INTERNATIONAL NEUROSCIENCE INSTITUTE
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Neurosurgery

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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 diangnostic work-up including neuroradiological inveistigations 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:

- Beginning external ophthalmoplegia, and bilateral papillary oedema.

Audiometry:

- RIGHT SIDE: around 60 dB hearing loss in high-frequency range.

Surgery on 26.02.2008:

- 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.

Postoperative course and neurological status on discharge:

- 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.

Medication on discharge:

• 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

Recommendations:

- 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 tachycardy, 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,

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