

PHYSICIAN IN PRACTICE

GOD MUST BE CRAZY

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I was a bit late in my daily round in the hospital that day. Senior Medical Officer Dr. Asif rushed towards me with anxious face and asked me to move to the High Care ward for a 65-year-old female patient who was in collapse with profuse hematemesis. Ringer's lactate was on running IV. It took me less than a minute to understand the situation. Emergency blood requisition was already sent. After having a quick short history from her daughter, I was at a loss, "Possibly the patient is on the edge."

After 2 units of blood transfusion her vitals were stable and the lady could communicate but still drowsy. Total 4 units of blood had been transfused. Initially my thoughts were oesophageal variceal bleeding or bleeding peptic ulcer.

Next day the patient was fully conscious and well oriented, vitals were good. She smiled at means thanked me for the care of the doctor. I thanked the Almighty that my patient is stable now and started talking with her. I requested the attending nurse to expose the patient's abdomen so that I could examine her. A moderate sized tender lump was felt in my hand in the right hypochondrium. Tender epigastrium and mild ascites were also appreciated. In the next 24 hours, Endoscopy of upper GI tract, Ultrasound of abdomen, and CECT abdomen had been done and those reports were a slap on my face. There was a mass in the gall bladder which invaded almost all of the stomach with peritoneal seedling, also multiple intra-abdominal lymph nodes and ascites. Liquid diet was advised with parenteral nutritional support.

Her past histories were more tragic. Back in 2015, she suffered from endometrial carcinoma. Total

hysterectomy with bilateral salpingo-oophorectomy was done followed by chemotherapy and brachytherapy. She was doing well with the treatment given to her.

In 2018, she had been diagnosed as a case of papillary carcinoma of the Thyroid gland. After radical thyroidectomy she was on thyroxin replacement.

In the doctor's room, the daughter of the patient was crying and asking for the present diagnosis of her mother, "Is this cancer again?" All the doctors around me and myself were out of words for a few minute. I could not answer to her. The environment of the room was gloomy. Dr. Raka suddenly rushed in to the room who was with the patient and told that the patient was having another episode of massive haematemesis and was critical. The patient was gasping.

Immediately shifted to the ICU she was intubated quickly. Urgent chest x-ray showed both lungs is opaque up to mid zone suggestive of huge aspiration of blood as evidenced by the blood-stained fluid through endotracheal tube. Patient survived for next 2 days with supportive treatment.

We all went numb with the whole story. What are the odds for a patient to face three different malignancies in three different years. She stood every one of them with a great courage and a warm smile till the last one. It was the Stage 4 carcinoma of gallbladder with metastasis that took her life on 10th March 2023.

To me, in my 4 decades of clinical practice I had never encounter such type of case that distinct malignancies took its toll in one organ after another. God must be crazy.

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