

I Looked Death in the Eye and Googled It

Lesson learned by Ben Van Alen, Subsistence Biologist, Juneau Ranger District

August 5, 2008: the first sunny day Juneau had seen in weeks. And, I would find out, the most dangerous. I had a morning off to run the “Juneau Ridge.” My running buddies, Bob Marshall and Guy Thibodeau must have broke off a Cow Parsnip stem going up Perseverance Trail, or an Indian Rhubarb branch on Mt. Juneau, or a possibly a Wild Celery leaf



Ben Van Alen had a close encounter with Cow Parsnip

coming out of the Nugget Basin. For I got some of that multi-named plant’s sap on my legs running in their vapor trail. Or, perhaps, I simply stepped into some Pushki in the parking lot.

Cow Parsnip (*Heracleum lanatum*)—the tall “celery” stemmed white lacy wildflower—is prevalent; and passing through it, unmemorable. Usually. That day, however, the skin on my legs absorbed the furanocoumarin-laced, lipid-soluble, glucoside phototoxic sap that was turned toxic by the sun’s rays. We’re talking “thermal dermatitis” here. A couple of days after the run, I sported a ½-inch turned 1½-inch blister on my right calf, and a bunch of blister buddies. They persisted for a few days before they popped and oozed and scabbed over in the course of a couple of weeks. A daily soap and water washing followed by Neosporin and Godzilla-sized Band-aids was my treatment routine. The latter helped keep these itch-hungry sores from my scratch-hungry fingers. In fact,

I was irresistibly itchy all over for a few weeks.

Now, all would have been well (for me) if I weren’t a darned salmon biologist, getting wet with the fish in the middle of their spawning and dying season. I did a little wet suit work and handled fish carcasses at Kanalku on August 12-13, then again at Neva for three days after that. When I went to the field on the 21st, I felt a little swelling and pain around my stiffening right knee, accompanied by a flu-like malaise of impending doom!

At the doctor’s the next day I had red swollen skin on the inside of my right knee and a slight fever. I told the cow parsnip story, the itching-all-over story, the swimming-with-the-fish story, and topped it off with an infection-in-the-knee-post-arthroscopic-surgery story.

“Cellulitis,” said the doctor. She had me on an IV antibiotic drip within the hour. The kind nurse in “Infusion Therapy” even

faxed a prescription for a powerful antibiotic to my banker so I could get an instant over-the-counter second mortgage that I needed to pay for the instant, behind-the-counter Rx.

Anyway, all would be well (for me) if this Godzilla-cillin Rx worked, but by the next morning, the red and swelling cellulitis extended to my upper thigh. The ER doctors, looking worried, faxed a

double prescription to the banker, and gave me strict instructions to complete my will if the cellulitis began to extend outside the new Sharpie-drawn boundaries they left on my leg. After more IV infusions, I was off for my 3rd mortgage and the pharmacist.

Now, all would have been well (for me) if the Rx cocktail had worked. My kindergarten teacher would have checked “needs improvement” for the drugs ability to color cellulitis within the lines. I laid flat during the weekend with my eyes glued to the Olympics on TV and mind somewhere between the disgust of drug resistant infections and dreamy exhilaration of winning Olympic gold on my only one leg. In the few minutes before my Monday morning doctors appointment, instead of apportioning my debts to my loved ones on e-will.com, I Googled. First for “cellulitis” then “aeromonas hydrophilia” when I read that exposure to this bacterium in freshwater could cause cellulitis.

I read that *Aeromonas hydrophilia* (or *hydrophila*) is found worldwide in fresh, marine, chlorinated and un-chlorinated waters with highest numbers in the warmer months and polluted waters. I read that this ubiquitous, facultatively anaerobic, bacterium is pathogenic to fish and humans. In humans, *Aeromonas* wound infections are rare, but are becoming more prevalent in the medical literature. I read that cellulitis is the most frequently encountered *Aeromonas* wound infection and, get this, “These infections predominantly affect the lower limbs of middle-aged males with previous history of injury favoring infection.” I resembled that remark! Knowing that finding the right antibiotic is the key, I was now armed with a one-page abstract from *The Journal of Allergy and Clinical Immunology* with its specific list of antibiotics known to be active *in vitro* against *Aeromonas hydrophilia*.

The *Aeromonas hydrophilia*-targeted drug worked. All symptoms abated with the first pill. I appreciated the willingness of the doctors to work with me. Now, all is well (for me). Bob and Guy were not inflicted but they were probably lucky.



Running partners Guy Thibidezux and Ben Van Alen.

Lessons learned:

- Avoid Cow Parsnip, bare skin, and sun, especially in the summer heat;
- Keep open wounds/sores out of lake, pond, river, stream water;
- Avoid scratching sores;
- Seek prompt medical treatment if you think something is wrong;
- Use reputable sites on the world-wide web to assist physicians in your diagnosis and treatment; and
- Avoid middle age and past medical histories.