



INTERNATIONAL NEUROSCIENCE INSTITUTE

President: Prof. Dr. med. Dr. h. c. mult. M. Samii

Neurosurgery

Phone: +49 511 270 92 - 7 00
Fax: +49 511 270 92 - 7 06
Internet: www.ini-hannover.de

INI Hannover • Rudolf-Pichtmoyr-Str. 4 • 30625 Hannover

Mr.
Dan-Andrei Santimbraenu
BDUL Uneii, No 7, BL 1 C, Sc 1
Bucharest

Romania

Hannover, 15.04.2008/el

Santimbraenu, Dan-Andrei

d.o.b.: 18.11.1979

Dear Mr. Santimbraenu,

we report on the medical treatment you received at the INI from **25.02.2008** through **28.03.2008**.

Diagnosis:

- Huge vestibular-schwannoma of the right CPA (T4b; Ø > 5cm);
- Pulmonary embolism with signs of a right cardiac overload and pleuropneumonia (around 15./16.03.2008), probably stemming from deep venous thrombosis in Vena femoralis of the left side

Therapy:

- Total removal of the tumour with preservation of the anatomical and functional integrity of the facial-nerve;
- Placement of an external ventricular drainage on the right side (26.02.2008).

History of the present illness:

- On admission, you reported about headache, nausea and disequilibrium that began approximately two years ago. Additionally, you experienced progressive hearing-loss and tinnitus on the right side. Double-vision, particularly upon looking to the right side, and paresis of the right-sided Nervus facialis, primarily affecting the mandibular branch were further symptoms. Retroflexion of the neck used to cause vertigo. The diagnostic work-up including neuroradiological investigations performed in December 2007, showed a lesion in the right CPA suggestive of a vestibular-schwannoma.

Neurological status on admission:

- Awake, alert and oriented to all qualities; **RIGHT SIDE:** beginning paresis of Nervus abducens; paresis of the Nervus facialis (primarily of the mandibular branch); hypacusis; regular gait and coordination; deviation to the right side in Unterberger's step test; no disturbance of muscle strength and sensation; reflexes normal and symmetrical; no pyramidal signs.

Neuroradiological findings on examinations:

- Inhomogeneous huge space-occupying lesion of the right CPA with compression of the brain-stem and the right cerebellar hemi-

sphere; occlusion of the fourth ventricle and consecutive widening of the supratentorial ventricular system.

Ophthalmological consultation:

Audiometry:

Surgery on 26.02.2008:

Postoperative course and neurological status on discharge:


Medication on discharge:

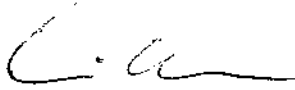
Recommendations:

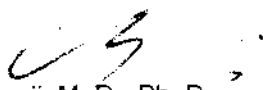
- Beginning external ophthalmoplegia, and bilateral papillary oedema.
- RIGHT SIDE: around 60 dB hearing loss in high-frequency range.
- Complete removal of the tumour through a right suboccipital lateral osteoclastic trepanation; interposition of subcutaneous fat into the IAC and mastoid cells; bone reconstruction with Palacos.
- Due to beginning hydrocephalus, placement of an external ventricular drain on the right side.
- The postoperative course was initially uneventful. After removal of the external ventricular drain, you were transferred to our general ward on 04.03.2008;
- Primary wound healing, with removal of the sutures before discharge;
- With the suspicion of pulmonary embolism and pleuropneumonia on the left side, you were transferred to our intensive care unit on 16.03.2008. This subsequently confirmed by a CT of the chest. With improvement of your symptoms and signs of resorption of a deep vein thrombosis in the Vena femoralis of the left side, documented by Doppler sonography, you were transferred back to our general ward on 26.03.2008;
- Neurological examination shows peripheral facial paresis of the right side with distinct signs of improvement compared to the initial finding after surgery. Anacusis on the right side.
- Clexane 40mg (Enoxaparin) | • 1x/d s. c.
(approx. 6 months)
- Vidisic eye gel (right eye) | • several times/d
- Bepanthen eye ointment (right eye) | • during night
- Please perform an MRI (+/- contrast enhancement) in approximately six months and send us the images for evaluation;
- Prof. Schedel (internal medicine) recommends continuation of the medication with Clexane 40 mg s. c. 1x/per day for approximately six months; Anti-Xa-level should be checked every four weeks, blood sample to be drawn 4 hours after administration of Clexane.
- Prof. von Leitner (cardiology) recommends Doppler sonography of the deep veins in one week as a follow-up control;
- Further, we recommend a CT of the chest as a follow-up control in approximately three months;.
- In case of persistence of the tachycardia, please consult a cardiologist (ECG, heart sonography, etc.).
- Continuation of physiotherapy

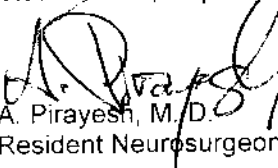
In case of further questions please do not hesitate to contact us under one of the a.m. numbers.

Yours sincerely,


R. Fahlbusch, M. D., Ph. D.
Neurosurgeon


W. Lüdemann, M. D.
Associate Neurosurgeon


A. Samii, M. D., Ph. D.
Vice Director, Department of Neurosurgery


A. Pirayesh, M. D.
Resident Neurosurgeon