

# Managing a Narrow Escape from Death

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## Onset of Angina

Around 4 a.m. on July 10, 2014, I suddenly woke up, feeling pain in the upper left area of my chest. The pain soon subsided, but it was a kind of pain that I have never experienced before. Thinking it could be myocardial infarction, I looked it up in a medical dictionary and found that many of the symptoms described were consistent with my own. I slept until about 8 a.m. since there were no other abnormalities, and went to my office after a 1-hour commute via train as usual.

That night, I sent out a group e-mail titled “*Ka-cho-fu-getsu* [Beauties of Nature] News” to my close colleagues explaining about what happened earlier that morning. I went on, writing, “Today when I arrived at the JMA office, an announcement of the first Japan Medical Association (JMA) committee meeting in FY2014 was waiting for me. So I planned to consult experts there. It seems I too will be receiving the benefits of Bayaspirin, which my wife takes.”

Several friends who read this e-mail contacted me, advising me to go see this or that famous physician right away, to whom they would gladly refer me. Despite their precious advice, I waited until the JMA committee meeting, which was to take place on the following Thursday, and consulted Dr. Masayuki Taniguchi, a former assistant professor of the Jikei University Hospital Cardiology and Internal Medicine Department.

I visited Dr. Taniguchi for an examination on Saturday and received some tests including an angiography using the latest CT scan equipment with a contrast agent. Early the following week, Dr. Taniguchi phoned me to tell me that I had

stenosis in the left coronary arteries—one was 75% and the other was 50%—and that I needed to immediately undergo testing and a procedure via cardiac catheterization intervention.

## Cardiac Catheterization Intervention

On August 20, I was admitted to the Jikei University Hospital Cardiology and Internal Medicine Department to receive tests and treatment by a team of physicians specialized in cardiac catheterization intervention led by Dr. Takayuki Ogawa. A day after my hospitalization, I underwent an angiography that involved catheterization from my right brachial artery to the coronary arteries. During the procedure, the team found that the right coronary artery was almost 100% blocked. They also found curved and coiled up left coronary arteries. Suffice to say, my heart was in a complicated situation.

I was re-hospitalized, with a target operation date of August 26. Because the previous test had revealed strong curvature in one of the brachial arteries, Dr. Ogawa suggested inserting a catheter from the artery in the right lower thigh to treat the stenosis in the right coronary artery. According to the pre-operation briefing by Dr. Ogawa, inserting a catheter to the blocked right coronary artery was likely to be a challenge, so the procedure would be stopped if the intervention did not proceed successfully for 2 hours in consideration of my stress. The series of procedures that I underwent only used local anesthesia to secure a line to insert the catheter to the artery. Thus, a patient could fully hear the sounds of the operation room as long as his/her hearing was intact.

Dr. Ogawa was correct in anticipating that

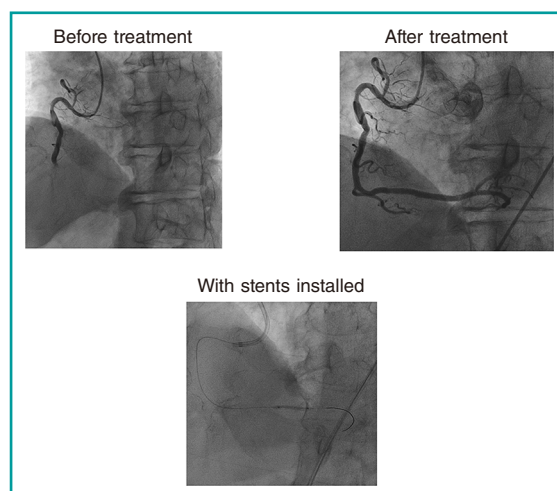
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the procedure would be extremely difficult. One hour had passed since I entered the operation room, and I could overhear the conversation between Dr. Ogawa and other surgical staff, indicating that they were having trouble since the catheter could not reach the target spot. I do not remember how many times I heard such conversation. Dr. Ogawa was making various attempts, such as comparing the images from the previous procedure to the ones taken then and changing the line gauge. Then, he was silent for a while, and said something in a firm voice that suggested to me that he had made a decision. The procedure was resumed. Then, suddenly, Dr. Ogawa said to me, “We did it, it went through so we can go ahead and proceed.” When I heard his words, I thought that the heaven in its mercy had extended my life.

The procedure continued for another 30 minutes or so. When the X-ray imaging device located at the top of my head was moved away, I could see Dr. Ogawa’s face on my right. On my left, I could also see a video screen, in which Dr. Ogawa was explaining the procedure to the young physicians in his team. I could see the blood flowing freely in the right coronary artery in which the stenosis had been found during the last procedure, which told me that the procedure had been a success. When he was not sure if he should go right or left, Dr. Ogawa stopped all movement for a moment, compared and examined past materials and current ones, and made a final decision based on his accumulated experience. I was very impressed with his attitude.

On September 9, I was hospitalized for the third time to undergo the procedure for my left coronary arteries. Those were the ones that Dr. Taniguchi had found in a CT scan. The artery with 75% stenosis was meandering and jumbled up, and the first 40 minutes to reach the target spot posed an extreme challenge. I could hear the word *accordion* in their conversation, and I experienced a strong constricting pain in my chest for the first time in my life. However, the procedure went smoothly after that, and the entire procedure was completed by installing 3 stents in my left coronary arteries. That made 4 stents in my coronary arteries in total, since 1 stent had been installed during the last procedure on my right coronary artery (**Fig. 1**).

According to Dr. Ogawa’s explanation, he had stopped the blood flow temporarily when he



**Fig. 1** Right coronary arteries

was installing a stent at the spot with the 75% stenosis. It was the same condition as a myocardial infarction attack and the pain I had experienced had been that of a myocardial infarction. The pain I had experienced during the procedure was different from that of July 10; this time it was stronger and a clearly different type of pain. The day before I was released from the hospital, Professor Ikuo Taniguchi explained to me that the right coronary artery that had been blocked almost 100% was a new stenosis; however, it had not caused serious damage because the left coronary arteries had extended fine vessels to compensate.

Until I experienced this episode, I had never imagined that I would suffer cardiovascular disease myself. I am specialized in medical accident cases, but, after all, I am still an amateur in medicine. My ignorance of the disease caused me to delay my first hospitalization for over 1 month after the first sign. Many of my friends later told me that it is common sense to visit a specialist after the first signs appear, and that there have been more than a few cases in which people passed away while no one was aware of what happened. They repeatedly said that my surviving this whole ordeal was a near miracle and that I was lucky.

As the proverb “ignorance is bliss” says, I was walking on a very fine line between life and death without realizing it. Fortunately, I had not had another attack during the 1 month I had

waited, and I was lucky to be in the care of Jikei University Hospital's best team, led by Dr. Ogawa, immediately after my hospitalization. I literally managed to "make a narrow escape from death," thanks to the blessing of state-of-the-art modern medical technology. I am deeply indebted to the efforts of Dr. Ogawa and many other physicians and medical staff as well as the gift of Divine Providence.

### Pictures of Mt. Ontake's Eruption Taken from an Airplane

During my hospitalization, I asked several times if I could travel by air after the procedure because I had plans to visit Takamatsu in late September and Helsinki in November. The physicians' answer was that long-distance travel including an airplane trip would be possible as long as I drank plenty of fluids and took my medication as instructed.

So, although only 2 weeks had passed since I had left the hospital, I took a flight to Takamatsu to attend a meeting there as a test at my own risk. When I arrived at Haneda Airport after 10 a.m. on September 27, the airplane used for my flight had been changed to a Boeing 787. This latest model has a somewhat shady history at Takamatsu Airport: an airplane of this model had to make an emergency landing there due to an electrical system failure soon after the model went into service. The model was out-of-service for a long time while the cause was under investigation. It was eventually brought back to service even though the cause remains unknown, thus the 787 has something of a past.

I boarded at 11:50, and there were not so many passengers that all seats of aisle 10 on the right side were unoccupied. So, I sat on the window side with my iPad mini with the permission of the flight crew. The plane took off shortly after 12 noon, and I soon fell asleep. When I woke up and casually looked out from the window to toward the ground, I saw 3 rivers running in parallel—the Kiso, Nagara, and Ibi Rivers—from a bird's-eye view, which I have not seen in a while. I turned on my iPad, but I missed my chance for good pictures because some clouds had covered the view. I reluctantly started to look above the clouds, and I noticed a strange-shaped cumulonimbus cloud. Thinking its shape interesting, I hastily took a few pictures of it.



Fig. 2 Volcanic smoke from Mt. Ontake seen on board

Afterwards, I took some more pictures, such as of my own face and a lake that was presumably Lake Biwa, and then fell into a light sleep again (Fig. 2).

That afternoon, there were a few seminars followed by meetings. The JMA President, Dr. Yoshitake Yokokura, arrived in Takamatsu after 10 p.m. He had just returned from the CMAAO General Assembly in Manila 2 days prior, and still he had flown from Fukuoka to Nagano early that morning to attend a meeting and then had flown to Takamatsu via Osaka. When he arrived in Nagano, he had heard for the first time that Mt. Ontake, which was in Nagano and Gifu Prefectures, had erupted, forcing the prefectural governor to miss the meeting in Nagano. Apparently, things were rather chaotic in the affected area.

That night from my hotel room, I sent out a group e-mail of the *Ka-cho-fu-getsu* News with the pictures that I had taken of the cumulonimbus cloud, my face, and the Takamatsu Castle ruins.

After returning to Tokyo in the late afternoon of the next day, I took another look at my iPad pictures from this trip before going to bed. As I was looking at the cumulonimbus cloud in question in my pictures, which were timestamped at 12:41, I realized that this cloud was not a cumulonimbus cloud at all, but rather the first fumes from Mt. Ontake. It was taken immediately after I saw the Kiso, Nagara, and Ibi Rivers, so the pictures were of the eruption in the south. I enlarged the screen, and I could

see what could have been a mountaintop. “This is a big scoop,” I thought.

Then, a thought occurred to me. Just as I was becoming airborne to confirm that I had made a narrow escape from death, Mt. Ontake erupted suddenly due to a gas explosion, striking hundreds of hikers who were enjoying their lunches and the landscape at the 3,000m-class summit. The media reported that this eruption was a serious event that had resulted in the most number of casualties since World War II in Japan, and that most of the casualties had been caused by people being hit directly by pieces of rocks that had burst out in the initial explosion. Although unexpectedly, those 3 pictures I had taken with my iPad mini—what I thought was a strange-looking thundercloud or cumulonimbus cloud—are in fact showing the fumes of

the gas explosion that had resulted in dozens of casualties.

Half a century ago, it would have been unthinkable for this many hikers to be climbing a 3,000m-class summit in late September. Motorization has expanded the network of roads to cover mountainous areas, making it easier for even amateurs to challenge high summits as long as the weather is good. It is very regrettable that behind the numerous casualties of this incident lies the development and dissemination of modern civilization.

Since ancient times, Mt. Ontake has been an object of worship for those who have lived in western Aichi Prefecture. I would like to end with a prayer for those hikers who unexpectedly lost their lives or were hurt for their peace or recovery.