

Neurology Outpatient Clinic

ISHCHUK ANASTASIIA

Patient No. 3568619

16.7.14

Summary of a visit- translation

This is a 16 years old female from Ukraine.

Background – a known brain hemorrhage 7 years ago on background of a bleeding aneurysm, she arrived for additional opinion regarding further treatment.

Family:

An only child, to exclude this episode, healthy.

Normal pregnancy and delivery on time, normal development.

Right hand dominant.

Mother – 40 years , father 40 years, healthy.

With no blood relations.

The grandmother on her mother's side – hypertension for many years.

There are no known brain episodes or cardiac episode at young age.

There are no kidney disease in the family.

At the age of 7 she complained of left paresthesia with lack of sensation thereafter. She was vague with slow speech and facialis. There were no complaints of head or neck trauma.

MRI demonstrated aneurysm. She was operated for closure of aneurysm in the 6th day of hospitalization.

There was improvement of her left hemiparesis. She was treated in a Rehabilitation framework for a short while (two rounds of two weeks). Her weakness is now mainly distal. She is not using her left hand. She is not using her hand even as support.

She is limping and is occasionally falling. There is no difficulty in stairs. There is a distal weakness of leg. She is not using a splint.

It appears as a static condition. She is currently treated by Chinese Medicine and massage. She has not done Butox injections.

Epilepsy:

Her attacks have started 2.5 years ago.

Staring , eye rolling that last half a minute. Sometimes falling with post-ictal period, most of the episodes are in the morning. It occurs about every half a year.

She started medications one year ago with Topamax 50 mg x2 with no episodes in the recent year. She describes episodes of currents in the body for a fraction of a second all over her body, with no leaps of her extremities.

Education: a good pupil at the 10th class, she is good in math. There is no linguistic difficulty.

They referred to Prof. Constantini to assist in rehabilitation and to find out regarding treatment for epilepsy.

Eyes: (Prof. Kessler) – there are no complaints of vision.

Visual fields- few non-specific defects, appears normal .

Visual acuity – right 6/7.5 , left 6/6. normal color vision. Complete eye movements, equal reacting pupils, left facialis. Right fundus – color and limits are normal.

Concavity 0.5, preserved rim. Left eye – color and limits are normal. Concavity 0.4, sectorial temporal temporal, normal macular reflex. Summary – no edema of discs.

There is no evidence of optic neuropathy.

MRI 2.7.14 –

s/p right craniotomy.

Wide encephalomalacic changes with compensatory dilatation of the ventricle.

MRA – there is no evidence of pathological cluster of vessels that is suspicious as A-V malformation..

A normal signal flow of Willis Circle arteries with no evidence of clear aneurysms.

In TRICKS sequence there is an enhancement over the basilar artery in the central part, which is not demonstrated in TOF. A possible venous artifact only.

A wide malacia area is demonstrated in a right frontal-parietal location, white and grey matter , perhaps due to the past parenchymatic hemorrhage, with a slight compensatory widening of the right lateral ventricle.

Summary:

In that examination, no clear arterial malformations are demonstrated, nor clear aneurysms.

Enhancement over the basilar artery in TRICKS sequence, as detailed.

A clinical correlation and to past examinations , if available, is required.

On examination- alert, viable.

Cranial nerves – normal eye balls movement, left central facialis.

Spastic left hemiparesis

Increased tone of the left side of the body .

Alert reflexes in the left side with pyramidal signs, with positive clonus and Babinski.
A normal muscle strength in the right side, a weakness, mainly distal in the left side.
Ranges – limitation of active ranges in the left upper and lower extremities.
Passive – a slight limitation in extension of elbow , upper extremities, limitation in supination and opening of left hands fingers.
Lower extremities – limitation of Achilles. In flexion - 5 degrees, in extension – 10.
Gait – hemiparetic pattern with flexion and supination of the left hand.
Left leg varus in walking with tremor of the leg. A pattern of gait equines.

Summary:

This is a 16 years , s.p brain hemorrhage due to bleeding aneurysm at the age of 7 years. Since then left hemiparesis with residual left facialis.

An updated MRI – wide encephalomalacic changes in the right hemisphere.

MRA – with no evidence of additional aneurysms.

Convulsive disorder , controlled under Topamax 100 mg /d (2.5 mg/kg),

She arrived for consultation regarding further treatment.

On examination – signs of left spastic hemiparesis with significant limitation of ranges in the upper and lower extremity. Specifically distal weakness.

There is a room for experiment of local treatment with Butox with physiotherapy.
She will be referred to Orthopedic clinic in a question of adaptation of splints.

As to medications – continue medications for at least 2 years since attacks have started. If there are no more attacks, she will perform EEG 2 years after start of treatment and will arrive for Neurology review for a question of further treatment .

Recommendations:

- Make appointment for Butox Clinic – Dr. Liora Sagie.
- Make appointment for Orthopedic clinic – Dr. Hayek, as to adaptation of splints.
- Physiotherapy after the injection as a preserving treatment.
- Continue Topamax with no change.
- EEG 2 years since start of treatment. Arrive for Neurological review for decision of further treatment.

Presented to Dr. Rotstein.

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