SRS Senior Radiologists Section Notes

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An Old Radiologist @ A Mass Vaccination Site

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Jason Birnholz

Fellow seniors: My thanks to Bruce McClennan for introducing me to the SRS and for giving me this opportunity to share. I hope you will conclude that my tale says something about our own vintage of radiologists and the unique way that we are highly specialized, yet we retain a broad familiarity with pretty much all of the rest of medicine. During our residencies, we have inculcated some special, not overly conscious tools for handling visual information. It's what we do, all the time, independent of modality and despite the complexities of people and pathologies.

We all will have had a "traditional" medical education, meaning some lengthy and often grueling phases that each go from general to specific, without any wormholes or time warps, but with plenty of side tracking. I have no doubt that every one of us can spot pathology in a PA and lateral pair of chest radiographs in no time flat, no matter where our specialty has taken us since residency. It is one small step from that capability to the realization that we were and remain generalized physicians, even though we have achieved our specialty spurs. We enjoy a kind of medical practice flexibility that is collateral damage of early and tight focusing of medical education.

The scene of this tale is southern Florida earlier this year, three years after I relocated in clinical retirement, 2,000 miles away from my longtime home and practice area. The professional path that got me here started with adult internal medicine aimed towards cardiology, a diversion through causal inference and early disease screening studies with the US Public Health Service (including a glimpse of the potential of ultrasound imaging), diagnostic radiology residency (1970–73). And some graduate study in acoustics, wave propagation, and signal processing. I have been subspecialized in ultrasound ever since, roughly half academic, through full professor, and as a private practitioner. I have always taught and myself practice the concept of a diagnostic consultation, done by a physician with ultrasound as a physical examination tool. You will recognize this analogy as fluoroscopy updated. My own technical quirks aside, over the years, I have done about a gazillion examinations myself, patient by patient.

There was enough information coming out of Wuhan, China in October and November of 2019 that I decided to miss the RSNA Annual Meeting, one of the few times since presenting my first two papers at the 1971 meeting. You all know what transpired just a few months afterward. Like a lot of retired physicians, I really wanted to help out. What could I do in Florida, far from my medical contacts and a stranger to the local system? I had my own portable ultrasound unit, but as everyone in radiology ought to know, there is no such thing as lung ultrasound. I tried to volunteer for the US Public Health Service and other agencies without success, but to be fair, those agencies need much younger, much keener physicians than older planners and directors.

I was lucky to get vaccinated, unscheduled, at a drive-through center in January, which was in every way a delightful experience.

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A Word From the Chair

by
Bruce L. McClennan, MD

"Double, double, toil and trouble;
Fire burn and cauldron bubble."
Song of the Witches,
Macbeth IVi,10-19

Our pandemic life is surely different these days, with words such as "caution," "extreme," "unprecedented," etc. used with or for almost everything that we used to do and/or take for granted. So, as we have built our own bubbles, so to speak, and we're learning how to manage our new pandemic-induced, cloistered life in retirement or otherwise, the world outside our bubble virtually overheated. Shakespeare's witches could be surrogates for Mother Nature, no matter where you live. The hottest summer on record has faded, but the globe saw record temperature increases up to 2°F! Here in the Pacific Northwest and the high desert of central Oregon, fires and smoke have clouded our bubbles, often forcing us to hunker down, more than usual, inside our hopefully air-conditioned homes or places of work. Saying someone lives in a bubble may have been a pejorative term or phrase at one time. Now, it is part of everyday jargon. The NBA played a successful season in a bubble in Orlando, FL during 2020. Today, the term bubble seems ubiquitous, but large gatherings, for sporting and other events, are beginning on an uncertain course, depending on the vagaries of viral mutations, vaccines, and other confounding factors.

The current feature article by Dr. Jason Birnholz is an envious and encouraging example of a physician leaving his bubble to apply his talents for a worthy, impactful cause—vaccinations! He reminds us that the Hippocratic oath did not come with its own bubble. Modern-day health care workers show us that this is true,

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I was lucky to get vaccinated, unscheduled, at a drive-through center in January 2020, which was in every way a delightful experience. I sought out the physician in charge and asked if they needed any help. Ten days after my second dose, I was on site as a Broward County medical reservist. I was assigned the exit line, which was a holding lane for 15 to 30 minutes after injection for identifying acute allergic reactions. The exit volunteers functioned as timekeepers, who were to summon EMTs if the vaccinated person requested it. Here was a task I could relate to—cars driving up to me, or me walking along a line of stopped cars, just like being in front of a giant, revolving film illuminator with a day's worth of cases.

There are two goals of the vaccination exit line. The first is a public relations one, wherein the patient should understand the importance of vaccination and have such a smooth experience that he or she wants to promote it. The other aspect is medical and individual, identifying and treating acute reactions, obviously, but also preparing people for potential delayed effects and teaching them about COVD-19 prevention. The first vaccinated were all senior citizens; gradually, the age dropped to teen years. Everyone stayed in their vehicles. At peak, 1,800 people were registered and vaccinated per 10-hour work day.

I saw the exit line as a waiting room for a medical interview. You have a few seconds to form a bond, so that you can inquire about the patient's health and concerns and for them to be comfortable and honest. In retrospect, I think that everyone being masked made that easier. I had my eyes and ears and an occasional pulse-taking from a wrist. I never saw any anaphylactic reactions (they are really rare). There was only one woman with hives, as well as a few people with familiar patches of neck erythema. There were lots of instances of anxiety reactions, all of which responded to supportive waiting.

Reactions are more common in women than men because of the fixed dose without adjustment for weight. Up to 20% of healthy younger people showing up for vaccination have had occult, asymptomatic prior coronavirus exposures [1], implying the potential for a variety of rapid local or delayed systemic first-dose vaccination reactions. I noted 22 women and one man who had complaints centered on the

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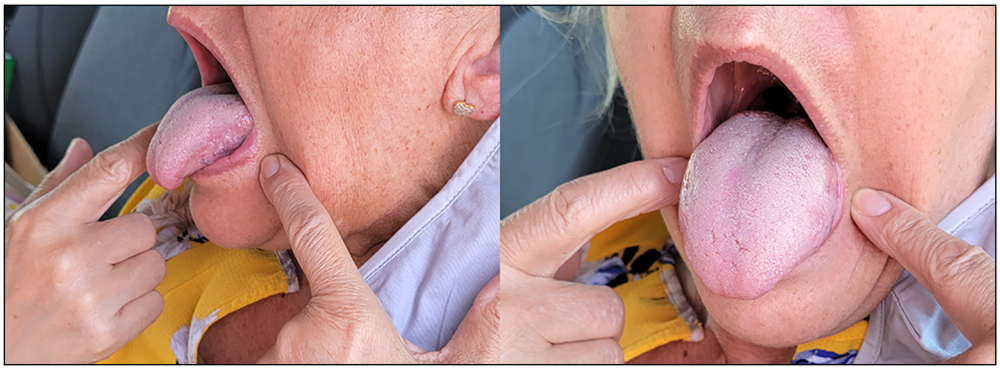

Figure 1 – Tongue blanching immediately after an m-RNA COVID-19 vaccine dose.

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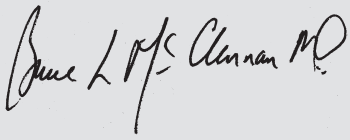
daily, by their example. It may be fair to say that today's bubble was yesterday's fraternity, sorority, clique, or club. If one looks for definitions of a bubble, you will find it means having a community of relatively like-minded individuals, in our case as physicians, radiologists, society members, etc. Aided by the internet, Zoom, and in carefully constructed interpersonal gatherings, we are expanding our bubbles in a hopeful way. Dr. Birnholz actually "walked the walk" and "talked the talk."

Like many of you, I am looking forward to safely packing up my bubble in the near future—I do have a "to-go bag" packed, just in case of fire—and traveling to see family and friends for holidays. I am definitely looking to the Hyatt Regency Hotel in New Orleans, LA next May, where the ARRS will gather for the 2022 Annual Meeting. Please think about getting your bubbles prepared.

On one further note, I encourage comments, questions, and/or suggestions for content in this newsletter. Meaningful comments or discussions we can consider publishing in the next issue of *SRS Notes*. My email is bruce.mcclennan@yale.edu; please feel free to contact me at that address.



SRS Birthdays

We wish these SRS members a very happy birthday.

September	October	November	December
6 Peter E. Doris	4 James R. Custer	4 Janette L. Worthington	3 John Meehan
8 Greg Jamroz	6 Charles F. Greer	16 John E. Madewell	5 Harry J. Barr
9 Harry E. Morgan	8 Eric J. Udoff		10 Frank T. Daly, Jr.
15 James M. Tallman	9 Melvin L. Turner		17 Charles Walter Snyder
Harbans Singh	12 James E. Reinhardt		26 Herbert F. Gramm
24 Lee F. Rogers	16 Hernani S. Tansuche		
27 Thomas Archambeau	20 William M. Thompson		
30 Wymann Yee	25 Ruedi Thoeni		
	29 Sarah G. Pope		

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mouth or tongue a few minutes after vaccination. Most complained of a bitter taste or an "electrical" sensation. One woman exhibited a graphic, but transient finding [Fig 1].

It is interesting that ACE2 receptors are very highly expressed in epithelial cells of the tongue and mouth [2].

We were all physicians first. I felt that I was doing something medical, albeit trivial in the overall scheme of things. There was enough positive feedback from patients returning after three weeks for their second shots (often bringing first-shot friends and relatives) that it was deeply satisfying. And there were some visual findings from time to time, reminding me of our main working sense.

It is best to retire before you become dangerous. The downside is losing the treasure of being able to pitch in professionally when help is needed.

References

1. Jones JM, Stone M, Sulaeman MS, et al. Estimated US infection and vaccine-induced SARS-CoV-2 seroprevalence based on blood donations. *JAMA* Sep 2 [Epub ahead of print]
2. Hao Xu, Liang Zhong, Jiaxin Deng, et al. High expression of ACE2 receptor of 2019 nCoV on the epithelial cells of the oral mucosa. *Int J Oral Sci* 2020; 12:8

Sodoku!

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Answers will be available in the next issue of the *SRS Notes*.

Biography: Jason Birnholz, MD, FACR, FRCR (UK), FACOG (Assoc) finished a Diagnostic Radiology residency in 1973. He has been subspecialized in ultrasound since his first job as an Assistant Professor of Radiology in 1975. He has introduced basic clinical techniques and procedures that have become international standards. He is consulting on new equipment development, writing a book tentatively entitled "Digital Ultrasound Imaging and Procedures for Physicians," and enjoying his hobby, street photography.

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- SRS newsletter, *SRS Notes*
- Discounted registration fee to the ARRS Annual Meeting
- Annual Meeting reception
- SRS Annual Meeting activities (includes sponsored speaker and special tours)

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- Be a current ARRS member age 65 or older

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Upcoming ARRS Annual Meeting

New Orleans, LA
Hyatt Regency
May 1–6, 2022

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