WILDERNESS ESSAY

Heads on Learning

If you've been through it, you know the drudge that is the second year of medical school. We go to lecture. We listen. We sit. We highlight. We regurgitate. We repeat. Among the haste of memorizing pharmacology and endless lists of glomerular diseases is a shining light: parasitology! These are the only lectures when our pencils are down as we gawk at slides of gooey crawlers from around the globe. Not only is it incredibly entertaining, but the pressure is off. . . do we really need to know this stuff?

With the recession, my friend was laid off from her pharmaceutical sales career, and I was at the low point of my second year accruing mountains of debt. Clearly, this was the most opportune moment for an expensive trip of a lifetime. Forty-eight hours after completing Step 1 of the US Medical Licensing Examination Boards, we were off to Belize. Arriving on the first day of the countrywide celebration of Lobster Fest, we knew quickly that we were in paradise. The beaches were rocky, the forests alive, and the waterfalls crisp. After only 10 days of adventure, we begrudgingly boarded the plane back to the United States. My friend, despite her best sunbathing efforts, returned a dignified shade of mother of pearl. I, on the other hand, returned with a little more than a tan.

The only downside of a Belizean trip in June is that during the rainy season the bugs are fierce. Those suckers could penetrate a wall of DEET. Adding to this, I am what one would term "a picker." So in my usual fashion, a few days after returning, I began to dig at a bite on my left temple. At first, I could feel the dime size lesion with my fingernail, but on day 2 it was a bit larger. Day 3: larger. 4: larger! Something was different about this one. Pain began to radiate down my left facial nerve. I could soon palpate my entire cervical lymphatic chain. My face became asymmetrical as the edema set in. I e-mailed my parasitology professor, Dr John Walden, because something was wrong. . . and growing. . . in my head.

Notice that I e-mailed my professor. I did not really *do* anything about it. Corresponding with this growth were my first days of third-year clinical rotations. These were my first days in the hospital, ever. I was running with the big dogs on surgery at the city's major trauma center. I was not about to complain or have some reason why I couldn't hang. In the meantime, the swelling continued.

The pain morphed into a constant throbbing with occasional stings. If I managed to focus on bowel obstructions or hernias, it selfishly regained my attention with a searing "Here I am!" Then there was its glory moment of triumph: while scrubbed in on my first case, the pain was so intense that I started seeing spots, blacked out, and had to break scrub.

Day 8 with this thing, now the size of half a golf ball, I set off to the Family Medicine Clinic for an evaluation. With a magnifier and some squeezing, it was finally clear. Serosanguinous fluid flowed from my head and the breathing apparatus was visible. Just as Dr Walden had suspected, I had been harboring a small *Dermatobia hominis* myiasis. Some call it a botfly. I call it Julio. Apparently during my Belizean adventure, a mosquito carrying the botfly eggs targeted my left temple; like a toddler on a slicky-slide, the eggs swooped down and deposited under my skin. I had two options: 8 weeks of smothering my head in Vaseline to asphyxiate him or take matters into my own hands. Off to surgery I went.

It is a strange feeling to be covering the operating schedule, only to look over and see "Sale, M.: I&D Scalp" assigned to OR 8. Alas, 18 hours NPO and a 3-hour delay due to a complicated colon resection later, I took off my white coat and changed into a backless gown. According to my fellow surgery classmates, the excision was seamless (and I am a comedienne while under the influence of anesthesia). The next week I picked Julio up from the pathology department. I much prefer him on my bookshelf.

I could not believe this had happened. I mean, a larva? In my head? Come on! But as this drama unfolded, others told me stories of friends who returned from Central America with botflies. Even Dr Walden had 2 larvae in his knee when he was a third-year medical student. It is unclear how common *D hominis* myiasis are because other than discomfort and occasional secondary infections, they do not cause harm to the host. Medical intervention is not a necessity as travelers can learn duct tape extraction techniques on YouTube. It seems to me that botflies are far more common than the scientific literature reflects.

I may never see a patient with a botfly in my upcoming practice. I may never see malaria. I may never see Chagas' disease. But I learned about them in my second-year curriculum. Some I learned about a little more intimately than others. So now, as I push preventative health care, I will advocate not only balanced diets and

smoking cessation, but also the never-to-be-underappreciated: bug spray.

Mary T. Sale, BA
Marshall University
Joan C. Edwards School of Medicine
Huntington, WV