



'Scott, you could have lymphoma'



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These were the words uttered by a radiologist following what I thought would be a straightforward MRI scan of my back showing some type of facet joint degeneration. I discovered later that he had actually rattled off a list of at least six differential diagnoses, but at that time I only remembered hearing the first few words out of his mouth.

I was 28 years of age, completing my third year of 'return of service obligation' with The Royal Australian Air Force, and living in the beautiful city of Perth, Western Australia. I had just returned from an interesting 2 month deployment to Bougainville in Papua New Guinea, ogling at exotic tropical presentations and trauma – the experience of a lifetime. As the deployment was 'army run', it entailed a lot of physical activity and fitness training that I thought may have aggravated a long term niggling lower back problem. I returned from Bougainville feeling exceptionally fit with a body mass index to which I now would dearly love to return!

I was stunned as I left the radiology building. Denise, my wife, looked puzzled. I broke down in tears and told her it could be lymphoma. She still looked puzzled ... 'cancer?' We drove home in tears. I was soon on the telephone to one of my general practitioner colleagues from the RAAF Base Pearce, a truly wonderful man with a remarkably calming influence. It was a Friday afternoon. By Sunday morning I was speaking with one of Perth's pre-eminent haematologists, another very calm and compassionate doctor. I was advised to come for review to the clinic at Sir Charles Gairdner Hospital first thing on Monday, and most likely expect to undergo a bone marrow biopsy. I was terrified at the thought.

I arrived at Sir Charles Gairdner on the Monday, still petrified. I don't know who was the paler shade of white: myself or Denise. So began a month long process of being diagnosed with stage IVB nodular sclerosing

Hodgkin lymphoma. I was told that I had an unusual presentation, as the disease presented clinically with bony symptoms with the lymph nodes only literally popping up at the last minute. During a 6 month period in 1999 leading up to my deployment to Bougainville, I had experienced intermittent night sweats and severe lower back pain. I started waking up in the middle of the night taking ibuprofen with a glass of milk. The symptoms would settle within the hour. Apparently this can be diagnostic, as NSAIDs can block the effect of cytokines released from the lymphoma cells. This was my 'ostrich' period. I should have known better, but chose to self treat and ignore potential 'red flag' symptoms. I was studying for my exams for the FRACGP at the time and was brimming with knowledge.

If anyone has seen the movie 'The Doctor' starring William Hurt, and remembers the final scene with him subjecting his medical students to a weekend in hospital for all types of tests and exposure to various vulnerable situations, you will understand when I say I entered the 'experience the other side of the fence' module that was not offered at medical school.

From May 2000 until January 2001, I underwent numerous painful and sometimes terrifying procedures in the pursuit (successful, thank goodness) of that elusive remission/cure. These procedures included posterior iliac bone biopsy, cervical lymph node biopsy, insertion of portocath, removal of portocath and its missing distal end from right ventricle with femoral vein puncture snare removal, numerous CT and MRI scans, Gallium scans, two hospital admissions, bucket loads of blood tests, as well as 16 visits to the oncology clinic at the Mater Private Hospital, Brisbane.

I continued to work during the course of my 8 months of ABVD chemotherapy, although toward the end, my fatigue levels increased so dramatically that I was working part time. I was

encouraged to work and maintain as much 'normality' as possible. I think having high fitness levels at the beginning of the process helped immensely.

I achieved remission in February 2001, and thankfully it continues to be robust. So what, may you ask, have I learnt from this experience? I can now appreciate why patients may only hear 50% of what is said to them in the consultation room, especially if they are stressed and anxious. I insisted that Denise be with me for all my visits to the haematologist as two heads were always better than one. I spent most of my time at the clinic in an Ativan induced stupor, so needed the eyes, ears and intelligence of my wife to keep track of things for me. After a long day at the clinic, surviving multiple procedures and treatments, I would sometimes struggle to have the motivation to make appointments at the reception desk for my next visit.

Oncology nurses have the most wonderful demeanour, and above all the most fantastic cannulation skills. Believe me, after 8 months of vein sclerosing cytotoxic agents, having your veins found and successfully cannulated is truly a thing of wonder. I still remember one nurse using the 'registrar veins' – the ones on the posterior aspect of the forearm – the ones most medicos would never have thought to use.

Many of you may ask what is the long term prognosis? How long is a piece of string? As they say, 'A life lived in fear is a life half lived'.

In closing, I must finally extend a most heartfelt thanks to Dr Kerry Taylor, a truly wonderful man, and extremely astute clinician, who guided myself, Denise and family through a demanding course of chemotherapy treatment. I hope to one day emulate his calm demeanour and superb bedside manner in my future years as a clinician.

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