

Catching the Zebra

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What is your first guess when thundering hoofs approach? Horse? Bison? From now on, mine is zebra. Catching the zebra means exhausting virtually all possible alternatives, and then finding one more. This oddly clad horse is neglected not because it is unworthy, but simply because it is uncommon. There's no need to worry about it because it just doesn't happen.

On August 18, I caught a zebra. Upon first examination, it apparently had the classical symptoms of a bothersome, albeit ultimately benign case of strep throat. My father a surgeon, my mother a nurse, we were composed about my condition and utterly secure in the prognosis. We perused WebMD ("just in case"), and sure enough, our suspicions were confirmed: "A sudden, severe sore throat," "pain when you swallow," "fever over 101°F (38.3°C)," "swollen tonsils and lymph nodes"; all of which I displayed. That was a relief; after a brief bout of antibiotics and decadent ice cream therapy, my truant health would return.

Not so fast. These swollen tonsils seemed exceptionally... well, swollen! I couldn't eat; I couldn't even sip some water. Something was wrong. I went to the doctor (you know, just in case), and sure enough, it wasn't strep; it was that terrible sleeping giant that lurks in every college students' subconscious: mono. Despite being guilty of its colloquial name, I knew the kissing disease couldn't keep me down. How could it? I was the healthiest person I knew. I spent the majority of my summer days either exercising or consuming healthy food (with only the occasional toxin). They say mono drains your energy; good thing I had a perpetual surplus.

Okay, so I would need a few more days of recovery than I expected. Still, no big deal. I was resilient and would bounce back just in time to begin fall semester. I returned to WebMD just to confirm my diagnosis. The verdict: classic mono.

After a week of some good old-fashioned suffering thanks to vicious fevers and the concomitant sense of helplessness, my symptoms again failed to meet my expectations. "It says right there, seven to ten days. It's been ten days." Then again, everyone is different, so maybe my course would be different. For the first time, my suspicions were proven right.

A suspiciously intense pain hit my left abdomen, leaving me with a sudden loss of comfort that Jessica Biel could not have restored. I could no longer sit comfortably, my breaths reduced to pathetic wisps. I had to do something. I sat in the hospital waiting room, suffering through the longest half hour of my life.

The next few hours were a blur, resulting in a bedside conference with the doctors' first assessment: "this guy is really, really sick." Fortunately, I had six outstanding specialists, and my chief doctor—reminiscent of Dr. House—was extremely thorough in the tests she ordered and even more shrewd in her correct conclusions. She recognized a unique Gram-negative *Fusobacterium necrophorum* that had invaded my bloodstream and established an internal jugular thrombus. The combination of her quick

assessment and the radiologist's recollection of this unusual disease revealed the final verdict: I had Lemierre's Syndrome.

Lemierre's Syndrome is quite rare; it occurs in approximately one in every million people in the general population. However, a recent review of the literature suggests that citations have been on the rise since 1990 (Riordan & Wilson, 2004). This review also mentions all of the symptoms I had experienced as the same ones that André Lemierre observed when he first discovered the disease in 1936:

The patients in this group were young, previously healthy, adolescents or young adults presenting with initial pharyngotonsillitis or peritonsillar abscess, often followed by swelling and tenderness along the sternomastoid muscle due to septic thrombophlebitis of the internal jugular vein. High fevers and rigors developed within a week and subsequently metastatic abscesses commonly to lung, bone, joints, and skin and soft tissues (Riordan & Wilson, 2004).

Of everything I endured from the inflamed tonsils, high fevers, rigors, pleurisy, and myriad other difficulties, my most salient memory of this whole experience is the profound sense of helplessness that I felt while lying in my bed facing my doctor. She looked at me with the soft eyes of a mother, but the determination of a warrior. This illness was palpably destroying my body—as shown in my chest X-Ray—and we both knew it. Until I got sick, I had done everything right, and yet everything had gone horribly wrong. Despite these ominous signs, I knew that I would be okay. I felt an immense trust in her: the kind reserved for the loving members of one's immediate family. The words "doctor-patient relationship" fail to capture the depth of this connection, and this experience drives my resolution that if I do aspire to become a doctor, I'll remember how a brilliant doctor once joked, "This is when it's good to be a nerd."

Lemierre's Syndrome is extremely serious and potentially life threatening. The most misleading aspect of this disease is that the initial stages are ostensibly common—such as the typical onset of a sore throat and high fevers—but failure to act quickly can put the patient's life in jeopardy. Early diagnosis is key to treatment, and any abnormal signs such as the rigors or others from the constellation of symptoms necessitate greater investigation.

So how do you get to Z without skipping the more plausible M (mono) or S (strep)? By remembering that zebras are still out there, and knowing when you've spotted one.

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References

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