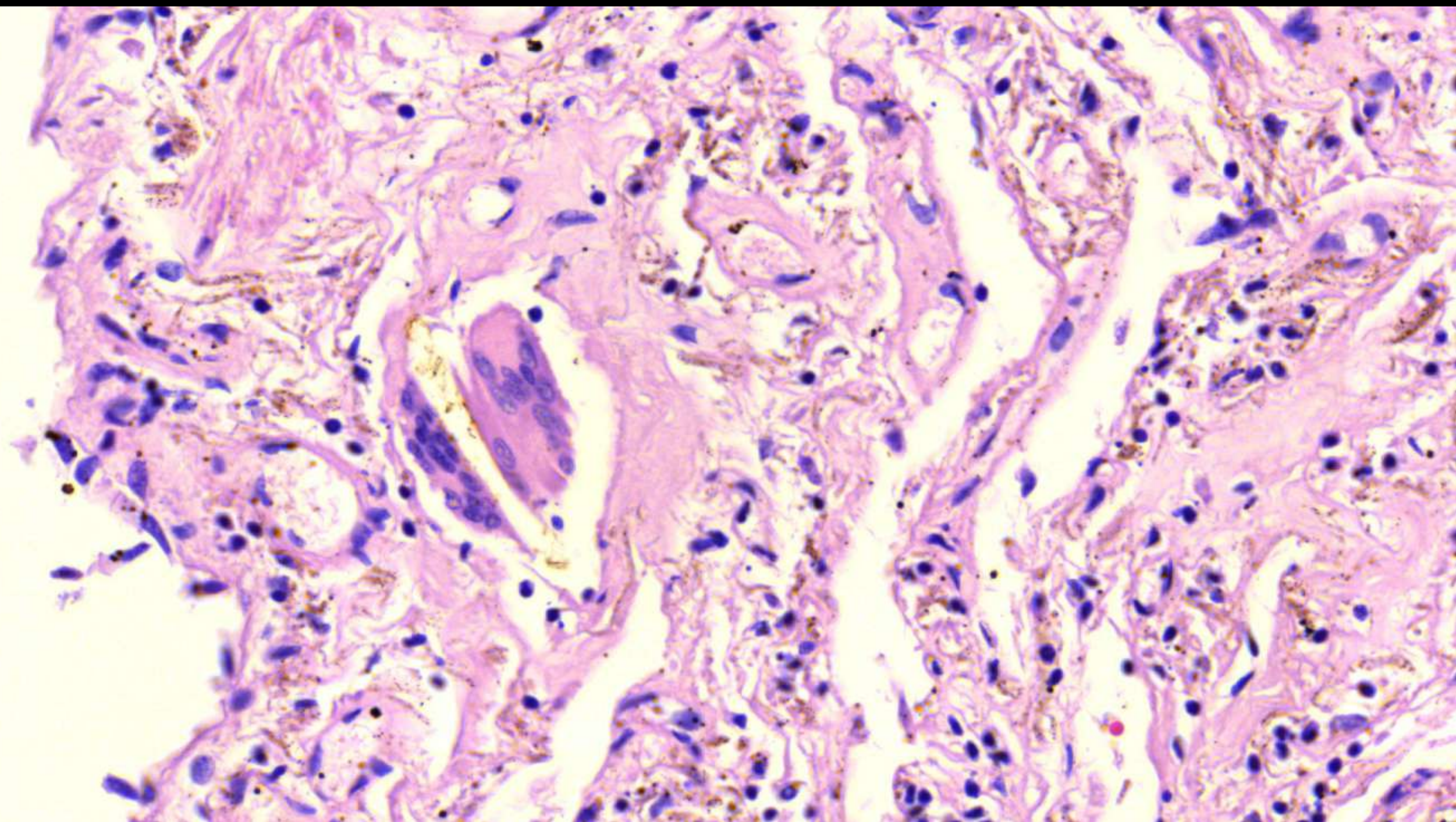


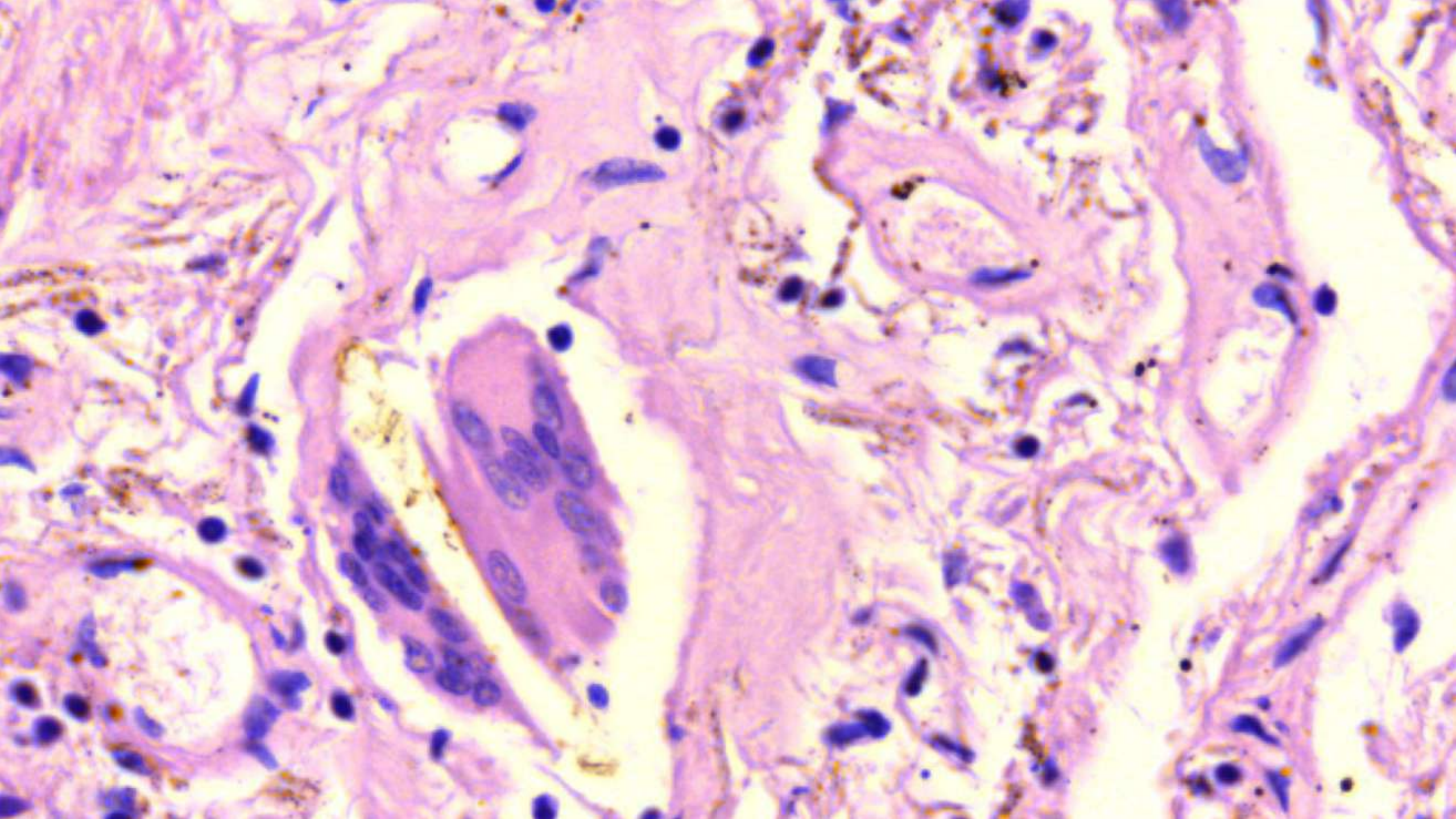
Fall 1

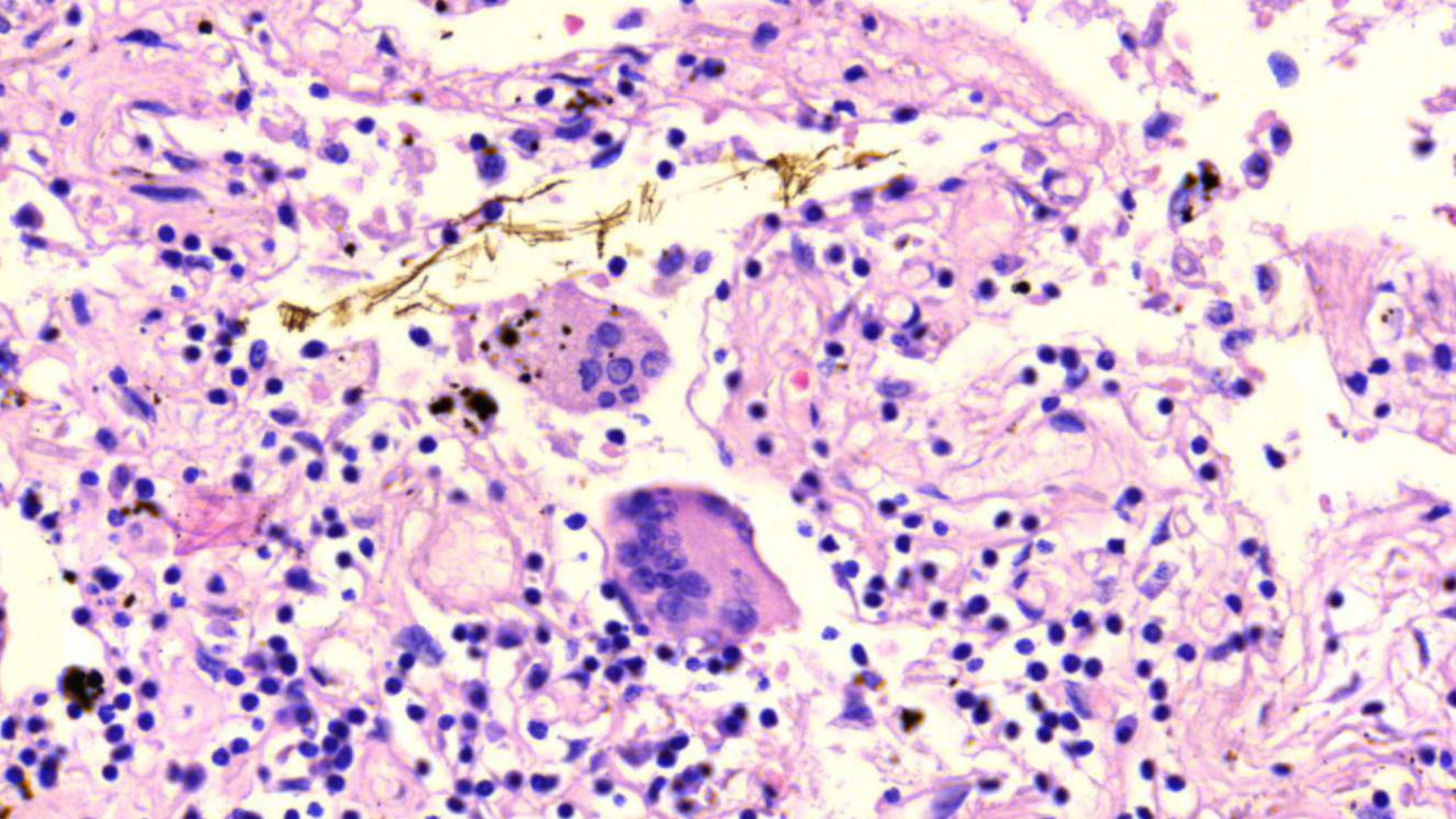


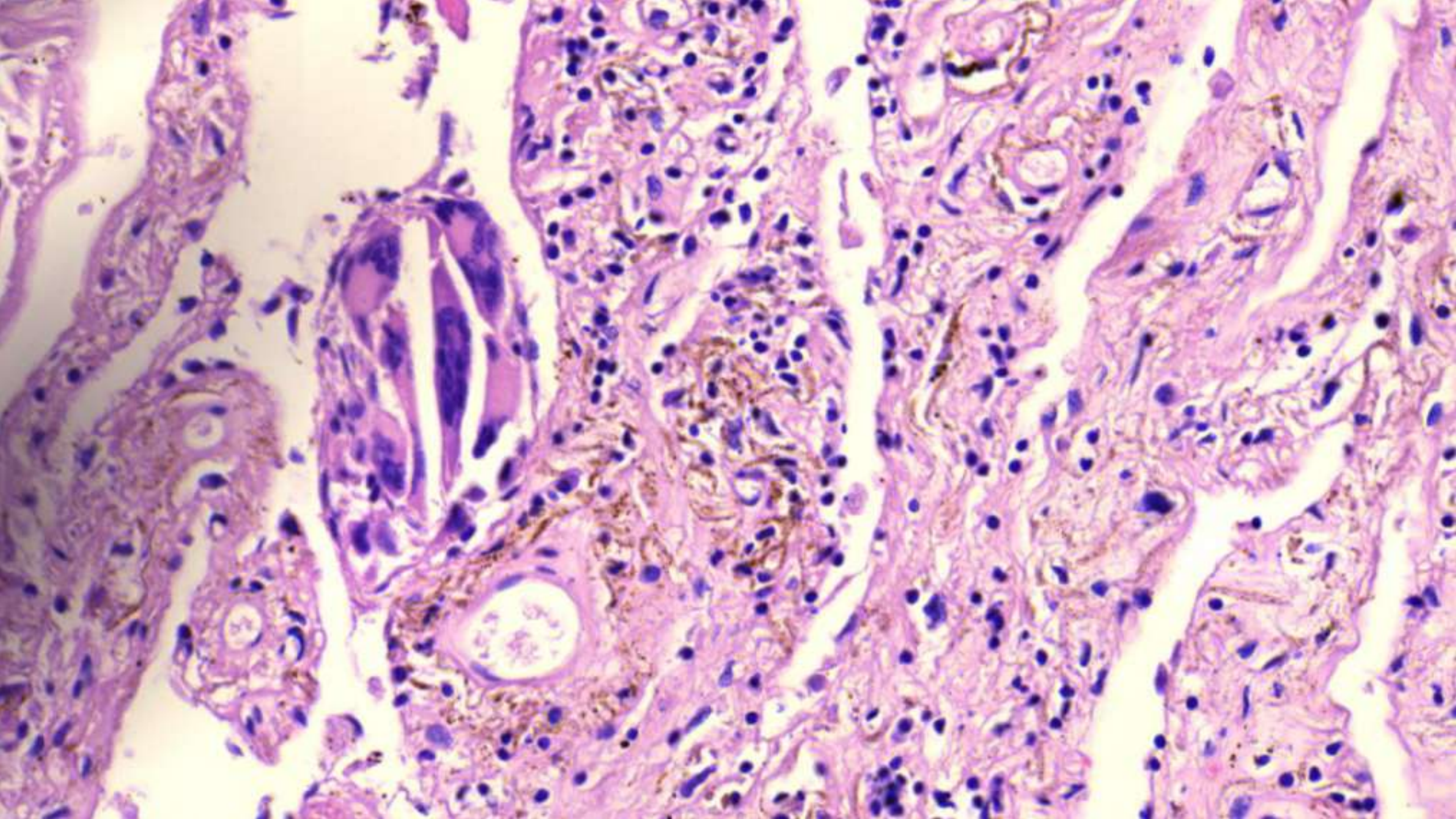


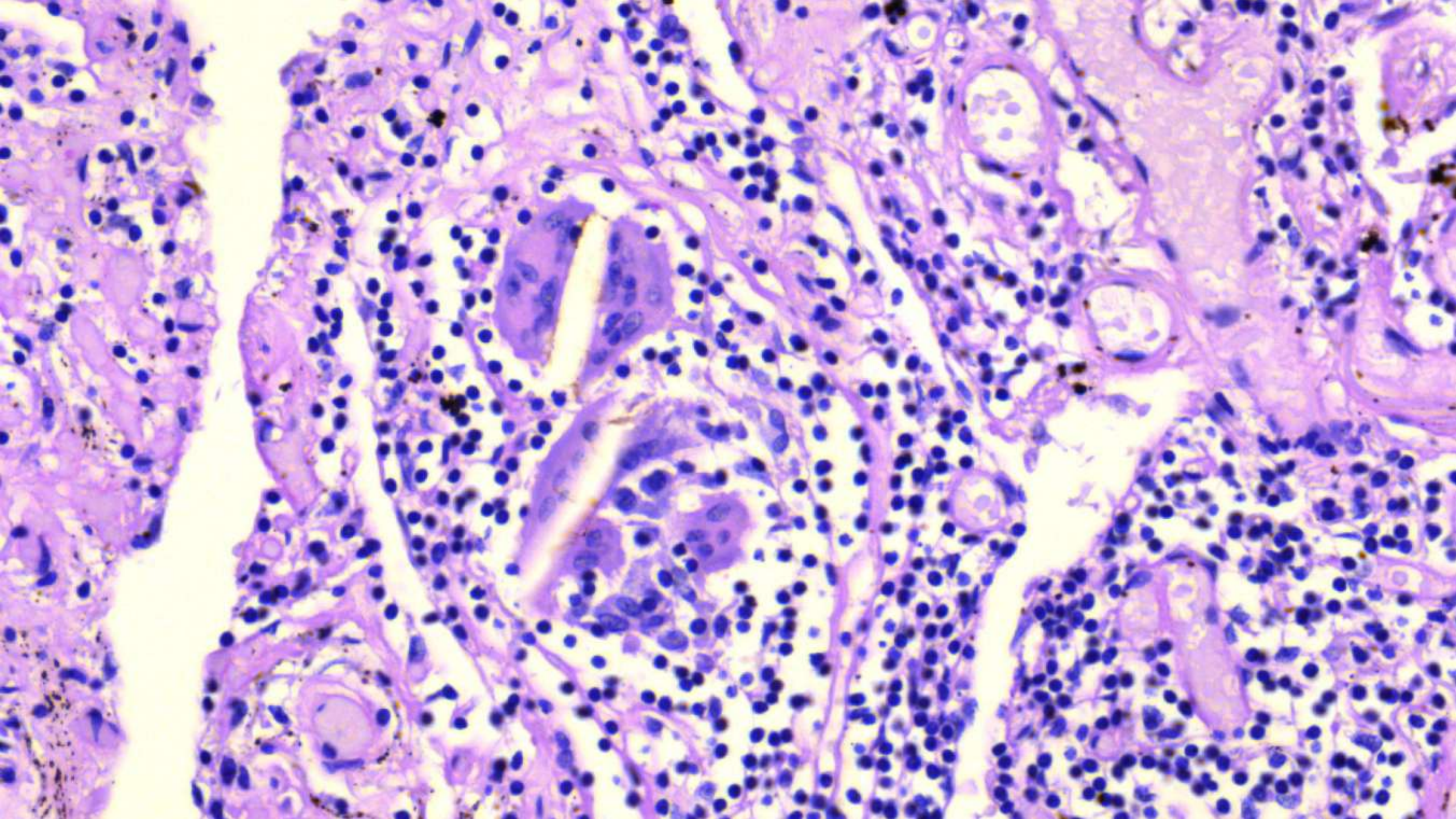


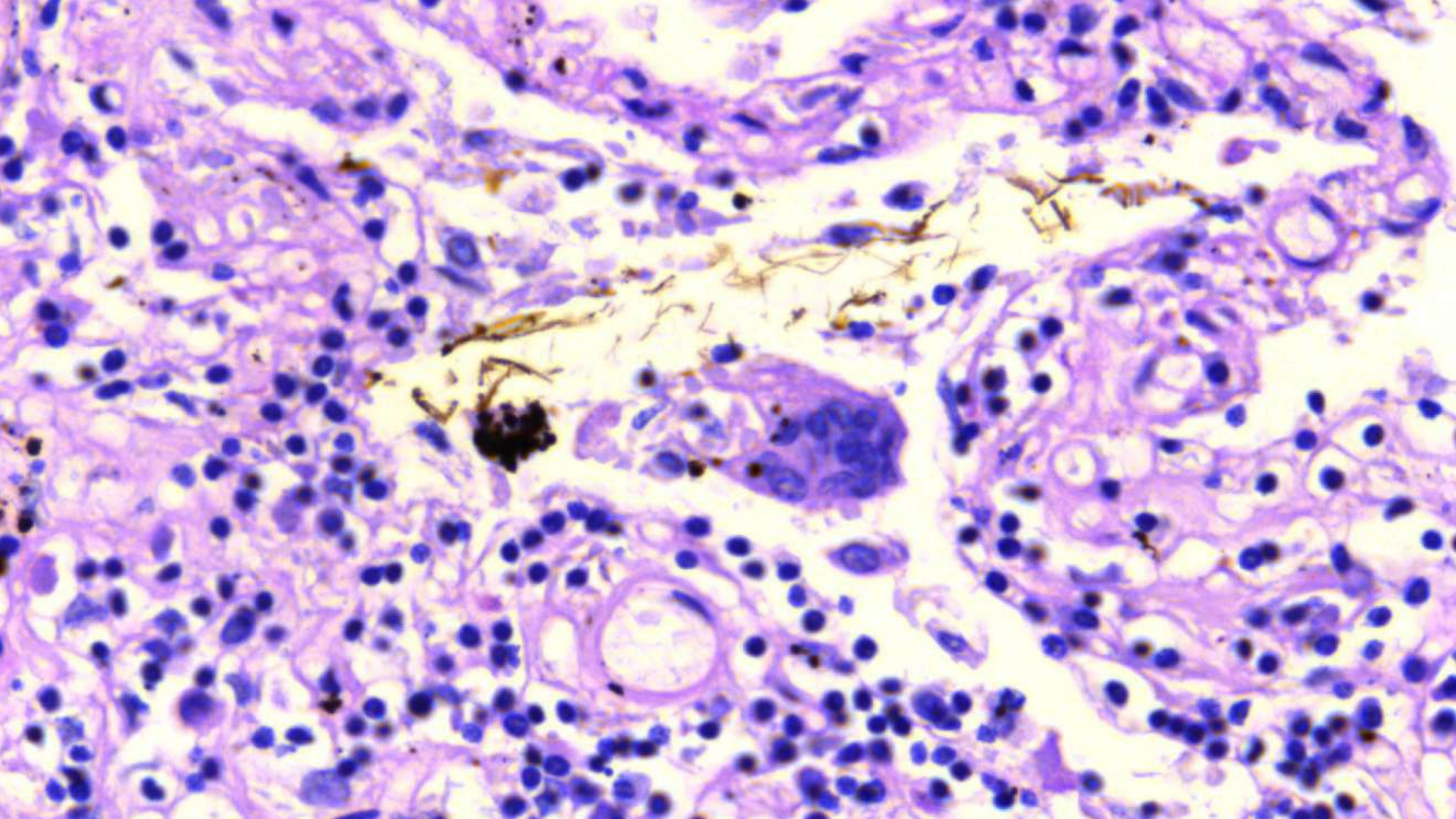


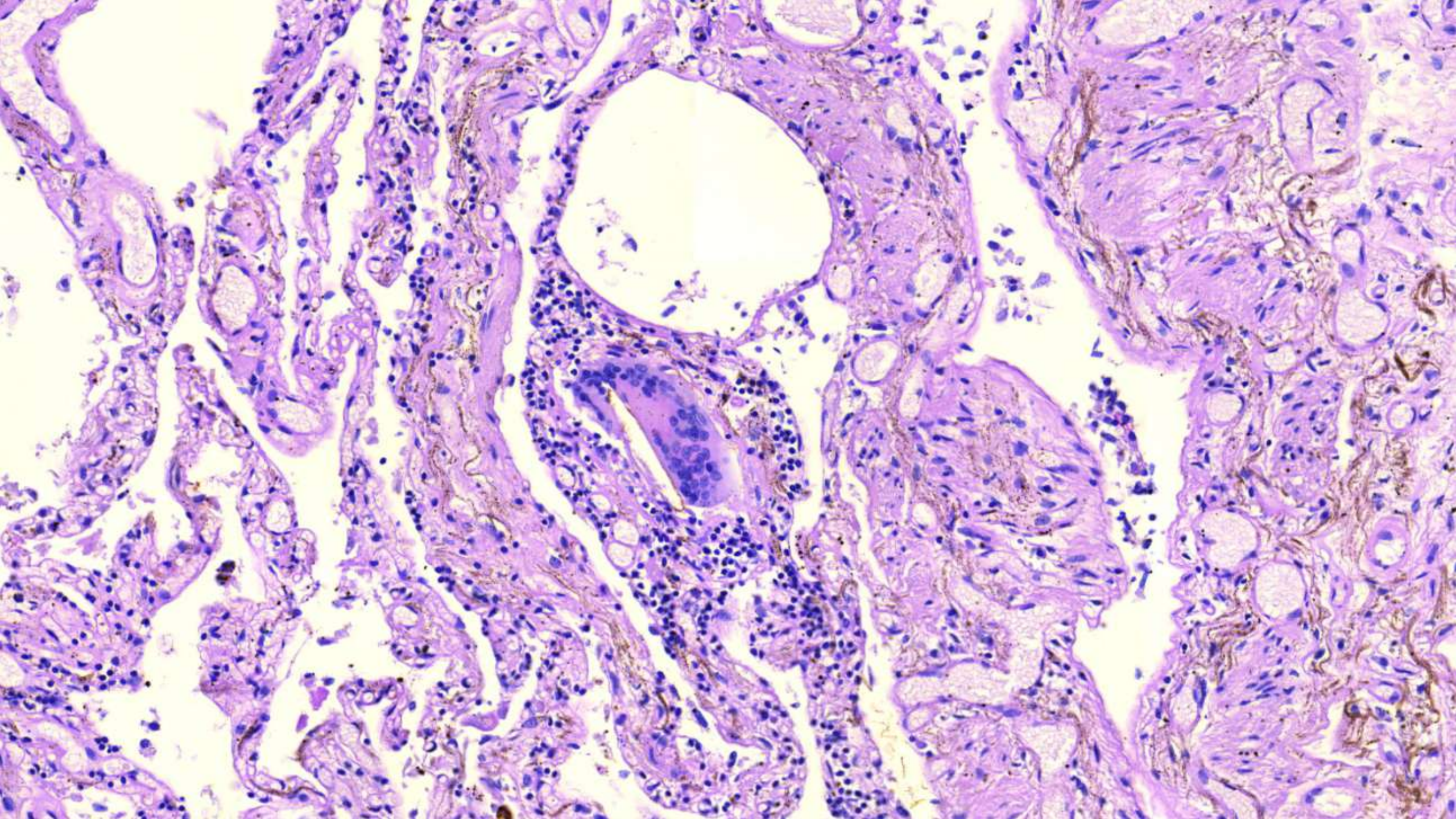


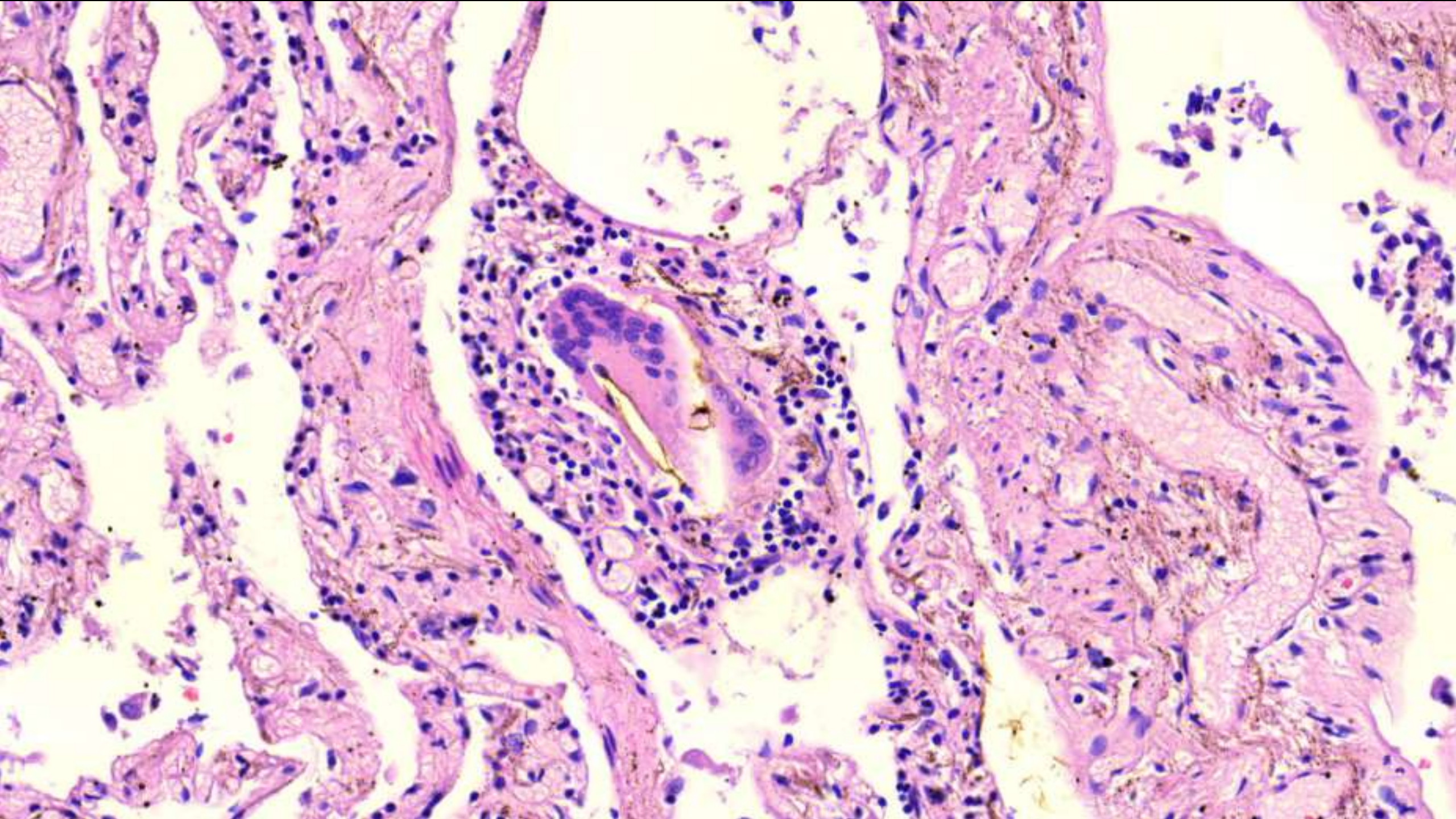


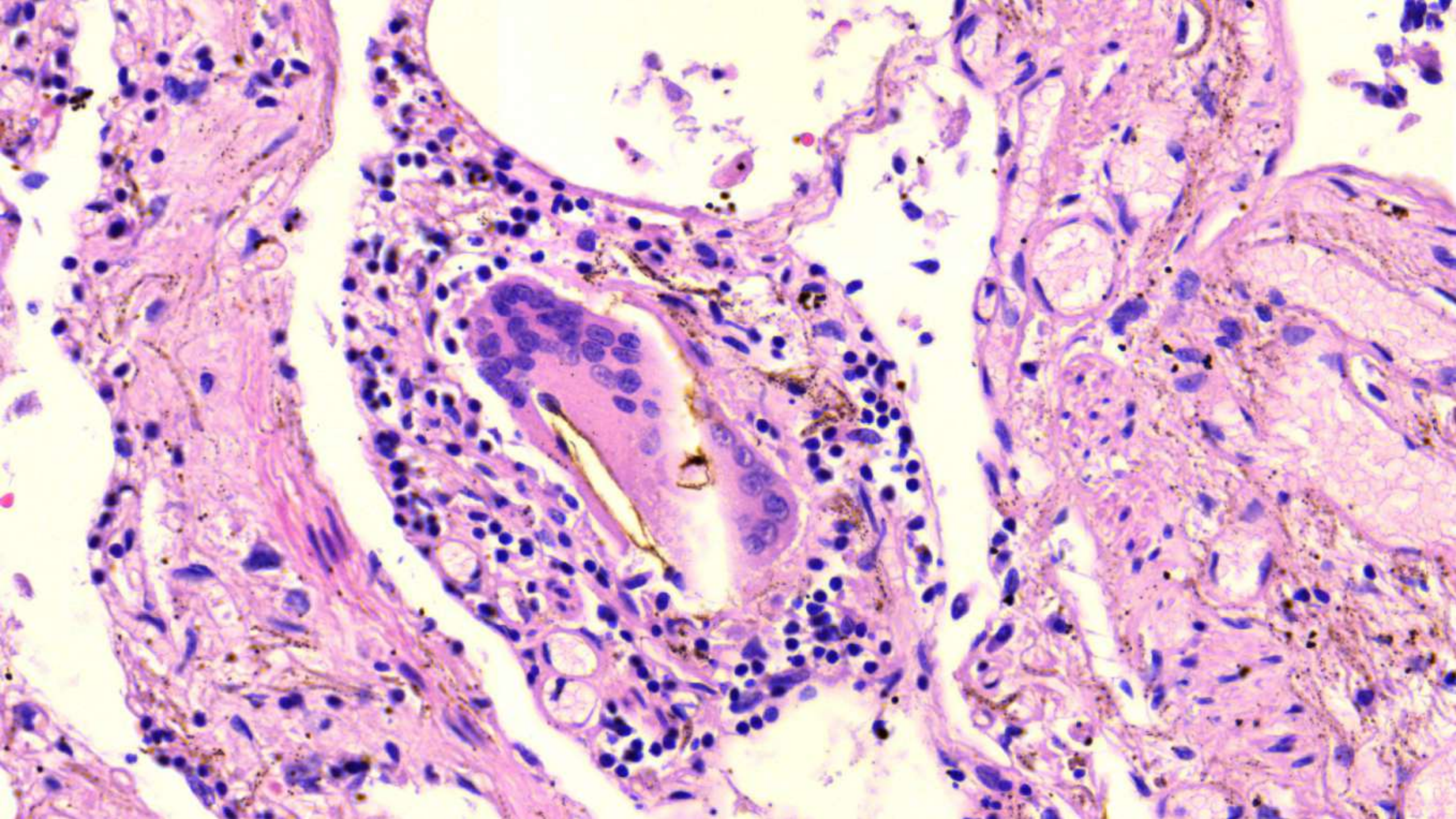


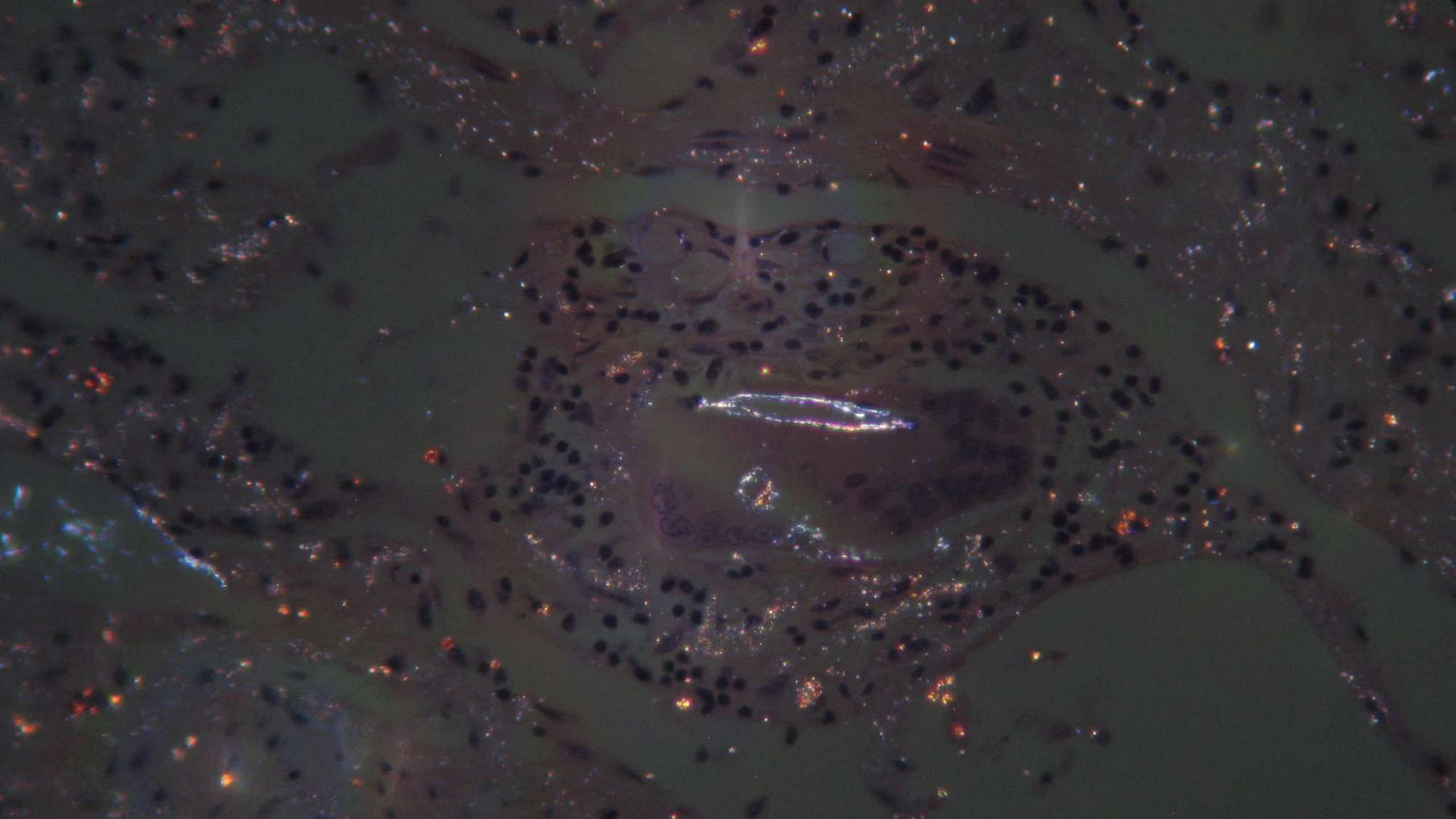












Erfassen von Impfnebenwirkungen mit Todesfolge

- „Totenschein“-Angaben ohne verpflichtende Angabe zum Impfstatus sind wertlos
- Betroffene und Angehörige schweigen aus Betroffenheit
- Behandelnde Ärzte und involvierte Staatsanwälte sind nicht motiviert
- Obduktionen in Rechtsmedizinischen Instituten ohne routinemäßige Histologie-Untersuchung sind *methodisch* a priori ungeeignet
- Obduktionen in Pathologischen Instituten werden teilweise verweigert, oft fehlt die Kenntnis „neuer“ Krankheitsmuster

Eine fachübergreifende Obduktion und Auswertung durch Rechtsmediziner und Pathologen mit obligater histologischer Untersuchung aller Organe und Läsionen ist für diese Fragestellung der einzig vertretbare Weg;

Heidelberger Modell



DAS ZITAT

»Wer sich nicht impfen lassen will, muss eben die Konsequenzen tragen«

Der ehemalige Präsident des Bundesverfassungsgerichts, Andreas Voßkuhle, hält mehr Freiheiten für Geimpfte und Genesene für angemessen.

Fazit

- Wer sich impfen lassen will, muss eben auch die Konsequenzen tragen
- Unsere Aufgabe ist die Aufklärung über Risiken und Nebenwirkungen
- „Dass dies mit Verstand geschah, ist der Pathologe da“