UniversitätsSpital Zürich **Neurochirurgische Klinik**

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To whom it may concern

Prof. Dr. med. H. Bertalanffy
Klinikdirektor

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Zürich, 30.11.2009 NK/Ls

Burdea Steluta Maria, geb. 28.02.1979
Posada bl. A7, Floor AP 19, 000000 Curtea De Arges, Tel. 0060 745 620 679

Sehr geehrte Frau Kollegin, sehr geehrter Herr Kollege

The above mentioned patient was treated in the Department of Neurosurgery of the University Hospital Zürich from November 18th till December 1st 2009

Diagnosen:

Cavernous Angioma of the right cerebellar hemisphere

Intermittent othostatic Hypotonia
St. n. Appendectomie '88
St. n. Tonsillectomie '88

Surgery / Therapy:

19.11.2009: Resection of the cavernoma through a midline occipito-suboccipital approach (Prof. Bertalanffy)

Anamnese und jetziges Leiden:

Mrs. Burdea reported sudden anaesthesia of the right tongue, face, arm and leg and paresis of the right leg on september, 27th 2009. These symptoms were accompanied by dizziness and intense vomiting. In the time before the event the patient's husband noticed short episodes of dysgraphia. In an emergency hospital performed MRI- and CT-Scans documented a hemorrhagic cavernoma of the right cerebellar hemisphere. As there were no capacities in Romania for a surgical treatment, Mr. Burdea organized the admission in our department. In the meantime the patient had episodes of vomiting, cephalgia and distinct fatigue.
A CT-Scan performed in 2003 did not not show any pathologies.

Exams:

MRI of the whole brain (18.11.09)
Progressive bleeding in a known cavernoma of the right cerebellum.
Associated DVA right cerebellar.
2 small cavernomas right cerebellar.

Course of hospital stay:

The intervention was performed on 19th of november without any periinterventional complications. A small hemorhage into the resection cavity was most probably caused by a dilution coagulopathy. As a preventive measure the patient was kept on our ICU for four days following surgery. During that time physiotherapy was commenced, feeding was administred through a nasogastric tube. The patient was transfered to normal ward. On one occasion during early mobilisation the patient collapsed. An EEG did not show any epileptic activity. Other than that she improved very quickly. The numbness of the right hand for instance has already gotten better. On the day of discharge the patient was able two walk, a little unsecurely and with small steps, but without any need for support.

A left-sided hypacusis that has been described by the patient postoperativly was diagnosed as a catarrh of the mid-ear. Symptomatic therapy with Otrivin was initiated.

Procedure:

1. We removed the skin suture by resolved wound conditions.

2. We recommend the next check up in our outpatient clinic by Prof. med. H. Bertalanffy, department of neurosurgery, in two months with a follow up MRI. It's also possible that you send us a follow up MRI study to our depeartment of neurosurgery.

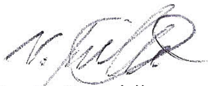
3. Continue physiotherapy.

4. If there are any problems or questions don't hesitate to contact our department of neurosurgery at university hospital of Zurich.

Current medication:

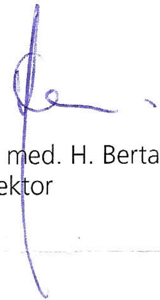
Otriven Pipet Nasentropfen 0.1% Monodos 0.3 ml / Xylometazolin 1mg/ml: 1 - 1 - 1 - 0 Stk nasal
Dafalgan (Filmtabl 1 g) / Paracetamol 1000mg: 1. Pain-reserve: max. 1 Stk max. 4x/24h, min. Intervall 6h p.o.

Yours sincerely



sig. Dr. N. Koechlin
Assistenzarzt

vis. med. pract. B. Actor
Oberarzt



vis. Prof. Dr. med. H. Bertalanffy
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