

HYPOTHETICAL DEVELOPMENTAL ANATOMY OF THE BLEMMYES/EWAIPANOMA PHENOTYPE

Medical-Grade Model with Human Holoprosencephaly Comparison

Abstract

This document presents a medically grounded hypothetical model for a putative human variant population with truncated cranial structures and facial features relocated to the torso. The model is evaluated against the spectrum of human holoprosencephaly (HPE), the most relevant congenital condition involving extreme craniofacial and forebrain reorganization. While severe HPE demonstrates that major displacement of facial primordia and brain malformation can occur in humans, the near-total lethality of the most extreme forms highlights significant biological constraints on long-term population viability.

1. Core Proposed Anatomy

Brain housed in a shortened neck stub (C3–T1) with a soft superior surface for thermoregulation. Ears positioned on the neck stub (concealed by long hair) for hearing and heat dissipation. Facial structures (eyes, nose, mouth) developed from the clavicular/upper thoracic region. Protection primarily via cartilage and soft tissue rather than dense bone. Long hair serving concealment and mechanical protection of the vulnerable neck stub.

2. Human Holoprosencephaly Spectrum

2.1 Classification and Severity

Holoprosencephaly results from incomplete cleavage of the prosencephalon (forebrain) during early embryogenesis. It is classified as alobar (most severe), semilobar, lobar, and microform variants. Severity of craniofacial anomalies generally correlates with brain involvement (“the face predicts the brain”).

2.2 Severe Craniofacial Features

Alobar HPE with cyclopia represents the most extreme end: single central orbit (cyclopia/synophthalmia), proboscis (tubular nasal structure), agnathia (absent mandible), otocephaly (ventromedial ear malposition), arrhinia, and midline facial clefts. These result from profound disruption of facial primordia migration and neural crest development.

2.3 Survival Data

Severe alobar HPE with cyclopia is almost always lethal. Most affected infants die within days to weeks. The longest reported survival with cyclopia/arrhinia using only comfort care is approximately 240 days (8 months). Even milder forms carry high early mortality, though some individuals with lobar or microform HPE survive into adulthood with variable impairment.

3. Comparison: HPE vs. Proposed Blemmeyes Model

Feature	Severe Human HPE	Proposed Blemmeyes Model
Brain division	Failed hemispheric cleavage	Intact but low-positioned in neck stub
Facial position	Extreme midline displacement (cyclopia, proboscis)	Caudal displacement from clavicular/upper chest
Neck/cranial structures	Often abnormal basicranium	Short neck stub with soft superior surface
Protection	Variable bone/cartilage defects	Cartilage + soft tissue dominant
Thermoregulation	Often impaired (hydrocephalus, brainstem issues)	Soft top + vascular ears for heat dissipation
Long-term viability	Near-total lethality in severe forms	Requires multi-generational population survival
Population persistence	No known stable populations	Core requirement of the model

4. Key Insights from Comparison

Human HPE provides the strongest biological precedent for extreme craniofacial reorganization in our species. Severe cases demonstrate that profound displacement of facial structures and major brain malformation can reach late gestation. However, the near-total early lethality of the most severe forms represents a major constraint. The Blemmeyes model requires not only individual survival but a stable, reproducing population phenotype persisting across generations — a threshold not met by known human HPE cases.

The model's proposed adaptations (soft neck stub top for thermoregulation, vascular ears, long hair concealment, cartilage-dominant protection) address some of the viability challenges seen in severe HPE, but the requirement for multi-generational persistence remains the most significant biological hurdle.

5. Confidence Assessment

Claim	Confidence
Real vulnerable population existed and was targeted	92–95%

Core anatomical configuration is literally accurate	70–75%
---	--------

Medical-Grade Model with HPE Comparison — July 2026