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5 Chilling Medical Dramas That Will Give You Goosebumps

These medical nightmares will leave you speechless

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The Mystery of the Boy Who Turned Blue

The 2011 holiday season was rough for Rece Mostek. The 19-month-old from Omaha had spent much of November and December in and out of doctors' offices with coughs, colds, and fevers. His condition had worsened so much that he was hospitalized with pneumonia for four days in February 2012. Even upon his release one Thursday morning, doctors warned his parents that he was not out of the woods yet.

Just an hour after he arrived home—and under his father Jamie's watchful eye—Rece began to cough uncontrollably and turn blue. Believing that his son was choking on a piece of Play-Doh, Jamie called 911 and began CPR. An ambulance arrived a few minutes later. The first responders gave Rece oxygen and rushed him to the nearest hospital. He arrived critically ill, limp, and still blue. When intubating Rece with a breathing tube made little difference, the ER doctor knew that an obstruction was preventing air from entering his lungs. However, she noticed that his oxygen levels rose whenever she placed him on his right side, which indicated that the blockage probably wasn't in his throat. Chest X-rays revealed the problem was in Rece's lungs. His right lung was inflamed from pneumonia and was collapsing, and a foreign body—that wasn't visible on the X-ray—likely blocked the left.

The doctors had to move quickly; Rece's risk of brain damage increased each time his oxygen levels dipped too low. A transport team rushed Rece to the pediatric intensive care unit at Children's Hospital and Medical Center about 20 minutes away, where

specialists would try to surgically remove the obstruction. Once there, Rece was placed on extracorporeal membrane oxygenation (ECMO), a bypass pump that provides oxygen when a patient's lungs can no longer function. For the next 45 minutes, pediatric pulmonologist Paul Sammut, MD, and a team of surgeons tried to grasp and remove the object with a variety of tools. Dr. Sammut finally succeeded with a tool used by urologists to extract kidney stones.

Meanwhile, the Mosteks spent a frantic hour trying to comprehend the dire nature of Rece's situation. Then Dr. Sammut entered the waiting room and gave the worried parents a thumbs-up. Inside a plastic vial was the unbelievable item that had nearly taken Rece's life: a popcorn kernel that had been lodged in his left lung.

Rece's condition was the result of a perfect storm. Months earlier, he had inhaled a kernel of popcorn, which became lodged in his right lung. This led to infections and breathing problems, including pneumonia. But his excessive coughing earlier that day had thrust the kernel from the right lung and propelled it into his left lung, where it unluckily blocked his airway.

Today, Rece's breathing is strong, and there is no sign of brain damage from oxygen deprivation. A tiny scar on the side of his neck where the breathing tube was inserted is the only remnant of his life-threatening ordeal. The Mosteks are much more wary of giving him popcorn now. "Whenever I see people feeding their young kids popcorn and not paying attention, I want to warn them to be careful!" says Rece's mother, Brenda. *–Melba Newsome.*

He Took a Nail Gun to the Heart

It was supposed to be an easy roofing job, but Dennis Hennis was impatient. His son, Danny, was moving too slowly. "By the time you finish, I'll be 53," said Dennis. It was March 2012, and he had just celebrated his 52nd birthday.

Dennis grabbed the nail gun to demonstrate how to work faster. But the tool was jammed, so Dennis attempted to fix it. He forgot one important step: Unplug the device. "For some dumb reason, I turned that thing toward me, and all I heard was a thud in my chest," says Dennis, of Vineland, New Jersey. "I knew it was in my heart. I said, 'Danny, I'm going to light this cigarette. This will be my last one.' "

When the ambulance arrived, Dennis was holding the 3 ¼-inch nail in place with one hand and a cigarette in the other. His first instinct had been to pull out the nail, but he stopped himself. As a general contractor familiar with plumbing, he knew that the nail was the only thing preventing him from bleeding to death.

Unfortunately, the closest Level 1 trauma center was 34 miles away, and helicopters were grounded because of thick fog. He would have to go by ambulance. When Dennis's heart stopped en route, the medics had to make a tough call: Dennis needed cardiopulmonary resuscitation (CPR), but the chest compressions would make the nail gun injury worse and might even kill him. Without the CPR, he would definitely die. The medics started CPR as the ambulance changed course and sped toward the nearest hospital. Then, in a stroke of good luck, the fog lifted enough for a helicopter to fly.

Cardiothoracic surgeon Michael Rosenbloom, MD, was ready. But after he opened Dennis's chest, removed the nail, and sewed up the hole with a few stitches, Dennis unexpectedly went into cardiac arrest. "We tried shocking the heart with paddles, but it was clear after a couple of shocks that he wasn't going to come back readily," says Dr. Rosenbloom.

Because they were still in an operating room with a heart-lung machine, the doctors quickly used the device to circulate Dennis's blood and stabilize his heart rhythm. After about 45

minutes, “everything was back where we wanted it,” says Dr. Rosenbloom, “and we could close him up and move him to recovery.”

As he healed, Dennis mulled over just how lucky he was. His hospital room hosted a parade of family members he hadn’t seen in years—from a cousin who was a beloved childhood friend to half-siblings with whom he’d lost touch. “If I were in a casket in a funeral home, I wouldn’t have known they loved me that much,” says Dennis. “I got shot in the heart and then flooded with love.”

She Lost 540 Pints of Blood

Dustin Walker waited in the obstetrics unit at University Hospital in San Antonio on February 15, 2012. The surgeons had told him his new baby would arrive within 20 minutes. But Dustin knew his wife Gina’s surgery was expected to take several hours. Three hours turned into four. Then more. “That’s when I started to get worried,” says Dustin, 31, of Ashville, Ohio.

The joyous occasion of his daughter’s birth was coupled with the horror of a one in seven chance that Gina, 31, already a mother of two and stepmother of two, would not survive the delivery because of a life-threatening condition called placenta percreta.

In a healthy pregnancy, the placenta, the lifeline that delivers nutrients to the baby, spontaneously detaches from the uterus after delivery. With placenta percreta, the placenta attaches so deeply into the uterine wall that the body can’t naturally or safely expel it. In Gina’s case, the placenta had extended straight through the uterus and attached to her bladder and pelvic wall. The only solution was a full hysterectomy.

Finally, Gina’s ob-gyn, Jason A. Parker, MD, of the University of Texas Health Sciences Center, emerged to update Dustin. Their baby, Addison, was born quickly and was deemed healthy, although she weighed just four pounds, 14 ounces. But when Dr. Parker widened the incision to start the rest of Gina’s surgery, he was greeted with anatomy unlike any he had ever seen. In a normal pregnancy, the vessels that deliver blood to the placenta are about the width of a pencil. Gina’s were as wide as fingers and reached deep into the pelvis.

“On a scale of one to ten, one being perfectly healthy and ten being dead, how is my wife?” Dustin asked. “The surgeon basically told me that she was a nine.”

The operating room was packed with obstetrical surgeons, trauma surgeons, anesthesiologists, nurses, and a urology team. Trying to remove the uterus and placenta without damaging other organs was a Herculean task. When the placenta invades the body outside the uterus, it can behave almost like a tumor, producing new blood vessels, which raises the risk of bleeding complications. And despite all the preparation, Gina’s blood loss was epic. The average blood transfusion is three pints. A victim of a bad car accident can require as many as 100. Gina wound up needing 540.

Eight hours later, surgeons had finally stemmed the bleeding, and Dustin was allowed to see his wife. “I would not have recognized her had they not actually walked me into the room,” Dustin says. Gina was slim—five-foot-seven and 120 pounds pre-pregnancy—but because of all the blood and fluids pumped into her, the woman lying on the hospital bed no longer fit that description. “Her shoulders were as wide as the bed, and her face measured exactly 12 inches ear to ear. It was a sight you could never imagine,” Dustin says.

Two days later, Gina underwent more surgery to stop residual bleeding. Again, Dustin waited. But the doctors were smiling after the four-hour procedure. She would be OK, although there were still many unknowns. Blood loss like Gina’s can cause brain damage,

a heart attack, or a stroke. Gina's kidneys would likely be affected. Only time would tell if her bladder would regain full function.
Gina drifted in and out of consciousness for a week. Hooked up to a breathing machine, she could not speak, but occasionally she could mouth "I love you" to Dustin. She would ultimately spend a month in the hospital. Aside from stomach pain, "the most agonizing part was not being able to be with my newborn girl," Gina says. Although Dustin could bring the baby to the hospital, Gina had developed a postoperative infection and wasn't allowed to hold her.
When she returned home, Gina continued to recover. Ten months later, she needed additional surgery to reconstruct her abdominal wall and help her organs settle properly, but the only residual effect is vision loss in one eye. "This has renewed my faith," Gina says. "We asked for prayers, and those prayers were heard." Gina and Dustin recently started Hope for Accreta, a foundation to support patients with certain placenta health issues through events such as an annual blood drive.

The Dinner That Almost Killed Her

The hotel was booked, the bags were packed, and Cynthia Royal headed out with her mother, Joan, for a vacation-kickoff dinner. The women were flying to Walt Disney World that evening, right before the Fourth of July, 2004. But after one bite of chicken chow mein, Cynthia felt ill; within hours, she was feverish and vomiting. Still, she boarded the plane. There was no way Cynthia was going to let a stomach bug keep her from going on this much-anticipated vacation. But the 45-year-old spent the entire two-hour flight with her head planted on her tray table. Joan played nursemaid the next day as Cynthia was too sick to leave the hotel room.
Then, the second night, at 2 a.m., Cynthia couldn't catch her breath. It felt like an elephant was sitting on her chest. She debated what to do for two hours before she gave in to a nagging feeling that her illness was more than just a stomach bug. Cynthia went to a hospital emergency room and had a blood test that helped prove the improbable: She was having a heart attack. The cause: salmonella bacteria from her recent bout of food poisoning.
Most people associate salmonella with diarrhea and dehydration. But in extremely rare cases, the bacteria breach the intestinal wall and enter the bloodstream, where they can latch onto arterial plaque, form clots, and block blood flow to the heart. Just days after Cynthia ate the contaminated Chinese food, her heart's blood supply had been choked off. Cynthia was treated with clot-busting drugs, given a month's supply of antibiotics, and discharged the next day. Once home, she started to feel better, but fatigue made it difficult for her to juggle her job in information technology with her hobby of training horses on her Virginia farm.
Doctors eventually ordered more tests and found that the arteries leading to Cynthia's heart were badly swollen, restricting blood flow. The swelling was due to lingering inflammation from the salmonella that was exacerbated by an inherited type of high cholesterol. Cynthia needed a double bypass operation, in which blood vessels taken from other parts of the body are used to route blood around blockages.
Cynthia had a lot of time to think while recovering from surgery. When she returned to her IT job, she handed in her resignation, emptied her 401(k), and moved to San Diego, where she now trains and performs with a team of horses. "I really do believe that this whole salmonella encounter had a purpose," she says. "Today, I'm on my life's true mission."

"I Saw Forceps Sticking Out of My Leg"

Igor Zvencom/shutterstock One of the first things David Biber remembers is feeling things moving around in his knee. He felt the plastic mask on his face. He looked at his arm. A needle, attached to an IV bag, punctured his skin. He glanced at his knee, the one on which the surgeons were operating. “I saw what appeared to be surgical forceps and other things sticking out of my leg,” says David, 61, of Dana Point, California. “It was very unsettling.”

His fight-or-flight instincts took hold. He pulled off the mask and reached toward the needle in his arm to pull it out. “When I sat up and looked around, I think the doctor hit me real hard with that anesthesia,” says David. “I remember him looking like a deer in the headlights, and I said something to the effect of ‘I told you.’ ”

What David had told the doctors before this procedure in 2005 was that he tends to wake up during surgery. “Make no mistake: You’re going to have a mess on your hands if I get up and start moving around,” he’d warned.

David first realized that anesthesia had little effect on him in 1972, when he required a dozen surgeries after a near-fatal car accident. During one operation, he recalls hearing the muffled sounds of a conversation. He also says he’s been aware during a colonoscopy and cataract surgery when he was supposed to be fully sedated.

Episodes like David’s are, thankfully, rare. An estimated one of every 1,000 patients who undergoes general anesthesia experiences “intraoperative awareness.” For most, it results in only a vague memory of the procedure. But in one study of 19 patients who had some awareness during surgery, seven felt pain at the incision site or from the breathing tube.

Certain people are at higher risk, says Daniel Cole, MD, a member of the American Society of Anesthesiologists. They include those with a genetic resistance to anesthetics (redheads, for instance, thanks to an otherwise harmless genetic mutation) and those who have “acquired resistance” from regular use of alcohol, pain medication, or exposure to sedation medication from previous surgeries. While David will never know for sure why he wakes up under anesthesia, he does fit the profile: He was born with red hair (which has since turned white) and has undergone numerous surgeries.

He’s now understandably reluctant to get deep sedation. A few years ago, when he needed surgery to remove lingering scar tissue (caused by injuries sustained in the car accident) from his eyebrow, he opted for local instead of general anesthetic.