



Reflections of a GI radiologist

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three times.
That's long*

Some kids dream about growing up to become astronauts, rock stars, or the next LeBron James. Does that mean I spent my childhood yearning to become a GI radiologist?

Not exactly.

Before med school, I thought radiologists fixed radios. Since I was literally all thumbs (there's a picture of my hands in Wikipedia), that ruled out radiology. It wasn't until I did a radiology elective (I wanted a more challenging rotation but got bumped from sleep medicine) that I discovered I wouldn't have to fix anything, just press a lot of buttons. Since I was already an expert at pressing my wife's buttons, it seemed like the perfect fit.

But what most excited me about radiology was the realization that I wouldn't ever have to speak to patients or, even worse, touch them, like you did for every other medical specialty (though at least in pathology, my second choice, they were already dead).

GI radiology, in particular, was especially appealing because I got to press the buttons on our remote-controlled fluoroscopes. Of

course, no one ever told me the remote-controlled fluoroscopes with all those buttons would be permanently scrapped for conventional fluoroscopes the day I joined the faculty at Penn, thereby forcing me to have direct patient contact *every day for the rest of my career*.

But who's complaining? If I sound bitter, that's your problem.

Another thing I loved about GI radiology in those early days of my career was its focus. As everyone knows, there are 2,437,629 different structures in the human body, each of which is independently capable of self-destructing. A lot of things can go wrong. Since general knowledge was never my strong suit (I hate to read), I appreciated the way GI radiologists could focus on the GI tract while ignoring everything else. I did struggle for a while with ulcers and diverticulitis, but after endoscopy took over for diagnosing ulcers and CT for diagnosing diverticulitis, things got a lot less complicated.

Still, I couldn't help feeling overwhelmed by the sheer length of the human GI tract. I'm sure you're wondering just how long

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it is. Since you brought it up, here's what every anatomist knows: If you uncoiled the GI tract from one end to the other, it would stretch all the way from the earth to the moon—three times. That's long.

That's why I decided to go one step further and focus my career on a select portion of the GI tract, naturally choosing what everyone knows is the most interesting portion—the junction of the middle and distal thirds of the esophagus. And now, after spending my entire career studying this area, all modesty aside, it's nice to be recognized as one of the top 100 experts in the world on the junction of the middle and distal thirds of the esophagus.

I can tell you're skeptical. A little healthy skepticism never hurt anyone. But I can prove it. I went head to head with Ken Jennings—yes, *that* Ken Jennings, the one who holds the record for the longest winning streak in *Jeopardy* history and who is widely regarded as the smartest man on earth—on a private airing of *Jeopardy*.

At Ken's insistence, the only category for our game was "Radiology of the Junction of the Middle and Distal Thirds of the Esophagus." I don't mind telling you I made mincemeat out of Ken in the most lopsided game ever.

So I didn't actually win. Who cares? I would have, if only I could have pressed that damn button faster. The flexor tendons in that guy's DIP joints are superhuman.

But I digress.

As it turns out, I've spent the last 37 years slinging barium. In all that time, I've never exactly been sure where the term *slinging barium* comes from. One theory is that it originated in the Old West with gunslingers like Jesse James and Wyatt Earp serving as the prototypes for modern GI fluoroscopists (I always thought Wyatt and I had a lot in common). Another theory is that it refers to the way Jackson Pollock, the great American artist in the abstract expressionist movement, slapped paint on a giant canvas, creating the masterpieces that now hang in my chairman's living room. I like that theory; a barium study truly is a work of art.

On the other hand, I don't technically sling barium. Instead, I gently and lovingly instill it via one body orifice or another, creating a perfect cast to determine whether the GI tract is over- or underperforming, as the case may be. In that sense, a barium slinger is more a sculptor than a painter. But now I'm just nitpicking.

One of the great ironies for me as a GI radiologist is that I, of all people, ultimately have had to learn how to empathize with ailing patients, and to display the kind of tact and patience normally expected of a saint.

For example, when I ask patients to start drinking the barium, their standard reply is, "Now?" I could get snarky, making snide and sarcastic comments like, "No, a week from Thursday." But that's not my style. I recognize the importance of open and honest communication. I simply smile and say, "No, tomorrow."

Despite my amazing rapport with patients, I did once have an elderly man place a curse on me after undergoing a single-contrast barium enema. Luckily, a week later, after undergoing a double-contrast barium enema, an elderly woman made a large donation to her synagogue in my name, nullifying the curse. Still, that was a bit too close for comfort.

But my favorite patient of all time was an 80-year-old woman with a giant mole on her nose and stringy white hair that stuck out in all directions as if she'd just been struck by lightning. As I entered the room with a technologist, the woman let out a gasp and cried, "My God, you're good looking!"

Without skipping a beat, I turned to my technologist and said, "I told you!" Turning back to the patient, I asked her why she was having a barium study.

"I'm eighty years old," she groaned, "and I feel ninety."

It seemed to me there was a flaw in her thinking.

"If you're only eighty, how do you know what it feels like to be ninety?" I asked.

This time she was the one who didn't skip a beat.

"If I'm lucky, I'll find out."

Until next time.