Musings

Malignant mixopathy and benign excrescency

My son has had allergic rhinitis since early childhood. Every morning, he would wake up with rhinorrhea, which would last till the end of his first period at school. Thereafter, he would be alright for the rest of the day. There is no dearth of medical professionals in our family including surgical super specialists, nurses, yoga practitioners, medical students and "indigenous medicine practitioners". Each one of them considers it their basic human right to advise him on a miracle cure to get rid of his morning nasal faucet. This advice often consisted of an admixture of an antibiotic cocktail which they would even supply and my son, an obsequious character, would be more than willing to oblige. On the advice of an ear-nose-throat surgeon, he was initiated on mometasone nasal spray. However as all kids are, he too was not very compliant with his medicines.

One day, along with the usual runny nose, he developed pain in the abdomen. The possible etiology was immediately dished out by his grandparents as yesterday's pouched prawns; this hypothesis was vociferously countered by my maid as she had done all the cleaning and cooking herself. As usual, there were plenty of opinions proffered by all the members of my family, except my spaniel, and each one gave vent to their medical lingo which varied from the hilarious to the downright absurd.

I, careful not to step on any tender toes, took the middle path and gave him paracetamol and some antacids. However, I had to yield to "medical pressure" and gave him half a tablet of amoxicillin (as part of a compromise deal) and a quarter tablet of levofloxacin, garnished with chyawanprash (after much negotiation). Despite this, his pain continued, and worsened. By the fourth day, he began throwing up and I, having had enough of mixopathy, decided to get him admitted. After two days of blood tests and scans, he was diagnosed with appendicitis which by now had formed an abscess in the right iliac fossa. His blood cultures and ascitic fluid grew a multi-drug resistant Gram-negative organism.

After three weeks of hospital stay and parenteral antibiotic treatment, he made a steady recovery and recuperated back to his normal self. Thereafter, I placed a board in my living room: "Unsolicited medical advice is prohibited" [Figure 1].



Figure 1: Firewall against unsolicited mixopathy

I was reminiscing about these events with my relatives, along with some great food, stimulating conversation, and an excellent array of beverages, when, all of a sudden, I was trapped by one of my middle-aged uncles who tricked me into listening to a tedious monologue on the origin, evolution, and future prospects of his serendipitously detected tumor.

His soliloguy kicked off with a narrative on his oversized tummy which appeared to me to be a product of his calorie addiction coupled with exercise abhorrence. He was an ardent follower of the defense mechanism called "psychological projection" wherein a person always attributes his disease to some extrinsic factor, like the weather or to the drugs prescribed. He, therefore, called up his mother, educated till 7th standard, whom he considered a specialist in the Ouija board and universal communications, and requested holy guidance. As her system of hermeneutics was temporarily unavailable (she was admitted with COVID-19), he googled his condition and underwent an ultrasound scan at a suburban clinic. The bad news was that his sonogram showed a renal tumor. The good news was that his tumor was in the right kidney, which he considered very auspicious. Confidence personified, he underwent a renal biopsy which revealed a leiomyoma and was advised conservative management with follow-up. So here he was with a tumor within, walking with his tumor, talking about his tumor which, however, didn't test like one (at least as per his expectations). Turns out that the lottery ticket he bought on the day of his discharge won him a pretty sum too. I don't believe in superstitions, but it seems that his predictions of right-sided lesions being auspicious were spot-on.

Cherian: Unsolicited mixopathy

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

AJITH CHERIAN

Department of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India

Address for correspondence: Dr Ajith Cherian, Department of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum - 695 011, Kerala, India. E-mail: drajithcherian@yahoo.com This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
	Quick Response Code
Website: www.crstonline.com	回33%回 253 346 334
DOI: 10.4103/crst.crst_86_22	国家特别

How to cite this article: Cherian A. Malignant mixopathy and benign

excrescency. Cancer Res Stat Treat 2022;5:201-2.

Submitted: 21-Feb-2022 Revised: 29-Mar-2022

Accepted: 31-Mar-2022 Published: 30-Jun-2022

© 2022 Cancer Research, Statistics, and Treatment | Published by Wolters Kluwer - Medknow