

Flu Strikes Down the Doctor

After suffering from what I had thought was a typical common cold, I finally felt like I was recovering when things got suddenly, dramatically worse. As with past head colds, I did all the right things: I took nasal decongestants, drank lots of liquids and kept a box of tissues close by. I didn't feel ill enough to call in sick, so I struggled on. Since no doctor likes to cancel office appointments on his patients, I was reluctant to close my clinic. I said to myself, "Usually, this congestion dries up and goes away in a few days."

Then, in the middle of a full schedule of patients, a wave of lightheadedness and nausea hit me. Normally, I bring a sandwich and an apple to work for a small lunch while completing my office notes. All of a sudden the sandwich didn't look very appetizing. Walking to the hospital for a noon conference, I found that I was drifting to my left side and had to put out my hand to prevent myself from bumping into the wall. I also felt like I needed to walk with my feet spread apart for balance, in what is described in medicine as a "wide-based gait." The severe dizziness and imbalance caused the nausea to flare up even more. I knew I couldn't continue, so I returned to the office to sit down. Sitting helped, but when I tried to get up again, I realized that I wasn't going to be able to continue seeing patients. I quickly asked my secretary to cancel everything.

BY DR. TIMOTHY SANBORN

Lying down at home, covered in warm blankets, I felt a little better. As I hadn't eaten since breakfast, I tried some ginger ale and crackers, but soon had to run to the bathroom when my stomach rejected that idea. I found myself holding on to walls to navigate the few feet from bedroom to bathroom. When I tried to take a shower, it was all I could do to hold onto a railing to prevent myself from falling to the side, breaking the shower glass and injuring myself. With all this dizziness, I began to worry. "What is going on?" I asked myself. A few years ago, I had symptoms of some

fullness in my left ear, similar to swimmer's ear. When the usual maneuvers didn't work, I went to see one of my ENT colleagues, who irrigated my ear and extracted a tiny piece of hair that must have gotten in there during a haircut. Were my symptoms due to a recurrent ear problem? At least this time I didn't have the same fullness in my ears, so I thought an ear infection was not likely. So what were my symptoms due to?

I had my flu shot earlier in the fall and



remembered hearing on the news about the severity of this year's flu cases. Science experts were saying that the H3N2 virus was more virulent and resistant to this year's flu vaccine than in previous years. Reports from Australia, which is six months ahead of us in their seasons, said that the vaccine was only estimated to be 10 per cent effective against this year's bug. As a physician considering potential causes, I began to think of the worst and asked myself, "Is this some sudden neurological catastrophe, like a stroke or an acute inflammatory disease? Is it multiple sclerosis?"

When I called my primary care doctor the next day to describe my symptoms, he emphasized safety—not to drive and to stay hydrated. I can still recall him saying, "Sip G2 and soup. If you tolerate liquids, you can advance to some probiotics, such as yogurt, to try to help settle your stomach."

After spending most of the weekend in bed, I was still holding onto walls as I walked in our condo. When I tried to go out Sunday afternoon to replenish my supply of zero-calorie, fruit-flavored, sparkling water, I was very unsteady on my way to the store. It reminded me of chronic alcoholic patients suffering from ataxia, which is an inability to balance oneself due to Wernicke's en-

cephalopathy. There was no way I was going to be able to stand up all day in the Cath lab on Monday, so I called my partner to see if he could again cover my scheduled patients. I recall saying to him, "This sure is a terrible way to lose five pounds!"

On Monday my wife drove me to the doctor's office. I wanted to be sure there wasn't a serious infection in my ears. While both ears were clear, he did detect mild nystagmus, or rapid eye movement, when he turned my head rapidly to the left. "Your head cold appears to have localized in your inner ear. This inflammation is disrupting the normal vestibular balance mechanism. This is what's causing your difficulty walking. And the vertigo you describe is also what's causing your nausea. All you can do is be safe and continue to drink lots of liquids to stay hydrated. Since this is due to a virus, antibiotics won't be helpful. Tamiflu won't be helpful since it needs to be taken within 48 hours of the start of symptoms, and your cold started several weeks ago."

As I read up on inner ear problems, I found that it could often occur a few weeks after a common cold.

After a week, I finally felt safe enough to drive to work to see patients. I remember describing my symptoms to one of my colleagues and saying, "A few weeks of a severe illness like this sure makes me feel more empathetic towards my patients who are often frightened with severe lifestyle limiting cardiovascular symptoms."

In order to hasten my recovery, my primary care physician referred me to a physical therapist who specializes in vestibular rehabilitation exercises to improve my balance. These exercises helped me to regain my sense of footing and sped up the recovery from the inflammation of the vestibular nerve in the inner ear. I knew my balance had returned to normal after I was able to again walk normally and do a yoga tree pose without falling over.

Even for me, a doctor, these symptoms were initially very frightening. Fortunately, I have a good relationship with an excellent primary care physician who performed a simple, but comprehensive, physical exam and was able to make an accurate diagnosis. And he provided sound advice without complicated or invasive testing. □