

Night of the Iguana

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Part of the joy of family practice is that it never fails to provide puzzles. I received my most recent conundrum courtesy of my wife, a fellow family physician. One weekend, I covered her practice while she was out of town. A call in the middle of what seemed to be endless nighttime pages hardly seemed the start of a clinical adventure. A first-time mother called about her one-month-old child who had mild diarrhea. There was no fever or vomiting, and based on the child's history, there appeared to be nothing seriously wrong. I attributed part of the problem to new-mother anxiety and dispensed some dietary wisdom. I told her to follow up with my wife and to call back if the symptoms worsened or persisted. I doubted that I would hear from her again.

A few days later, while eating dinner, my wife requested my advice about a patient. My chest swelled with masculine pride. "Remember the mother who called you about her one-month-old with diarrhea?" she asked.

"Yes, is everything okay?" I replied.

"Oh, the baby is fine," she said, "but I did a stool culture and it grew some type of *Salmonella*. Do you think I should treat her?"

"Well, it seems if the baby is perfectly all right, you probably don't need to treat."

"Really? You wouldn't treat a one-month-old?"

Phrased with my wife's unique skeptical inflection, her question made me feel less certain. We began a thorough search of our home pediatric library. Like Sherlock Holmes tracking Professor Moriarity, the game was afoot. Yet no clear answer emerged. Most sources suggested treatment only if symptoms were severe or if the patient was immunosuppressed. Where did our patient fit in? Like many a cagey family physician before us, we sought the counsel of our esteemed colleagues.

"Absolutely treat," said our pediatrician friend.

"If the baby is okay, you don't need to do anything at all," said the pediatric infectious disease specialist.

"I really don't know anything about children," said our adult infectious disease specialist.

Being archly conservative, my wife repeated a stool specimen to make sure the infection cleared, and she elected to follow the child without antibiotic treatment. Meanwhile, a new wrinkle emerged. Our local lab was unable to type the *Salmonella* and requested that the CDC in Atlanta identify the organism.

Two weeks later, while eating dinner, my wife once more asked if we could talk about a patient. Absorbed in my dinner, I barely looked up as I nodded affirmatively.

"Remember the baby with *Salmonella*?"

My interest piqued, I looked up.

"Sure. How is she doing?"

"She's fine, but. . . ." After hesitating briefly, my wife told me that the lab informed her that the *Salmonella* was a type that usually infected lizards. Where, I wondered, could a one-month-old living in Toledo, Ohio, in the middle of winter, be exposed to a lizard-borne disease?

Apparently, my wife wondered as well, and she called the family. After inquiring about the baby, she asked the mother, "Do you, by any chance, have any pet lizards in the house?" To her amazement, not only was the answer yes, but recently the family's prized iguana mysteriously died. Everything fit together, and the book closed on two medical mysteries.

Whenever I consider the possibility of a zoonosis, I still smile as I ask patients if they have any pets at home. So far, the night of the iguana remains a unique experience.