Editorial

Crit Care & Shock (2014) 3:58-60

From Wallenberg's to SIRS: A tale of a critically ill physician

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Who knows more about a disease than the one who suffers it? That's the repeated phrase that my anatomy teacher used to say everyday while I was a first-year medical student. At that time, it was just a phrase. It made me think that we only understand by suffering. And recently, that was the case.

Five days ago, I developed a unilateral headache without any other sign. This was an unusual symptom for me. I requested the assistance of one of my colleagues that prescribed a potent analgesic. Several hours later, I woke up in the middle of the night with intractable nausea, vomiting, and the worst vertigo of my life. My initial assessment suggested that I had a reaction to the potent analgesic. I went back to bed hoping that I would wake up with no more symptoms. Contrary to what I was expecting, when I woke up, my symptoms had exacerbated. I could not move without severe dizziness and protracted vomiting. I was immediately transferred via ambulance to the hospital where I work. In the ambulance, two intravenous lines where started on my right arm, and to my surprise I did not feel any of the sticks. I was told that my blood pressure at the time was 80/40 torr. Two liters of normal saline were rapidly administered en route to the hospital.

Despite the constellation of signs and symptoms that I had, my wishful thinking had concluded that I had an acute vestibular syndrome of the benign nature. In the emergency department, magnetic resonance imaging revealed that I had an acute posterior circulation ischemic stroke. My first thought was that the radiologist "did not know what he was doing" and was referring to motion artifact. Who would know more at the time than the chief of critical care services? As I did not believe the diagnosis, I requested that a computed tomography (CT) scan with intravenous contrast would follow. Then, "it clicked". I had had a stroke. It was not an easy stroke; this new CT scan revealed that my left vertebral artery had dissected at the entrance of the left posterior inferior cerebellar artery. Now, everything was making sense. The fact that I had not felt the IV stick in the ambulance was not the excellent technique of the paramedic, but the lack of sensation that I had due to the Wallenberg syndrome. I touched my face and felt a significant difference between the left side and the right side. I knew what needed to be done next, it was time to have a four vessel cerebral angiogram to establish the diagnosis, hope for a corrective procedure and try to identify the reason why this had happened. The next morning I underwent an angiogram that revealed that I had a four-centimeter dissection of the left intracerebral vertebral artery, and the PICA was sitting at the dissection site and my symptoms were primarily associated to this (**Figure 1**).

I immediately went back to my medical school days in my mind, remembered everything I had ever read about vertebral artery dissections, posterior strokes and Wallenberg syndrome. Every sign, every symptom that I had was classic for each one of these conditions. Now everything made sense. I had no etiology for the dissection as I had not had any neck manipulation and had no evident dyslipidemia or severe hypertension. A decision was made to fully anticoagulate me in hopes to have recanalization of the affected vessel. My contralateral circulation was excellent and the rest of the cranial nerves were intact. I had mild swallowing dysfunction and had lost my cough reflex. In my mind, I was a bomb waiting to explode. I had seen thousands of patients with aspiration pneumonitis due to lack of airway protective reflexes.

Twenty-four hours after my initial angiogram, I developed rigors, chills and a temperature elevation to 40 degrees Celsius. I have now moved from Wallenberg's syndrome to the systemic inflamma-

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tory response syndrome (SIRS). I knew exactly what this meant. This was my area of expertise. A series of cultures were obtained, and antibiotics were started. Was the fever a reaction to newly diagnosed stroke? Had it evolved into a hemorrhagic event? Had I aspirated? Or was this related to the procedure and now I had bacteremia?

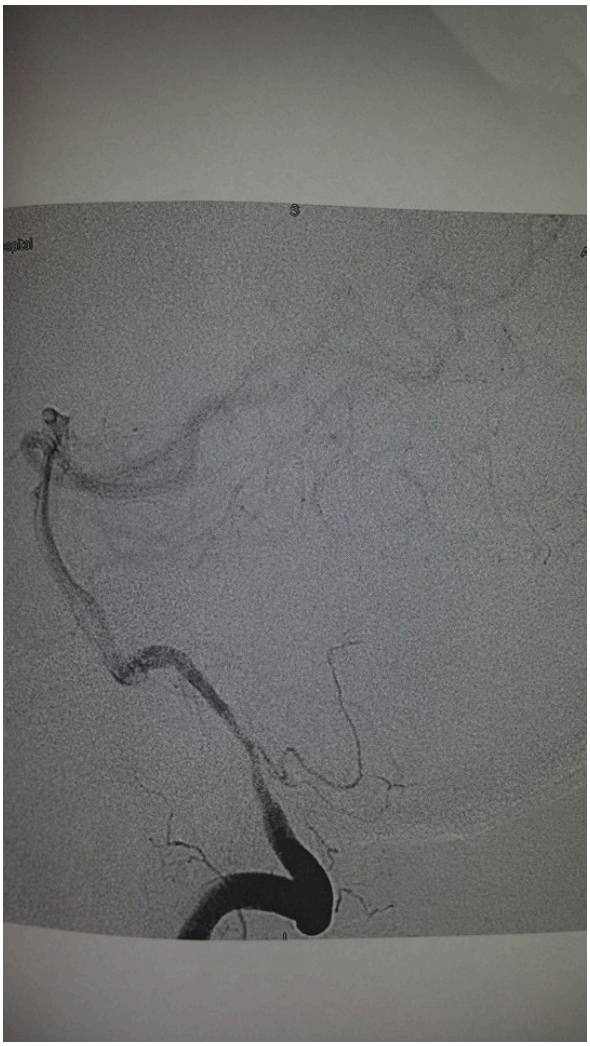
As clinicians we think of the possible case scenario. We have been trained to think like that. However, when I was the one suffering the illness, thinking the worst-case scenario was not useful at all. On the contrary, anxiety ensued as I knew what could happen. My SIRS went away as fast at it appeared.

Despite of all this adversity, my mission to educate, train and to continue to provide excellent care for those in need remained a top priority. Letting the world know that nor Wallenberg's, SIRS or any other disaster was going to stop me was of upmost importance. Facebook was an easy way to

As I was thinking about writing this piece, I remembered that I had previously published my experience caring for one of my best friends when he became critically ill. (1) The emotions I felt when caring for a good friend who was dying were just a percentage of what now I was feeling. The importance of assimilating the initial diagnosis and the long-term recovery that I will have made me write this paper. The road ahead is long and bumpy, but I will fully recover and continue to provide for those in need of critical care.

Clinicians are usually the worst patients. Our understanding of different disease entities is skewed and our defense mechanisms to deal with illness in ourselves are seriously deranged. "Normal people" wont be posting on Facebook within hours of a stroke, nor writing a paper within days of a stoke. However, for some of us, these are valid therapeutic interventions that can accelerate our recovery.

Figure 1. Cerebral angiogram depicting a dissected left vertebral artery with a very narrow posterior inferior cerebellar artery



References

1. Varon J. The “in extremis” call: When your friend is the one calling!. Crit Care & Shock 2011;14:24-5.