Learning from fascinomas

His family said he just wasn’t right. An 83-year-old retired CEO of a large company, he had kept up a full schedule of board meetings and stayed in touch with his business friends. But then he started missing things—forgetting names, shirking appointments, showing no interest in any of his normal activities—all within a matter of weeks. And when he started talking gibberish, his family knew it was time to take him to the doctor.

His first stop was the local physician near his lake cabin in northern Wisconsin, who promptly admitted him to the area’s small regional hospital. They did the usual work-up—blood tests, CT scan of the head and even an antibody level for Lyme disease, which was just becoming recognized as an endemic illness in that region. After all the results came back negative, he was transferred to our hospital.

When I saw him, he was truly a different person. His eyes were hazy, his speech was slurred, his responses slow. I repeated some of the tests and threw in an MRI of the brain, since the Wisconsin hospital did not have that capability. Negative results from these exams led my thinking from the mundane to the bizarre. And despite the negative Lyme blood test, I ordered a spinal fluid examination for Lyme PCR. The test came back definitely positive. Two weeks later after daily antibiotic therapy with IV Rocephin, he started to show his usual spark.

In those early days of learning about Lyme disease, this was definitely a fascinating case, a “fascinoma,” for me, and I did what all physicians do with such cases, shared it with colleagues, read up on it, and stashed the lessons I learned in my memory bank.

A long-weathered concocted term in medical argot that has won its own Wikipedia entry, fascinomas spark the interest of even the most seasoned physician. They take us back to our medical school and residency days working at referral institutions where “textbook cases” and “zebras” were almost daily fare. Fascinomas occur less often in the private practice of medicine. When they do surface, they provide dessert for the sometimes monotonous diet that can be daily practice.

Of course, as a patient, you never want to be a fascinoma, the “interesting” case that no one can solve as you stew with your symptoms and wait for epiphanies to strike your physicians. It’s very unsettling to see your doctor do too much head-scratching. Many fascinomas don’t have the favorable outcome that my patient experienced, and many end up in the lab where a pathologist may render the final “aha” in the tangled journey toward a diagnosis. As a patient, mundane and easily diagnosable sound better than rare and puzzling.

Our invited unusual cases this month come from radiologists, pathologists, pediatricians and family physicians. Though rare, fascinomas are in all fields of medicine, and the brisk response to our call for interesting cases shows that practicing physicians still harbor stashes of cases they want to share with their colleagues.

My patient lived for years without residual from his Lyme encephalitis. He’s gone now, but he and his fascinoma permanently reside in my stash.

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