REFLECTIVE PIECE

The puzzle of medicine: Insights from a case of intravascular lymphoma

> *Dr G, today my wife and I celebrated April Fool's Day.*

> *Dr G, we're finally home. Look at my wife's painting.*

> *Dr G, my wife took her first walk downstairs today.*

Each message and photo shared through WeChat felt like a small, precious piece of a life puzzle. Mrs L, a woman I had come to know well, was featured in these updates from her husband. In every moment of progress, there was warmth, hope and something beyond the physical struggles — something deeply human. This was not just a doctor treating a patient; in many ways, she brought me a sense of hope and clarity that I had not felt in a long time.

I am a general practitioner in a prestigious hospital known for its powerful specialist departments. There are days I feel overshadowed, reduced to playing a supporting role. Diagnosing a patient often feels like piecing together a puzzle, and yet, it seems that specialists are the ones who complete it. Over time, this feeling had left me weary and, at times, helpless.

Mrs L had arrived at our ward after a six-month battle with an array of troubling symptoms. It had all started with a COVID-19 infection, but soon neurological symptoms began appearing — dizziness, weakness, slurred speech and cognitive issues. These signs gradually worsened, culminating in seizures and eventually, a coma. She had been through nearly every department — neurology, haematology, rheumatology — seeking answers. Every test seemed to lead to more uncertainty. Her magnetic resonance imaging (MRI) revealed abnormal brain signals, and her positron emissions tomography (PET) scan showed widespread subcutaneous densities. Her condition did not fit neatly into any category. Finally, she was given a diagnosis of Sjögren's syndrome, but her symptoms fluctuated, worsening after a flu infection. She seemed to have come to the department of general medicine only as a 'last resort'.

By the time she was admitted, her condition had deteriorated to the brink of collapse. Her husband, Mr W, stood by her side, a man who had once dominated the business world but now, in the face of his wife's suffering, was utterly lost. His plea was simple yet heart-wrenching: 'Doctor, please save her'. At the same time, a sense of helplessness washed over me, because the pieces of her diagnostic puzzle were scattered, mismatched, and no matter how hard I tried, I could not put them together. I handed Mr W the critical condition notice.

'You might need to change your son's flight', I advised, knowing how close we were to losing her. His eyes welled with tears, and he trembled, unable to speak.

Mrs L fell into a deeper coma the next day. Tests ruled out encephalitis, autoimmune conditions and infections, but none brought us closer to an answer. The multidisciplinary team (MDT) proposed an idea — a rare condition known as intravascular lymphoma,[1] a deceitful disease that mimics others, often going undetected until it is too late. By this point, Mrs L was too weak for a brain biopsy for diagnosis. I feared the worst — we would never complete her puzzle.

As Mrs L's family prepared for the inevitable, I wrestled with my own sense of failure. Had I done enough? Had I missed something? My team member, Dr F, suggested one last possibility: a biopsy of the subcutaneous tissue, where the PET scan had shown abnormal fluorodeoxyglucose (FDG) uptake. It was a gamble, but it was all we had left.

But I hesitated. As a general practitioner, I had never been the primary doctor for this type of disease, and the biopsy required a surgeon to perform it. I was unsure whether this decision was wise. Could I take this risk? What if the biopsy failed? Sitting for a while, I listened to my inner voice. The original intent of being a doctor gave me the courage to make a decision between preserving life and self-preservation. I said to Mr W, 'The hope is slim, but I'm not willing to give up'. And his response was filled with trust: 'I know you're doing everything you can. I trust you'.

The biopsy was performed the next morning, and we waited anxiously for two days as Mrs L slipped closer to death. Then, just as hope was fading, Dr F burst into the office: 'We found it!'. The diagnosis was confirmed: intravascular large B-cell lymphoma. Relief flooded through me. The puzzle, once so fragmented and incomplete, had finally come together.

Mrs L underwent her first round of chemotherapy soon after. She faced tremendous challenges, but against all odds, she survived. One day, I found her sitting up

in bed, smiling as she spoke with her husband. It was as though Spring had returned to the room — her strength, her light, restored.

When she was discharged on her birthday, Mr W called it her 'rebirth day'. Their son decided to return to China to be with them. Their family's puzzle is being given a new, hopeful shape.

Mrs L's case reminded me that medicine is not just about saving lives but about honouring them, about walking alongside our patients in their most vulnerable moments. Professional knowledge provides us with the pieces, but it is our belief in life, in the sacred bond between doctor and patient, and in the courage to take risks that completes the picture. This is what gives meaning to our work — more than fame, more than wealth.

Authors

Jie Gu MD, Attending Doctor, Department of General Practice, Huashan Hospital, Shanghai Medical College, Fudan University, Shanghai, China

Yanyan Huang MD, Chief Physician, Department of General Practice, Huashan Hospital, Shanghai Medical College, Fudan University, Shanghai, China

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Reference

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correspondence **ajgp@racgp.org.au**