

# UC Irvine

## Plexus

### Title

Plexus 2018: *Synergy*

### Permalink

<https://escholarship.org/uc/item/6gh0w3hx>

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### Publication Date

2018-04-01

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A photograph of a desert landscape at sunset. The foreground is filled with numerous cholla cacti, their spines catching the low light. The middle ground shows a flat, sandy desert floor. In the background, dark mountains are silhouetted against a sky filled with dramatic, golden clouds. The sun is a bright, glowing orb on the left side of the frame, partially obscured by the clouds. The overall color palette is dominated by warm yellows, oranges, and greys.

PLEXUS  
2018

**P**LEXUS is a student-organized publication that showcases artwork by medical students, physicians, faculty, patients, and others in the medical community. True to its name, PLEXUS aspires to connect those who seek to heal and to be healed through the unifying language of art. This year we continued to expand our presence in the UCI medical community and beyond.

For our 19th edition of PLEXUS, we chose the theme of “Synergy” - a theme that implies collaboration, teamwork, and a merging of perspectives. In the interdisciplinary field of medicine, patients and their team of healthcare providers come to the table with unique beliefs, experiences, and insights that inform their decisions and attitudes. While the journal submission and publication process is run by medical students, we believe that the medical humanities is a creative space open to everyone in the medical community. This year we included wonderful submissions from students in the UCI School of Nursing, as well as graduate students from the biological sciences. It is in seeing and hearing from others’ perspectives that we broaden our horizons and improve ourselves.

Every year we are amazed by the emotions, reflections, stories, richness, and creativity of the submissions. We thank all of our submitters for their time and thought. Additionally, please find our performing arts pieces on our website, [www.uciplexus.org](http://www.uciplexus.org). Previous publications and submissions are also available online.

Winners of the PLEXUS medical student competitions were made possible by the Program in Medical Humanities & Arts. Congratulations to this year’s winners:

**Writing competition:** 1st: Melinda Schneider, MS2 “Mouse Brains and Microtomes”; 2nd: Leigh Goodrich, MS4 “One Million and One”; 3rd: Nazin Sedehi, MS2 “To my class with Love”

**Visual competition:** 1st: Soe Thein, MS3 “Nurture”; 2nd: Kimberly Watanabe, MS3 “Black Diamond Healer”; 3rd: Stephanie Noh, MS2 “Field of Psammoma Bodies”

**Performing arts competition:** 1st: Jovauna Currey, Resident “The Synergy of the Patient/Physician Relationship”; 2nd: Alex Miner, Resident “Squeeze”; 3rd: Nathan Calixto & Chris Gabriel, MS3s “Tears in Heaven” by Eric Clapton.

Thank you to our superb editors, staff, and faculty for their support in making this 19th edition possible. We would like to give special thanks to our faculty advisor, Dr. Johanna Shapiro and Dr. Ellena Peterson, Associate Dean of Admissions & Outreach - this book would not have been possible without your continuous support and guidance. We hope you enjoy PLEXUS 2018 – Synergy.

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denoted in Table of  
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- \*\*\* 1st place winner
- \*\* 2nd place winner
- \* 3rd place winner

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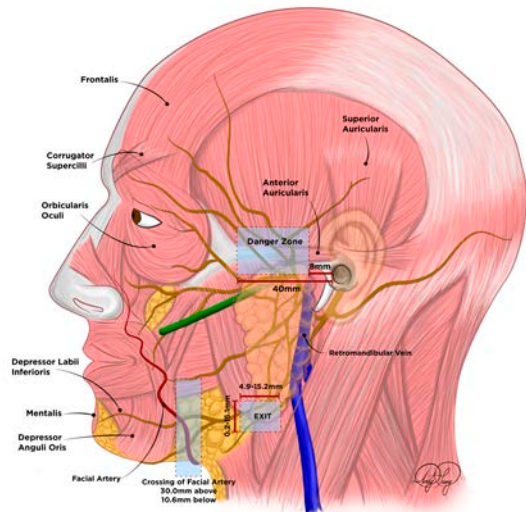
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▲ Cognition  
Andrew Nguyen, MS4



▲ Symbiosis  
Vira Fomenko, MS4

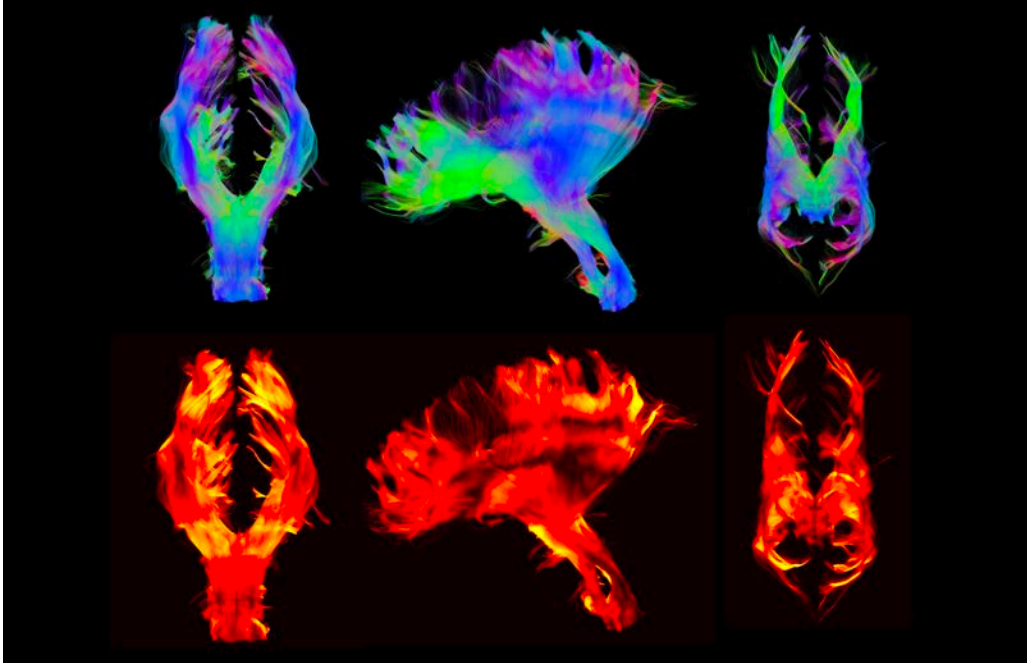


▲ Facial Danger Zones!  
Andy Trang, MS4

▼ Synergy of Body and Mind  
Steven Granger, Graduate Student Researcher



▲ Paradise Triptych  
Ben Franco, Art for the Soul



# Perfection

Amish A Dangodara, MD, Faculty

“You reap the seeds you sow,”  
So they say, sow they say...  
But nothing grows in this arid land  
Where seeds of discontent  
Are what we plant...

There is no longer pleasure  
In the fruit of laboring hands.  
It is tiresome work, this simple plan,  
When you wish for something more,  
Unsatisfied, seeking something grand.

I slip into you like an old glove,  
Comfortable, but well worn,  
Taken for granted this reliable love,  
Starting to show the cracks and tears  
Of overuse and wear.

Can they mend as if sewn,  
Those relationships that rend,  
By stitching forgiveness to sew  
The fabric of friendship torn?  
The holes begin to show...

These comfortable routines  
That we know so well,  
Each other's habits and thoughts  
We can tell without a word  
Ever spoken, no longer heard.

Those forgotten green pastures  
Of laughter love and rapture,  
The fruit of the labor  
Of building something new,  
Taken for granted, seeds we planted.

We became lazy and relaxed  
Forgetting to toil, dig the soil,  
Carry the water from the well,  
So the earth turns to dirt and cracks.  
Sow the land to reclaim the past.

Or is it too late?  
If we hunger for something more  
Than happiness,  
If we seek perfection,  
That perfect myth? ■

# Is it Appendicitis?

William Minteer and Gabriella Marvizi, MS3

"It **IS** appendicitis!" said the mother to the medical student, Emergent consultation with a surgeon, which is what we were promised, would be prudent!

We've been waiting on the general pediatrics floor for (15 minutes) an eternity!

Why would they first send a medical student, so full of uncertainty?

"I don't mean to be rude," said the mother, "but I'm also in medical school-my first year"

"My daughter has Rovsings and Psoas sign; a surgeon, not a student, should be here."

I understand, I will be quick, I want your daughter to receive the right care too, May I begin by asking her a few questions, if it is ok with you?

"How severe is your pain?", I asked the 16 year old huddled in the fetal position, Mom bursts in "Constant 9/10 pain for the past 4 days prior to admission!"

After a brief history, the mother was right about the abdominal exam, But her appendix was not visualized on outside CT or sonogram,

What was seen on multiple images was a prominent right ovarian cyst, Doctors had told her that this might be causing the pain, but the idea her mom dismissed,

In an attempt to help ease the mom's fear, I showed her the labs taken that day that had all come back clear,

"But it **IS** appendicitis," the mantra the mother once again maintained, "Letting her appendix burst and become septic while we wait here is inhumane!"

Surgery was consulted, saw the patient, and came back laughing, Four days without abnormal white count? It's absurd that it is I who you are staffing,

You see, the mother got the best of us and we ordered unnecessary tests, Including ultrasounds and bloodwork when what was needed was to put mom's fears to rest,

Her fears and concerns about her daughter broke down sensible communication, Student, senior, and attending all failed in conflict palliation,

Finally, after an extensive workup, much counseling, and the same results, Her daughter received a diagnosis of Mittelschmerz, **NOT** appendicitis.... ...and we received a lesson in interacting with adults! ■



▲ Jellyfish Blooms  
Anna-Marie Hosking, MS4



▲ Beach Wanderer  
Karen Heath, Staff

■ The Synergy of the Patient/Physician Relationship

Jovauna Currey, Resident

*Ballet solo en pointe*

Please visit [www.uciplexus.org](http://www.uciplexus.org)

▼ Between Land and Sky  
Ethan Kunstadt, Resident (EM R2)







◀ Students  
Andrew Nguyen, MS4



◀ Still Life #1  
Ricardo Perez, Art for the Soul



◀ Concrete Jungle  
Joseph Conovaloff, MS1

# To My Class, with Love

Nazin Sedehi, MS2

haunted by scores and futures  
this is now a solitary game  
seeing one another  
begudgingly, jaggedly  
when mandated

celebrations transformed  
into masquerades  
drink and drug  
doubling as disguise

sleek sculptures  
until inopportune tears  
from inopportune questions  
remind us we have skin  
where we thought we had  
become stone

there's no more use in  
how are you  
when your reserve for analysis  
is dedicated to obscure facts  
on the backs of virtual flashcards

if you think of medicine  
as contemporary munus,  
we only know the basement  
but are expected in the colosseum

we'll survive, i know  
like prisoners marking time passed  
to outlast the sentence  
not yet accepting  
the ruling is for life ■



▲ The Dragonfly  
Shari R. Atilano, Researcher



Waterworks ▶

Ethan Kunstadt, Resident (EM R2)

# Cowboy

Francisco Cerda, MS1

I learned about that.  
Your drop foot  
And how your brace gives a hand  
To tibialis anterior and the crew  
I couldn't find the slide though  
That talks about your struggle  
How every step outlined the trail of sweat  
Dripping – as you waddled down the hall.

I learned about that.  
Your hallux valgus  
Degenerative joint disease  
Can't remember quite right –  
Is it lateral or medial deviation?  
They didn't talk about your itchy foot  
When they cut your bunion out  
Left you in the cold to heal

I learned about that.  
Bladder cancer  
Transitional epithelial cells  
Professor swore he wouldn't ask it  
On our Histo exam  
But you asked me questions  
“Is this my last hoorah?”  
“Why did I smoke all those Newports?”

I've learned a lot here in Cali  
But what it means to see the whole person  
To be in accompaniment  
I've learned that from you. ■

▼ The Art of Surgery  
Ross Sayadi, Research Fellow  
Plastic Surgery

▶ Teamwork  
Soe Thein, MS3



# The Doctor—and the Computer— Will See You Now

Anna-Marie Hosking, MS4

As I sit on the examining table draped in a gown  
Cold air grazing against my skin  
Starch white paper crumpled beneath my thighs  
Staring at the wall, my legs dangling off of the table  
I swing my legs back and forth  
Sitting in silence  
While the doctor is furiously typing

As I sit in pain, tears welling up in the corners of my eyes  
He continues with his checklist of questions  
Furiously typing  
His back towards me  
Hands chained to the keyboard  
Eyes glued to the computer screen  
As if we were worlds apart  
And all the answers were on that computer screen

How odd it would be  
If he actually looked at me  
He would see that I have a story to tell  
A story he won't find on his computer screen  
Ah, yes—the age of the digital doctor ■

▼ Old and New  
Michael Niechayev, MD/MBA  
Candidate 2019



# Frozen

Anonymous

I stepped into the room, a wary medical student on the second day of my psychiatry rotation. My task: interview three patients, present their stories at morning rounds to my attending physician. Simple, I thought to myself. But I was already so jaded, disillusioned. I was considering a non-medical career. Medicine was broken; insurance companies were thieves; providers were superficial in their care; patient-centered care was anything but. Throughout three years of medical school, I had been hospitalized for depression three times, once placed on a 51/50 psychiatric hold, confined to a mental rehabilitation facility, been diagnosed with bipolar, experimented with 7 medications, and now pursuing TMS (transcranial magnetic stimulation) as a last resort for treatment-resistant depression. I was emotionally and spiritually broken – frozen - yet ironically the poster child for the very rotation I was embarking on.

My expectations for this experience were slim, at best. I had myself been a patient too many times. I knew exactly what it was like to show up in the ER so anxious you're deemed psychotic. I knew exactly what it was like to wake up in a hospital bed in rehab with a roommate - a middle-aged disheveled man – who was constantly crying and threatening to kill himself if you left the room. I knew exactly what it was like to be stared at, poked and prodded, your symptoms thrown into the gears of clinical analysis, evaluation and deduction, then churned out as a generalized diagnosis that seemed to check the appropriate boxes. Called unstable, unorganized,

irrational by the treatment team - mere steps outside of your room. Involuntarily held indefinitely, forced to participate in group therapy with heroin addicts, ex-prostitutes, victims of domestic abuse; take mandatory “smoking breaks”; be “tweaked” with antidepressants and antipsychotics until you were numb to all around you. Depression and anxiety had taken so much from me; all efforts to help me futile and superficial. I cringed at the thought of serving as a provider in the very system that had let me down.

I placed my hand on the bed, with the patient – let's call her Amanda - turned away from me. I introduced myself. “I'm Tristan, the student doctor, it's a pleasure to meet you.” I waited. Nothing. I tried again. “Could I get your name?” Still nothing. The nurse shook her head in resignation. I walked a few steps to face Amanda, reclined in her bed - a frail, pale middle-aged woman stabbed with multiple IV lines, gripping a bible tightly to her chest. Did she not hear me? Was she angry? Was she mute? Had I already done something wrong? As questions and insecurity seethed within me, the nurse whispered, “She's catatonic.” With utter confusion, I excused myself to the hallway to hastily Google the word. “Catatonia: an abnormal neuropsychiatric condition that results in unresponsiveness in someone who appears awake, characterized by stupor, mutism, negativism, and posturing.” According to Psychology Today, it could apparently be caused by any number of situations - severe vitamin B12 deficiency; infection; exposure to

toxins; extreme trauma; schizophrenia.

I stepped back into the room. “How long has she been catatonic?”, I asked the nurse warily.

“91 days. She doesn’t even eat or drink anything. We’ve had to put her on total parenteral nutrition (TPN) just to prevent her from dying. Her condition has deteriorated. And she shows no sign of improving.”

I had prepared a study guide of questions I was to ask in my interview. A check-list for bowel movements, diet, suicidality, homicidal ideation, auditory and visual hallucinations. I stuffed the sheet back in my pocket. I looked at Amanda and caught her gaze. She stared at me, past me - through me - with the most sunken, sullen eyes. At that very moment I knew what the gaze of true hopelessness looked like. I asked her how she had slept. I asked her what she was reading. Nothing. She was completely motionless, unresponsive, rigid, inflexible, gaunt – frozen.

I stepped out. I rushed to my attending physician in utter disbelief. “There MUST be something we can do for Amanda. She’s hypoglycemic, hypotensive, she refuses all meals and drinks, she is literally wasting away before our eyes. Why? There must be some medication to help her.” My attending gave me a stern, yet understanding expression. Amanda suffered from catatonia of unknown cause, he told me. B12 deficiency, infection, trauma, schizophrenia, mood disorders – all ruled out. We literally had no idea why this poor woman ate nothing, drank nothing, and moved not

an inch. My attending had tried various antidepressants and benzodiazepines - a sedating class of medications that ironically helps in catatonia - to no avail. Amanda had been hospitalized for 3 months, currently weighed 79 pounds, and was refused to be admitted by the Medicine Department because they did not view ‘catatonia’ as a legitimate medical ailment. I was utterly enraged. How could the docs in Internal Medicine not accept someone dying right before our eyes? The psychiatry team would constantly consult Medicine as a way to pressure them to continue being involved in Amanda’s care. This was the best they could do.

My attending placed his hand on my shoulder. There was still hope, he said: Electroconvulsive Therapy (ECT).

- ▼ Raku Box  
Sentelle Eubanks, Staff Microbiology  
Molecular Genetics



According to the literature, ECT - a targeted shock to the brain, under general anesthesia - provides 80-100% relief in catatonic patients, even in those whom pharmacotherapy with benzodiazepines has failed. A wave of relief overcame me at once. She won't waste away after all, I thought. I asked why ECT hadn't been carried out already. My attending, with a drawn-out sigh, explained that because she is completely mute, she did not have the capacity to provide legal consent for the procedure. For the past month and half, her father had been navigating the process of applying and being approved as a court-appointed surrogate or proxy - someone the judge chooses to make medical decisions for a patient unable to make decisions for themselves. A month and a half. The father felt stuck within the gears of the medical-legal system, helpless. While his daughter deteriorated. While her hope, her body, and her mind withered away. The glimmer of hope that came to me quickly vanished. A system that had once failed me, now failing Amanda.

This is when I realized that medicine was not simply the sum of objective, calculated clinical decisions. So much of the power of healing came from nurturing the patient, guiding the family, offering a light at the end of the tunnel, even when the odds were stacked against you. Medicine was not a one-way road of healing, either. The best physicians heal their patients, but in turn, heal themselves. Face the depths of human vulnerability and suffering, pursuing a meaning much greater than themselves. I made a resolution to update Amanda's father every day, to help him find an attorney, to be at Amanda's bedside each

day, without words, just present. There were some good days, when she would smile or chuckle in response to jokes, and of course bad days when it seemed she was just withering away. But throughout this humbling process, I discovered that my own depression was slowly withering away. A fire had been lit within me; a fire of meaning, of purpose, of humility as a student doctor. A fire that unfroze me. A fire that we must never forget in order to provide the utmost compassion, sincerity, and humanity to those we care for. ■

▼ Silhouette in the Sky & Colors of Bocas  
[Anna-Marie Hosking, MS4](#)



► Patchwork  
Lori Muirhead, Art for the Soul



► James Baldwin  
Val Engstrom, Art for the Soul



► Taking Flight  
Sunober Siddiqi, MS3





# Hope

Steven C. Cramer, MD, Professor

Hope is my grandfather scotch soaked explained hope is piles of manure that you pound with your fists at the base of a sapling that outlives us all.

Hope is the Niagara pounding inside of my chest when I follow the girl as she leaves from the lecture hall where for two centuries great minds were taught but I'm not one I just can't give chase.

Hope that mom goes to sleep early I think to myself as I count the welts raised on each arm in the dark while I hide silent under my bed. Hope that tomorrow at breakfast she makes me some waffles with fruit.

Hope that two benches away in my chemistry lab she says yes to lunch and does not once comment how bad my sweater is torn and my hair is not combed right and my pencil's short as her thumb.

Hope is a word on a Get Well Soon card that I signed but don't mean cause this new fourth grade teacher says I must stay late to write over and over her phrases that basically say that I'm bad.

Hope that it rains and the tulips we planted the year we moved in return fully as red as your cheeks were that day when my hospital night ended early and in I traipsed sooner than I last night said.

Hope he is not at the bus stop today it is not that a bloody nose hurts me so much but that I get so hungry when lunch time comes round.

Hope is he's healthy and breathes now he screams and he suckles and grows tall he only knows warmth and a grin and the strongest clench he'll ever feel is a hug. ■





▶ Synchronous Sparks  
Sunober Siddiqi, MS3

▼ Discover  
Qichi (Byron) He, Staff

▶ Adele at the Party  
Rolanda Engstrom, Art for the Soul

◀ Nurture  
Soe Thein, MS3





▲ Fountain of Youth  
Scott Refugio, MS3

■ “Tears in Heaven” by Eric Clapton  
Nathan Calixto and Chris Gabriel, MS3s  
Song  
Please visit [www.uciplexus.org](http://www.uciplexus.org)

## The Comedian

Anthony Bui, Resident (PGY-3 in Psychiatry)

The Comedian sits slouched on a leather chair  
The razor rests on her lap, blood coagulating  
She stares directly at a blank white wall that is  
the same shape and content as her hopes  
and dreams

Tomorrow she will tell a friend she did not  
get scared  
when the cold metal entered skin, and she  
knew she  
could go further if she wanted. If I could, I  
would  
hold her hands before they begin to dry

Recite every brilliant line she has ever  
uttered

Every gut-busting punchline and wacky  
voice

Tell her my prayers, even the ones I only  
half believe in are kisses on the forehead  
of a fevered universe, a plea for caring

in a vacuum where stars listlessly drift  
Tell her, you are more than the bright  
artist I know: you are the flesh and blood  
pumping of something that will never again

be.

To the ones who pour it all beneath the  
watchful  
eyes of a faceless crowd, then go home and  
crumble at night, for everything that it's  
worth: I love you, I love you, I love you ■

# Interconnections

Yvonne Lu, MS1

Crisp, freshly ironed,  
bleached white fabric that is  
Untouched. Clean slate. Fresh.  
Uncertain. Self-conscious. Vulnerable.

There are days I slide my coat on comfortably,  
like second skin,  
curious and in awe of the world I have entered.  
Other days, the sleeves snag onto my shoulders, and I  
struggle to fit  
in.

Through it all, I picture the countless coats before and after me,  
and the souls who have worn, wear, and will wear them,  
and I am humbled to be a part of this  
continuous legacy. ■

“Squeeze” and “The Checkout” ■

Alex Miner, Resident

Songs

Please visit [www.uciplexus.org](http://www.uciplexus.org)

▼ Black Diamond Healers  
Kimberly Watanabe, MS3



# Carpe Diem

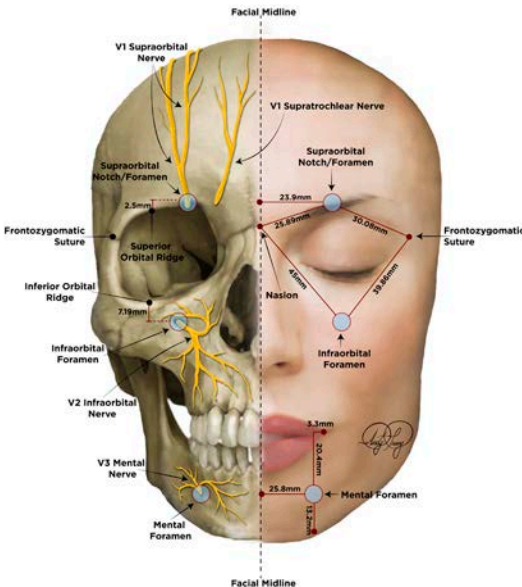
Johanna Shapiro, Faculty

After my husband's ocular stroke,  
We wondered about risk of a "real one."  
"Significantly increased,"  
said the busy physician.  
"What can we do?"  
"Take a baby aspirin –  
And live life to the fullest"  
We took this prescription to the pharmacist  
Who gave us the aspirin  
But said we were on our own for the rest ■



▲ Canyon Fire 2  
Sheila Raja, MS3

## ▼ Beauty Beneath Andy Trang, MS4



# FEAR

Kelley Butler, MS3

Fear is seen, fear is felt, fear is heard  
Fear is among us  
Both knowing and unknowing abuses it  
Doctors and nurses producing it  
Patients succumbing to it  
Fear is among us  
Tangible in conversation  
Coating questions with anticipation  
Let's hope it's just constipation  
Fear is among us  
No matter the case  
No matter the race  
No matter the time  
No matter the place  
Fear is seen, fear is felt, fear is heard  
Fear is among us ■

► Rainbow  
Rhonda Reeves, Staff



◀ Smuggler's Cove  
James Brock,  
PGY-6 - Pediatric Pulmonology Fellow

► Together, we fly  
Vira Fomenko, MS4



# Mouse Brains and Microtomes

Melinda Schneider, MS2

*This essay discusses an incident of sexual assault, and may not be appropriate to be read by children or others with special sensitivity to this topic*

Paper-thin, fragile. That's how I felt.

As a master's program graduate student, I prepared my tissue slides with painstaking care in the cold room. Weeks in the making: organs were carefully harvested and labeled, fixed, cut in half, and processed in the UFO-like robot overnight. Then embedded in paraffin wax, and frozen. I spent hundreds of frustrating hours at the microtome, slicing the delicate bean-like structure of the hippocampus in just the right plane, then fishing the static-prone strip out of boiling water to perfectly align it on the glass microscope slide. Mouse brains - 0.05 microns thin. Thinner than a strand of hair. Fragile.

Just like last Tuesday, the lights were mutely snuffed. Darkness gripped me. Glass shattered inside me. Silence pounded my ears. Crushing disappointment overwhelmed my senses. *No more, no more, no more.* Those words cycled repeatedly in my brain as he grabbed my pony tail and forced me into a corner of the windowless walk-in refrigerator. Silence was all I heard, mildew all I smelled. Chilled was all I felt. *No more.*

He pulled my hair mightily, like the reins of a horse. My back, which was bruised from the previous horse race, again slammed up against the counter sending shooting pain through my neck. *No more.*

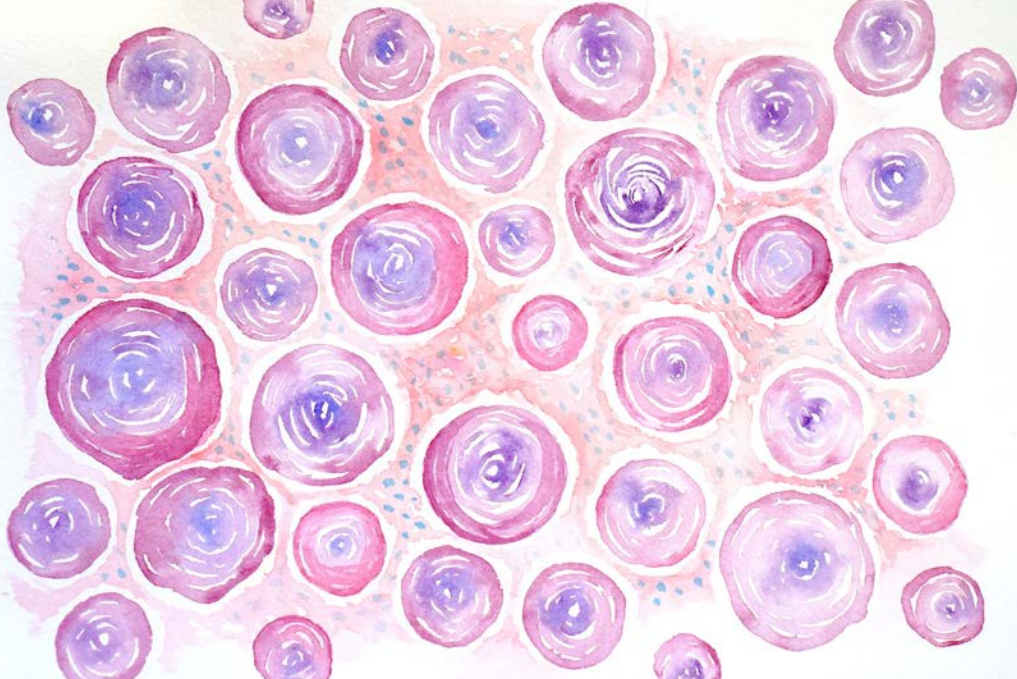
With a slow-motion karate chop, his fingers unsnapped my white lab coat all the way down to my knees. In medical school anatomy, we learned that that part of the hand is called the hypothenar eminence. We also learned in anatomy that fingers are called phalanges and an erect penis is called a phallus.

There was pain. He shoved. Stabbing, intense pain. How many phalanges? I am not sure. Silent tears flooded my face. Like a dog, he licked my face. Words – his and mine – were absent, but I knew that Alex confused his phalanges with his phallus.

My tray of 24 glass slides with perfectly positioned treated tissue slices may as well be tossed into the trash now. My tedious work for naught, because he would steal me away from the time sensitive responsibilities of taking care of those samples. When he stole my peace, he stole me from my project, ruining the work I had done. I would have to start over again.

You see these samples are time sensitive. Leaving the slides in one solvent for too long destroys all of them, rendering all the slides utterly useless. Frustrated. Back to the beginning. No time to react.

Paper thin, fragile. ■



▲ Field of Psammoma Roses  
Stephanie Noh, MS2

▼ Church in the red light district  
Michael Niechayev,  
MD/MBA Candidate 2020







# One Million and One

Leigh Goodrich, MS4

## Monday

*E.J. came in today for his regular session. Sleeping well. Eating well. Last change in meds >3 months ago, no complaints of side effects.*

*Was right on time, he pointed out twice. Said it with a smile, though, like he was just as surprised as I was. That smile of his – I can see why it's gotten him into trouble. I can also see why it's gotten him out of trouble.*

*Tried to get into that – the trouble he's caused, the repercussions of his actions. Trying to get deeper than his mere expression of remorse. The way he rationalizes, justifies, manipulates the retelling of these facts, it's like he's rehearsed it. How many times have I heard him say "I really didn't plan on drinking" or "it's my friends, I know they're a bad influence." Does he expect me to validate the effect of peer pressure on a 30-year-old man? Does he expect me*

Abigail slammed the notebook closed, harder than she had intended, and a few loose sheets of paper on her desk caught the huff of angry air, nearly gliding off the edge. She was embarrassed by her own dramatics. She was at work, after all, taking notes on her last therapy patient of the day. She should have been jotting down a few reminders to guide the next session, and then getting on with her to-do list. She had calls and emails to return, prescriptions to refill, tomorrow's schedule to look over. What was she doing writing her therapy notes as if she were frantically pouring her own stream of consciousness onto the page in her tilted indecipherable scroll? Her hand cramped just thinking about it. She took a deep breath and reopened the journal to her messy entry. *How many times have I heard him say...*

She knew, of course, that this was an all-too-familiar line, said to her own therapist so many times, to her friends,

to her sister, and about her now-ex husband in so many different situations, for so many different reasons. She hadn't realized until those tired words flowed from pen to paper how agitated they made her. When she had been sitting, just hours earlier, listening to her patient explain the events leading up to his most recent alcohol relapse, she really had tried to support him. She had quieted her thoughts, her doubts, afraid that he would judge her judgment if he ever saw it. He had told the story leisurely, leaning back on the white sofa and propping his shoes up on a decorative lace pillow.

She had maintained her composure, even as she resisted challenging him, resisted telling him to take his shoes off the furniture. It was only afterwards, telling nobody but the empty page, that she allowed her feelings, her anger and frustration and disappointment, to pour out.

She wondered what feelings would emerge if her patient were given a blank page.

## Tuesday

The blaring ring of his cell phone still startled Eric sometimes, especially when it woke him up. Sometimes in that hazy unconscious consciousness he would think he was hearing the 5 am wakeup call at Basic Training again. Six years ago, now...could that be *right*?

The phone lit up again and Eric rolled over, blinking hard as he answered with a groggy "hello".

"Hi, Eric? I'm sorry, did I wake you?" She sounded so chipper all the time.

Seeing now that the clock read 10:32, Eric cleared his throat and took a sip of the water glass his mother had set on his bedside table. She must have cleaned up his room after he fell asleep, which made him feel so loved and so unlovable all at the same time.

"No, no problem, I'm up, just a bit of a cough," he stumbled. There was a pause. Sitting at her desk, Abigail hesitated, no longer sure she should have called in the first place.

"Oh, okay, well hope you feel better," she managed. "Listen, the reason I'm calling is because I had an idea...an assignment, of sorts, for you. Totally optional, but I think it might be an interesting exercise." She paused, worried she had lost him with her rambling.

"Okay," he said, in a drawn-out exaggerated way that made him sound especially skeptical. She laughed, grateful now for the way he rarely took things too seriously.

"Alright, I can see the anticipation is killing you. It's just a journaling idea. I want you to try keeping a journal – write down what you're thinking about, feeling, memories, stories, dreams, even. Whatever you want. You don't have to share it with me, with anyone really, it's just sometimes a good way of processing things. Okay?"

"Okay," he said with a shrug she could almost see through the phone.

"Okay, then. Well, I'll let you get back to it. See you Friday."

## Wednesday

Abigail slammed the bag of groceries down on the kitchen counter, as her son slammed the front door shut in retaliation.

“Damn it, Jackson, you are not going to hole up in your room, this conversation is not over,” she yelled, hating the way her voice cracked when she was upset. She wished she had a booming father’s voice, an authoritative tone that demanded respect.

“Fine, what?” he yelled, dragging his backpack into the kitchen and kicking off his shoes.

“Look, I can’t keep having this same fight over and over again. Talk to me, please,” she started.

“I’m not one of your *patients*,” he sneered. “I’m not some psycho. You can *talk* to me all you want, you’re just paranoid that every time I go out with my friends I’m turning into some drug addict or murderer or something.”

“Jackson, that is so unfair,” she took a deep breath, trying not to scream at him. “Let’s not forget, *you’re* the one who lied here. I don’t care if you go out with your friends, but I will not be lied to!”

He laughed in a kind of mocking dismissive gesture that made her feel, truly, like slapping him right across the

face. Again, she took a deep breath and closed her eyes.

“See? Look! You say talk, I talk, you can’t take it! You just repeat your stupid rules like a robot or something!”

“Maybe if you started following them I wouldn’t have to repeat myself,” she said, her voice quavering now. “Do you think this is fun for me? Do you think I *want* to yell at you? I’m just trying to raise you to be a good person, Jackson, a good man.” When she caught his eye they both realized the only thing she was afraid of him becoming was his father. It was something about the way she emphasized *good* instead of *man*.

Jackson’s face softened slightly, almost imperceptibly, but for a second Abigail caught a glimpse of her sweet little boy again. And then, just as quickly, he was back to his teenage angst.

“Okay, I said I’m sorry,” he mumbled. “I won’t do it again.” He put his headphones on and opened his laptop.

“How many times have I heard that,” Abigail muttered to herself. She felt the sting of those words again, as she had in



► Young and Old  
Joseph Conovaloff, MS1

her office, and wondered if she had really been thinking of Jackson all along.

## Thursday

*So I went to the store today and saw this old lady in a wheelchair and she had this big growth thing on her lip, like she could barely close her mouth. I don't know what it was (could ask Dr tomorrow) but I just felt so bad for her. I haven't felt like that in a long time.*

*When I was a kid, I had such a bleeding heart, I would feel so bad for any kind of sadness, like strangers even. I'd see a starving dog on the street and feel like crying, would open up my little piggy bank to see if I could buy it some dog food or whatever. What happened to that?*

*I guess part of it is just growing up. Seeing too many sad things you can't do anything about. It's also always those guys, the sweet guys, the guys who are good to their families, it's always those guys who get killed. That's the way Joe was, and not just because he was my little brother, but everyone said that about him. Told stories later about him helping people out just to help. Those are the kind of guys who don't come home.*

*After so long of learning how not to feel that stuff, it honestly felt kinda good to feel bad for that lady. I think she'll be okay.*

Eric closed the notebook, looking up at the hallway photos of him and Joe growing up. They had been like twins, in those days, both with shaggy blonde hair, those mischievous grins. Why was he always remembering Joe as his opposite? As the one who was kinder, smarter, the one who *should* have lived? What had he been punishing himself for?

## Friday

They sat in the silence together after Eric finished reading. It felt longer than it was, but not uncomfortable.

"Thank you for sharing that with me," Abigail started earnestly. "How did you feel while you were writing it?"

"I think it helped, I feel like I kind of try to avoid talking about that stuff, talking about my brother, because I know it's painful. But that hasn't helped."

Abigail nodded, "It's a terrible thing you and your family have been through."

"But that's the thing, is I also don't want to bring it up like an excuse, like I'm messed up all because of this tragedy. Don't you think that's letting me off too easy? Joe never would've done that, he wouldn't keep doing this over and over, disappointing our mom, our friends," he trailed off, shaking his head with the most genuine pain Abigail had ever seen cross his face. He looked up to meet her gaze. "It's pathetic. How many times have I sat here with you the last two years and said I've quit, I've changed, whatever?"

Abigail had challenged him, privately, to herself, in exactly the same way countless times. But now, she couldn't let her disappointments, her fears, her past, shut her off from the risk of feeling, of caring. Not with Eric, not with Jackson, not with herself.

"You're right, you've said it a million times, I've heard it a million times," she admitted. "But I'm proud of you, because sometimes it takes one million and one times to be true." ■

# Study Break

Ava Runge, MS1

Flip flops clap on heels.  
Towel down.  
Notes out – no – notes away;  
It's time for a break.  
I take a deep breath of salty air,  
Kick off my sandals,  
And dig my toes through the hot crust of sand  
into the damp grains below.

Toes.

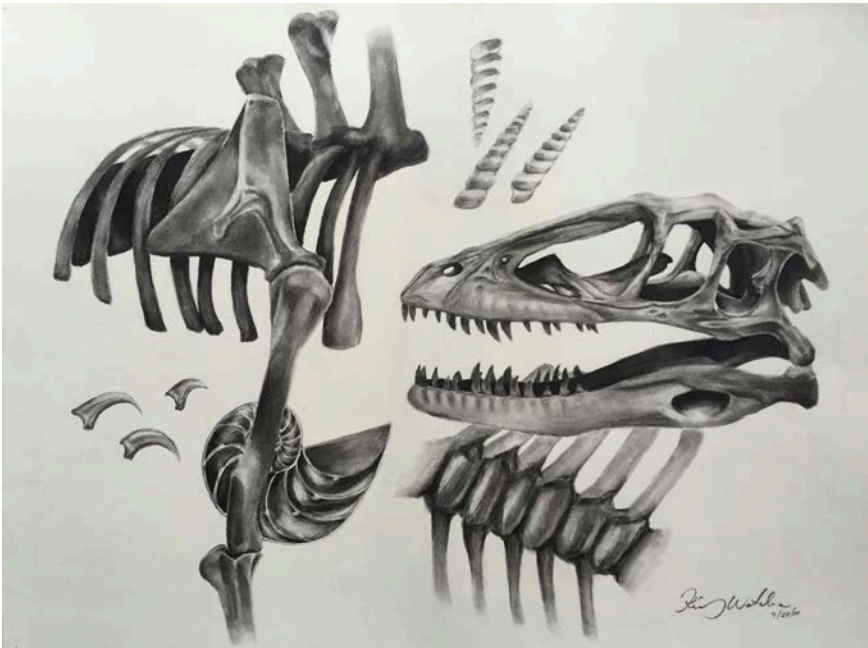
I saw a lot of toes in lab this week;  
Lined up nubby little digits,  
Some flexed and frozen, some  
blackened, some molded  
With thick yellow nails stretched across  
them like claws.

We took them all and drew our blades  
from calcaneus to hallux;

Sliced through layers upon layers of  
relentless fascia to reveal  
The abductors, adductors, extensors,  
flexors,  
Iridescent nerves and coiled arteries and  
flattened veins.  
All that conspired to warm and move  
those feet  
Not too long ago.

How many times did those toes walk  
along the beach like mine?  
Dipping into the cool Pacific, dancing  
across the hot sand,  
Maybe alongside a child, a friend, a dog.

But their footprints have been swept  
away long ago,  
Just as mine will soon melt into the ebb  
and flow of the tide. ■





▲ Vine & Tree  
Vanessa Rodriguez, Nurse Practitioner II



▲ Again with Chemo  
Nancy Webster, Art for the Soul



◀ Dancers in Synergy  
Stuart Green, MD, Faculty

◀◀ Osteology  
Kimberly Watanabe, MS3

► Vacaciones  
Ben Franco, Art for the Soul



◀ Dancing Partners  
Tan Nguyen, MD, Faculty

► Cuba  
Nancy Webster, Art for the Soul



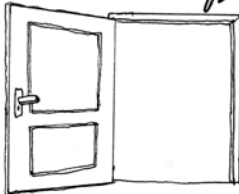
► Bison in Synergy  
Stuart Green, MD, Faculty



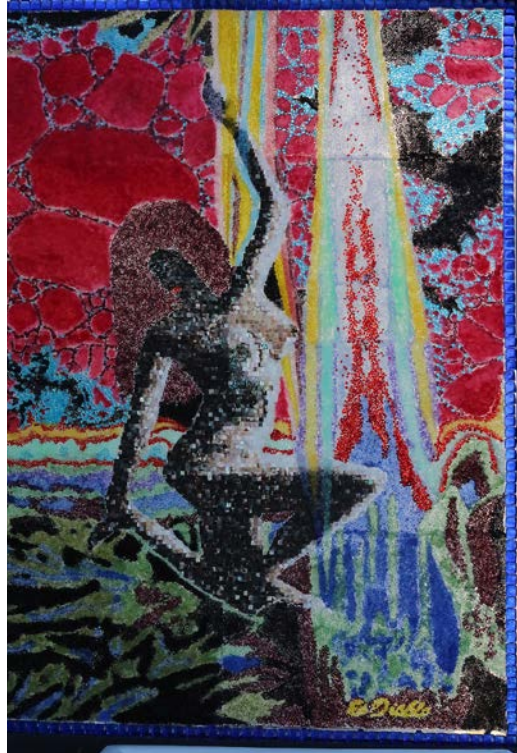
## The Countdown

Nazin Sedehi & Stephanie Noh, MS2

*paper* FOR SKIN  
*paragraphs* FOR SPEECH  
EAGER, IMPATIENT  
FOR THE *inevitable trade*  
NO REMINDER NEEDED  
TO TREAT *actor as patient*  
WHEN KNOCKING ON *Doors*



► Fractal Concubine  
Robert Detrano, Faculty



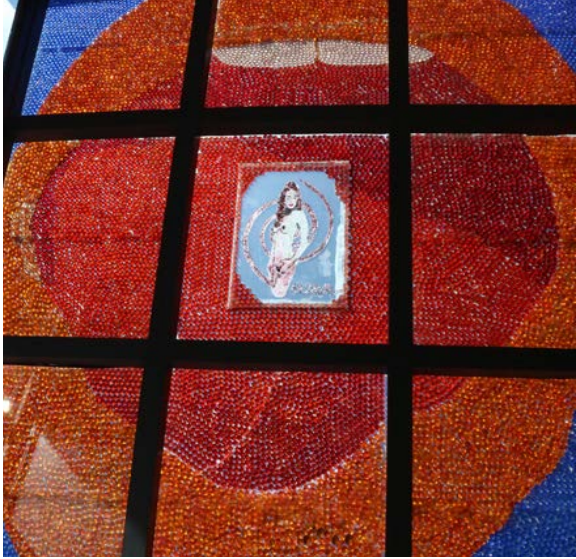




◀ Asymmetry  
Priya Patel, MS3



◀ Moments Ago  
Rolanda Engstrom, Art for the Soul



- ▲ NIH  
Andrew Nguyen, MS4
  
- ▼ The Big Mouth  
Robert Detrano, Faculty
  
- ▶ Doi Suthep in Twilight  
Nicole Salame, MS4

# 9pm

Rosalynne Korman, Resident (Pediatrics, PGY-3)

It must be 9pm.

I was starting to feel a wave of longing for my ex boyfriend. For the past few weeks, I've been making it through the daytime feeling confident about the breakup, the bastard. I mean who dates someone for two whole years and then says that he's "just not sure about things," and that if he didn't know after two years then he "doubted another two years would make him sure". I told him to eff himself and I meant it. But then I'd find myself staring at photos of us together on my phone and wonder if a grand romantic gesture would be enough to bring us together. I could show up at his door with no warming, heart on my sleeve. I'd check flights from LAX to BNA and then

▼ Flowers Out of Chaos  
Diane Lee, Art for the Soul



I'd notice the time. 9 flipping pm.

His birthday is coming up. You know I never did send him that mix CD I made him. What if I attached a cryptic note like "Forever yours -R" or "Will love you always -R". My fingers itch toward my pocket to pull out my phone.

I was interrupted by the sensation of buzzing. I blinked. Saved by 90's technology. I whisked my pager out of its belt holder.

08/15/16 21:03 CONTRERAS 415-2  
MOTHER REQUESTING MD UPDATE.  
TANKS RAQUEL

It's 9pm, what question do you have for a doctor that couldn't be answered earlier in the day?

I flip through my notes, Contreras, Contreras... Ah. 18 month healthy female, admitted for bronchiolitis (a chest cold). Off of oxygen, doing well, due for discharge in the morning. There was a small note in the margin I hastily scribbled earlier while the daytime resident was hurriedly giving me this information. Anxious mother. I sighed. This is going to take a little TLC.

I strolled to room 415, pausing to make sure my ID badge was visible on my white coat, taking out my stethoscope and draping it across my shoulders for good measure. I headed inside the room.

There was a baby sitting in a crib, drooling, moving toys and babbling happily. Behind her was an overweight woman with her hair pulled into a tight bun, mounds of flesh packed underneath her very tight T-shirt, speaking loudly on the phone in Spanish.

I made eye contact with her and waved. She continued on the phone. Sigh. Nothing to do but wait.

As I jangled plastic keys at the baby and watched her grab for them, I caught the end of the conversation.

Okay papi, me voy, la enfermera esta aqui.

Enfermera definitely means nurse.

I'm definitely not a nurse.

Does the white coat, ID badge, stethoscope, and the fact that I showed up shortly after you asked for a doctor mean nothing to you? When she hangs up, I start talking brightly and shake her hand. Hello, I'm Rosie, I'm the doctor overnight in charge of taking care of your daughter (hello sweetie!). Is English okay? She nods and then we proceed to have a long conversation about, ultimately, how her child is fine, is doing fine, will leave the hospital the next day and continue to be just fine. Yes, all the lab work was normal. Yes, she will continue to cough for a few weeks. No, unfortunately, there is no medicine that will make the cough and congestion better, only time. She's a little over a year old, those cold medicines are not safe for her. Yes but she will be fine and the coughing will eventually stop. Sleep medicine is not something we give to one and a half year olds. Well she's playing and smiling so I'm not sure how much the coughing is bothering her. Yes I heard that, it sounded like a perfectly normal cough to me. No, antibiotics are not indicated at this time. Yes, she will be just fine. Any other questions? Also, just so you know, I overheard the end of your conversation, and I am a doctor, not a nurse. No, of course I'm not offended, I just wanted to be sure that you knew you were talking to a doctor so that all of your questions could be answered. No, there's no need for a chest X ray at this time. I see that she's coughing, like I said before, it's to be expected, and certainly not harmful. Yes, she will be just fine.

Good Lord.

Eventually the power of my TLC and warm bedside manner wins over, and the very

satisfied mother wishes me a good night and an easy rest of my shift.

Yeah right.

Midway through her questions I get a page and excuse myself.

08/15/16 21:46 New admit, I'm in the workroom. Where are you? Stacey

On my way to the workroom I feel the familiar buzz.

08/15/16 21:47 STAT 326 RESP DISTRESS COMENOW

Crap. I send a quick text to my senior resident Stacey and speed walk down the stairs.

Crap crap crap crap crap. I'm running over airway techniques in my head, adrenaline pumping, anxiety squeezing and pressing on

▼ Lucy's Friend

Sandra Ruiz, Art for the Soul



my chest as I rush into the room.

The patient on the left is sleeping, his chest rising and falling softly and steadily. Probably not that one.

Patient on the right is sitting up and watching TV. Her dad is texting on his phone, clearly bored. Oh for the love of -

Her nurse walks into the room, followed shortly by a young, male, respiratory therapist. Well hello, handsome.

The nurse is breathless. Rosie, good, thanks for coming so quickly.

Well your page said stat.

She is just not doing well, I'm really worried, I think we need to call the PICU.

I look at the patient again. Little girl, around 7 years old, breathing somewhat faster and more heavily than normal. Has an oxygen tube in her nose, and her numbers on the monitor show that she's breathing somewhat faster than normal but is otherwise doing fine. She's watching TV and playing with her belly button. Her dad is still texting on the phone, not noticing this little conference happening 7 feet away from him. I check my notes. Asthma.

What happens next is 30 minutes of me examining the patient, listening to the nurse's concerns, adjusting the patient's medications, and trying to reassure the nurse that the child does not need intensive care at this time. Yes I see she is working harder than normal to breathe, that's why she's here in the hospital rather than at home. Yeah asthma can get pretty bad, but she looks fine. Well in the PICU they wouldn't do much extra for her would they? We have her on maximum therapy. Yeah I see she's breathing quickly, but she's on oxygen, and she's happily watching TV, so she looks fine.

The handsome RT thankfully joins in my support, and helps reassure the nurse that the child is safe to stay in her bed watching TV.

The nurse eventually agrees and leaves. The RT and I walk out of the room together, laughing and joking. I lean against the hallway wall and look at him. He has pretty blue eyes. I wonder if he's single.

Buzz.

08/15/16 22:19 Is that kid fine? Cause there are 3 admits now. Stacey.

Good ol' senior resident, always available in a time of need. I wonder what she's been doing in the last 30 minutes. I head toward the workroom, check in with her, and then walk toward the emergency room to admit the new kids to the hospital.

Midway through the second admission, another page.

08/16/16 00:01 Update on 326 - had to increase oxygen, but is sleeping comfortably. Still not PICU ;) -Matthew

So blue eyes has a name eh? I wonder if the winky face is a sign. I try to remember if I saw a ring on his left hand.

08/16/16 00:02 JACOBS 418-1 HAS FEVER 3.83 NEED TYLENOL -MARCIE

I get back to work.

Type type type, click click.

My thoughts drift to familiar territory. You know we had our problems - every couple does - but I think he really was the love of my life. A lot of those two years were really happy. I mean, what if I look back when I'm forty and alone and wish that I would have done something to try and get him back?

08/16/16 00:16 415-2 CONTRERAS MOM STILL WANTS MD UPDATE SAYS NURSE CAME BY EARLEIR BUT WANTS TO TALK TO mD -RAQUEL ■



◀ Growing Together

Rebecca Newlin, Medhat Hanna, Bobak Hedayati, Leesa Li, Steven Ronilo, Melinda Schneider, Kevin Wang, Bobby Sasson, MD, Tan Nguyen, MD, Faculty/Students/Standardized Patient in CF II



◀ Masks1

Sentelle Eubanks, Staff Microbiology Molecular Genetics

# Interesting Career Move

Jeffrey Suchard, MD, Faculty

Ricky (not his real name) was a 26-year-old man who was almost bitten by a rattlesnake. I suppose the words “almost” and “bitten” here are a matter of semantics. A rattlesnake’s fang scraped across the palm of his hand, but there was no penetration of the skin. This quasi-bite occurred as he was performing his usual work in a very unusual profession.

You see, Ricky was a snake demonstrator by trade. He owned several snakes and would hire himself out to show these snakes to various groups, like schools and churches. He would talk about the snakes’ ecology and habits, carry the snakes around the room, let the audience touch and hold the

non-venomous varieties, and “milk” some venom from one of the rattlesnakes as part of his traveling show. Milking snakes for their venom involves inducing the snake to hook their fangs over the rim of a glass or funnel. The flow of venom into the collecting vessel can be augmented by applying pressure to the sides of the snake’s head over the venom glands. In fact, this technique is used to obtain venom for various scientific purposes, including the production of antivenom. Ricky was demonstrating his snakes at a community college and was attempting to milk a rattlesnake when it managed to scrape a fang across his palm.

Within just a few minutes, Ricky started feeling terrible. He developed a rash over nearly his entire body, he felt lightheaded, and he began to have diarrhea. These are all very atypical symptoms of rattlesnake envenomation. The mechanism of injury in this case also rules out the possibility of envenomation, since there was no actual injection, but rather only cutaneous exposure to a trivial amount of venom. However, these symptoms are entirely consistent with anaphylaxis, a severe allergic reaction. But how did this minor snake venom exposure cause anaphylaxis?

As you may have expected, this was not Ricky’s first exposure to rattlesnake venom. He had been bitten several times before by his snakes, and had been treated several times before with antivenom. He had been advised already that he should consider himself allergic to antivenom. But now it appeared that he was having an allergic reaction to the rattlesnake venom itself. Having been exposed before to the foreign

- ▼ Portrait of Glenn Val Engstrom, Art for the Soul



snake venom proteins, his immune system had dutifully made its own antibodies. Now Ricky was suffering a severe reaction that would never have occurred if this had been his first time. Allergic reactions to snake venom have been reported before but they are exceedingly rare. We are talking about maybe a dozen or fewer people ever in the history of the world to have this condition. You would expect that snake venom allergies probably only occur among people with recurrent occupational exposures, because I can't imagine how foolhardy someone would have to be to constantly annoy enough snakes for this to happen any other way.

Ricky was taken to an outlying Emergency Department where his anaphylactic reaction was recognized and treated appropriately with epinephrine, antihistamines, and steroids. The physician then called the Poison Control Center for advice about antivenom and a request to transfer the patient to the toxicology referral center in Phoenix, Arizona where I worked. Since Ricky was already having a severe allergic reaction, and it was pretty likely that treatment with antivenom could itself cause an allergic reaction, this had the potential to be a pretty complex management issue. We recommended getting baseline labs to check for toxic venom effects on his platelet count and blood coagulation profile, withholding antivenom for the meantime, and sending the patient to us.

When the patient arrived in our ICU he was looking pretty good. His blood pressure was fine and his diffuse rash had nearly resolved. His hand was only mildly swollen and the blood tests looking for toxic venom effects on the platelet count and coagulation profile were normal. Thus, the toxic effects from this venom exposure were minimal, and

he would not need antivenom treatment, which we were hesitant to give anyway based on Ricky's past history. Ricky was observed overnight, with serial blood tests and measurements to detect any worsening hand or arm swelling. He was stable the next morning and was prepared for discharge.

This was when Frank, the Toxicology Fellow most directly involved in this patient's care, had a serious talk with Ricky. I do not now remember the exact words, but the conversation went like this:

Frank: "Sir, I have something very important to tell you. Are you listening?"

Ricky: "OK, doctor. Give it to me straight."

Frank: "As you know, you are allergic to

▼ Zu Zu

Val Engstrom, Art for the Soul





snake antivenom. So if you ever get bitten by a snake and need antivenom in the future, there is a chance you could have a severe allergic reaction and maybe even die from it. Also, you are allergic to rattlesnake venom. This is very rare, and probably only occurred since you have been bitten many times before. If you get bitten again, you might have a severe allergic reaction to the venom and die from that, whether or not you get antivenom. Continuing to expose yourself to snakes is extremely dangerous. Basically, I am telling you that you need to find a different line of work. You will kill yourself if you continue to demonstrate snakes as a career.

We are going to send you home now, but we would like to see you tomorrow in our clinic. We need to check for any progression of pain and swelling or blood coagulation abnormalities, because we might want to readmit you if it looks like you need antivenom despite your 'allergy' to it. OK?"

Ricky: "Sure thing, doctor. See you tomorrow."

The next day Frank saw his patient in follow-up in the clinic one floor up from our offices. He returned to his office shaking his head in disbelief. The patient was doing fine medically, but he had said something rather surprising:

Ricky: "Doc, you told me something important yesterday. You made a special point about it and I want to make sure that I understood you correctly: I'm immune to rattlesnake bites for the rest of my life, right?"

[Pausing here to let you shake your own head in disbelief.]

About six months later, I was called to see an 18-year-old man in the Emergency Department with a snakebite. This was a fairly routine case. His arm was swollen and painful enough to warrant treatment with antivenom, so I was asking all the normal questions to determine if the patient had any contraindications to (reasons not to give, or at least to have increased concern when giving) antivenom. I asked if he had a history of asthma or atopy (unusual skin sensitivity), if he was taking beta-blocker medications, if he had any allergies to horses or to horse serum, etc. Then I asked if he had ever been bitten by a snake before, although what I really wanted to know if whether he had received antivenom before. I was rather surprised when he said that he had been bitten four times before.

While it was not very rare in Phoenix to meet a patient who had been bitten by a snake, this kid was only 18! One bite is an accident; two bites is unlikely but possible; four bites by age 18 is ridiculous. What kind of hijinks is he into?

So I asked how it was that an 18-year-old could have had, now, a total of five rattlesnake bites. And he told me:

"Well, you see, my older brother and I have a business where we demonstrate snakes..."

I checked the last name, and sure enough, it was Ricky's younger brother. ■



▼ Golden  
Priyanka Sharma, MS1

▲ Entropy  
Vira Fomenko, MS4





◀ Craftsmanship  
Soe Thein, MS4

▶ Flames Resist  
Joseph Conovaloff, MS1





◀ Sunset  
Dr. Deane Shapiro Jr., Faculty

▼ Oculus  
Andrew Nguyen, MS4

# Swiftly go the years

Dr. Deane Shapiro Jr., Faculty

November sunset,

majestic mirror, endings....


bow of gratefulness



◀ Lost Time  
Ethan Kunstadt, Resident (EM R2)

▶ New Beginnings  
Sunober Siddiqi, MS3





Joshua Tree Synergy  
Tiffany T. Pham, MS4  
*Photography*

Cover designed by  
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Published works were contributed by UCI School of Medicine students, physicians, faculty, staff, alumni, patients, and community.

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