

# A MICHIGAN MIRACLE IN CHICAGO

by Peter J. Littrup (M.D. 1985)

Perhaps to the dismay of legions of devoted alumni, I actually got “Go-Blue’d out” after a short stint in the Michigan Marching Band (1978-79). But fear not, this is a story of friends, medicine, miracles and how we all come home to roost, and root.

My undergraduate days at U-M were a joy (B.S. ’80), but I came home from the 1978 Rose Bowl a beaten band-jock. It wasn’t just the defeat by USC and Charles White’s “invisible” touchdown, but also watching the band director cuff a kid for yawning at morning practice. After our Rose Bowl loss, we then watched Woody Hayes belt a Clemson player on national TV for having the audacity to intercept a pass in front of the Ohio State bench in another bowl game. Too much “rah-rah” gone awry for me. However, a saving grace in my freshman year was meeting Seth Kaplan. He was also pre-med, but more gifted in knowing how to “score the grades.” While I suffered through honors chemistry for a “B,” he coasted for the easy “A” in regular freshman chemistry.

I’ve always been pretty much a loner. Marching to the beat of a different drummer seemed to me more interesting. It also made me content to live alone in a large upper flat on Catherine Street the first year of med school. Seth thought it was strange to be living alone like that, and he needed a roommate in a house he was managing. The low rent was quite appealing. Those last three years solidified a friendship that truly turned out to be for life.

Last September I gave a couple talks in Chicago and was staying at a resort that had a lap pool. Swimming had resurfaced in my life as a great stress reducer, and I had put in a mile that Thursday and again on Friday. But Seth encouraged me to stay the remainder of the weekend at his home near Lincoln Park until I had to return home on Sunday. Before giving another talk on Saturday afternoon, I enjoyed a leisurely morning of reading in Seth’s kitchen. An article about the tragedy of John Ritter grabbed my atten-



Five weeks after surgery, Peter Littrup (left) visits Seth Kaplan in front of Kaplan’s home in Chicago.

tion. The *Chicago Tribune* emphasized the shocking effect his sudden death had upon all who knew him. Other articles described the rare, sometimes confusing symptoms of aortic dissection. Many patients didn’t make it to the hospital. Others, like Ritter, died on the operating table from complications of the massive, yet delicate surgery. Of those who survived, many experienced some form of brain and heart damage. Being a radiologist, I hadn’t thought much about this deadly condition, but I was struck by the humanity of the article and never knowing when “your time may be up.” These thoughts were soon to become the basis of some crucial decisions.

The next morning when I awoke and sat up, I was hit by a searing pain in my chest that ripped upward toward my throat from deep inside. I tried to shake it off by taking a shower. The pain lessened somewhat and I thought I should be a good jock and “walk it off.” After all, morning pains get more common after 40! But I became dizzy in the shower; I had to sit down. Something was really wrong. Somehow I got dressed, but an overwhelming weakness

forced me to the floor. I could barely move. I put my head between my knees and called for help. Seth’s son Justin was already awake, watching TV on the next level of their brownstone.

The next thing I knew, Seth was there. I asked him how long it might take for an ambulance to arrive. He said, “It might take up to 45 minutes.” “I don’t think I have 45 minutes,” I told him. Seth and his wife whisked me into their car despite me being just shy of dead weight. The original plan was to go to Northwestern Hospital, but when Seth saw my gray color in daylight he decided on the closest level 1 trauma center, Illinois Masonic. Seth is a practicing ophthalmologist, but I trusted his decision. He first had been board certified as an emergency room physician and had trained in Chicago. I didn’t recognize the hospital, so I just asked Seth to try to get the best surgeons to come in on that Sunday morning. I already had a premonition of aortic dissection.

When we arrived, Seth transformed into Super Doc. He doesn’t want to hear it, but he certainly seemed like my “hero”

at the time. He parked right at the entrance, grabbed a wheelchair and got me into it. He blew through security and triage saying, “I’m an ER doc and my friend is having a massive MI. I’m taking him right to a cardiology bay!” I wanted to tell him it felt more like a dissection, but hey, he was the guy who knew how to score the grades. He certainly got everyone primed and moving! My blood pressure hovered in the 70s and they couldn’t get an initial temperature. The cardiac surgeons appeared after an echocardiogram showed an aortic dissection, complete aortic insufficiency and pericardial fluid. Things had progressed into partial rupture, and my blood pressure was becoming unstable.

Seth told me not to worry since the lead surgeon, Donald Thomas (M.D. 1986), was also a Michigan-man just a year behind us. I didn’t know it at the time, but his partner, Alvaro Montoya, had 30 years experience and had led the cardiac transplant service at Loyola. These guys turned out to be my Dream Team. Somehow I remained conscious through the pre-op frenzy and even selected a biological over a mechanical aortic valve in a power-chat with Dr. Thomas. From having seen complications on CT, I knew I wanted to avoid the powerful anticoagulant Coumadin if possible. But time was running out.

Seth displayed character traits that I will be eternally grateful for in a physician and a friend — love and compassion. He held my hand so often during this entire ordeal that my sheer terror was kept at bay long enough to talk to my son. At first, Seth couldn’t reach my wife, Martha, but he asked if I wanted to speak with my oldest son, Gerrit, 15. When I heard Gerrit’s voice, the ugly facts of operative mortality and morbidity choked me up. I could tell him only that I was truly scared because I was going into a big operation. I regretted telling him even that, but I wanted to be honest. My thoughts were getting foggy as the sustained hypotension took its toll. I was finally able to talk to Martha but the fog was getting thicker, and all I could manage was, “I love you.” I felt like I was literally clinging to life and I focused on holding the hands of Seth and a wonderful nurse, Meredith. I even asked the surgeons to pray for me. Meredith got a hospital

chaplain to say a prayer before they wheeled me off to the operating room.

Only an hour-and-a-half had passed since the first ripping pain. I continued holding Seth’s hand down the hallway to surgery, quietly praying. I promised


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myself that it was not going to be the last conversation I would have with my son! My skin color had faded to a mottled blue-gray and my pressure was dropping. My neck veins bulged in an ominous sign of impending death from tamponade, whereby the blood could no longer enter a heart that was being squeezed like a boa constrictor by the surrounding blood in the pericardium. I told those around me that I was getting even dizzier. The last thing I heard was, “Pressure 60 and dropping. We gotta go *now!*”

After getting me on bypass, my chest was opened. A large amount of bluish blood was found around my heart, preventing it from beating effectively. Dr. Thomas later told me I didn’t have minutes left, only moments. My aorta was torn and dilated up to six centimeters while my otherwise clean coronary arteries were just hanging off this blown segment. Had it not been for the swimming, and perhaps also my more anaerobic interval training, I might not have come out of the ordeal without obvious heart damage. Curiously, the dissection stopped there and didn’t wrap around

the aortic arch, limiting the extent of the repair needed. Better yet, the blood and clot they found in and around the head vessels of the aortic arch were removed without causing stroke or significant side effects. Seth knew I was going to be all right when I focused my combativeness after surgery on wanting an alphabet board hanging on the wall in the intensive care unit. Despite being intubated and groggy, I wanted to tap out the message, “I M-A-D-E I-T!” Maybe I believed my wife and sons could hear it, too. But the best thing I ever heard a surgeon say came from Dr. Montoya the next morning. He told me that the repair that he and Thomas had done looked “gorrrrgeous!” I was going to be fine.

The rest of the story has yet to be told. I’m not sure why my life was saved that day. Time can only be my friend in solving that mystery; every day is now a precious reminder of my second chance. All I know is that it took a miracle to avert a catastrophe. When I analyze it, a catastrophe and a miracle seem to be diametric opposites on a probability scale. Both are rare, unforeseen events. The odds for everything going right that day seem incalculable, inexplicable and divine. I’m grateful that I can write these words of thanks to all the wonderful people involved every step of the way. I am particularly grateful for long-time friends, as well as new ones that I have yet to make. I treasure the power of a parent’s love, allowing us to fight against all odds just to “be there.” What seems certain is a new calling to watch over my sons, like someone did for me. In the follow-up aftermath, Gerrit was diagnosed with mild hypertension and a dilated aortic root. My Michigan cardiologist, Kim Eagle, perhaps gave me the most profound insight: “If you’re wondering why you made it through this incredible event, perhaps it’s so you have the chance to be your son’s guardian angel...”

Finally, I can’t escape the fact that I now have renewed pride in being “a Michigan man,” even though I never want any more *blue* blood squeezing my heart. So, hail to the victors ... hail to my conquering heroes! Go Blue! 

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