

- acupuncture in patients with chronic pain. *J Altern Complement Med* 1997;3 Suppl:475–535.
53. Hui KK, Liu J, Makris N, et al. Acupuncture modulates the limbic system and subcortical gray structures of the human brain: evidence from fMRI studies in normal subjects. *Hum Brain Mapp* 2000;9:13–25.
54. Hsieh JC, Tu CH, Chen FP, et al. Activation of the hypothalamus characterizes the acupuncture stimulation at the analgesic point in human: a positron emission tomography study. *Neurosci Lett* 2001;307:105–8.
55. Kong J, Ma L, Gollub RL, et al. A pilot study of functional magnetic resonance imaging of the brain during manual and electroacupuncture stimulation of acupuncture point (LI-4 Hegu) in normal subjects reveals differential brain activation between methods. *J Altern Complement Med* 2002;8:411–9.
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## Code Blue Stories

# Waiting for an Inevitable Code Blue

In the Medical Ward

**A** 58-year-old man was admitted to the male medical ward of a general hospital in Saudi Arabia with anemia. He had hepatosplenomegaly but no lymphadenopathy. His hemoglobin level was only 5.6 g/dL. We started diagnostic evaluations, but that same afternoon the patient's son came to the hospital during visiting hours with a medical report from a tertiary care medical center in Riyadh. The patient had been admitted and evaluated there previously and had been diagnosed with myelodysplastic syndrome. We were relieved that the patient would be spared the difficult diagnostic tests that would have followed, including a bone marrow biopsy, but sad to learn that he had a disease with such a poor prognosis.

Unfortunately, his blood group was B Rh-negative, a blood group uncommon in the general population. We had 6 pints of B Rh-negative blood in the blood bank, and we started transfusing him over a period of a few days. Two of the patient's relatives were confirmed to be matches, and both agreed to donate blood to the patient.

Three weeks from the day of admission, the blood supply was running low, and we contacted two other hospitals in the region to no avail. Two more weeks passed and the situation was looking dire—blood

seemed to evaporate from his body. As a last-ditch effort, we transfused O Rh-negative blood. After a total of 32 transfusions, we realized our efforts were futile.

He had been on hematinics for weeks now, and the patient's health gradually was worsening. He became breathless, and we expected the worst. He was moved to the intensive care unit.

Upon being transferred, the patient pulled the oxygen mask aside and asked, "When am I going to die, doctor?" He had appreciated our efforts during his stay and knew that blood was the only medical option that could save him from death. The hospitals we had contacted still had no B Rh-negative blood nor did we. Other than providing him with oxygen and attending to his physical comfort, the only solace we could give him was to suggest that he recite verses from the Holy Koran.

After several weeks of waiting for the inevitable, the patient finally went into cardiac arrest. We started cardiopulmonary resuscitation but aborted efforts within a few minutes. It had been a painful wait for us and for the patient.

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