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Robert-Koch-Str. 1
79106 Freiburg

Zentrum für Kinder- und Jugendmedizin

Klinik II: Neuropädiatrie und Muskelerkrankungen
Ärztlicher Direktor: Prof. Dr. med. Rudolf Korinthenberg

Station Escherich

N: IMS

S2543622
Haya Al Yasin geb. 09.06.2003,
Robert-Koch-Str. 1, 79106 Freiburg

Dear colleagues,

we report about an outpatient visit on January 5th 2008.

Diagnose: Total extirpation of a pilocytic astrocytoma WHO °I of the right cerebellar hemisphere in autumn 2005. Continuing complete remission of the tumor. Residual syndrome after severe obstructive hydrocephalus with life-threatening increased ICP. Postoperative malresorptive hydrocephalus, insertion of a ventriculo-peritoneal Shunt (January 2006) Residual ventriculomegaly despite proven normal shunt function.

aktual: MRI-control and counselling of the family with newly manifested epilepsy

Anamnesis: For the longer history see our earlier reports. On 12.1.08 Haya for the first time suffered two tonic-clonic seizures. The first was of 30 minutes, the second of 5 minutes duration. Antiepileptic treatment was started with iv phenytoin and then changed to Tegretol. On 20.1. during an EEG examination a third seizure occurred. The morning dosage of Tegretol had been postponed. Despite a Tegretol level in the therapeutic range on 25.1. a fourth seizure occurred during a febrile illness with high body temperature. We had already the opportunity to counsel the family via e-mail. They now came to Freiburg for a repeat MRI and in-depth counselling.

Ad Neurology: Haya is reported not to be able to stand and run, but she sits unsupported with good head control. She grasps things and is able to feed herself. She moves her lips and tongue as if wanting to speak, but is not able to speak. She is starting to walk at the hand of her mother. Clinical signs of increased ICP are not reported.

Actual medication: Tegretol liquid 2 x160 mg (= 2x8 ml)

Ober- und Fachärzte:

Prof. Dr. Heymut Omran
Tel: 270-4315

PD Dr. Volker Mall
Tel: 270-4420

Dr. Dipl.-Psych. Uta Tacke
Leiterin des SPZ
Tel: 270-4347

Dr. Janbernd Kirschner
Leiter des Myologischen Labors
Tel: 270-4498

Sprechstunden und Terminvereinbarung:

Tel: 270-4352 (8-9, 12-14 Uhr)
Fax: 270-4350, für

Privatsprechstunde Prof. Korinthenberg
Termin: Di+Do Nachmittag

Kinderneurologie, allgemein
Termin: Mo-Fr Vormittag

Epilepsie
Termin: Mo-Fr Vormittag

Entwicklungsneurologie
Termin: Mo-Fr ganztags

Tel: 270-4347 (8.30-16.30 Uhr)
Fax: 270-4509, für

SPZ: Psychologie, Heilpädagogik,
Logopädie, Krankengymnastik,
Sozialberatung

Tel. 270 4497 (8 - 16 Uhr)

Zerebralparese und
Bewegungsstörungen
Termin: Mi Vormittag

Spina bifida
Termin: Mi Nachmittag

Tel: 270-4315 (8.30-16.30 Uhr)
Fax: 270-4475, für

Muskelerkrankungen
Termin: Mo Vormittag

Tel: 270-4442 (8.30-16.30 Uhr), für

Frühgeborenen-Nachsorge
Termin: Mo+Do Nachmittag

Lab values: Natrium 142 mmol/l; Kalium 4,7 mmol/l; Calcium 2,4 mmol/l; Creatinin 0,49 mg/dl; Leukozyten 6,7 G/l; Thrombozyten 586 G/l; Erythrozyten 4,55 T/l; Haemoglobin 11,4 g/dl; Hämatokrit 33 %; MCV 73 fl; MCH 25 pg; MCHC 34 g/dl

MRI of the brain: Unchanged to findings from 2006 and 2007 distinctly dilated ventricles since insertion of the shunt in January 2006. The ventricles are not ballooned but show an irregular shape. The external CSF spaces are of physiological width. No disturbances of diffusion, no abnormal contrast uptake. No indication of a residual or relapsing tumor. No direct or indirect signs of increased ICP.

Epicrisis: The MRI shows dilated ventricles, identical with earlier findings from summer 2006 and 2007. In August 2006 we had checked the shunt function and found normal pressure of 3 cm H₂O. Due to the identical MRI and the lack of clinical signs of ICP we also now feel sure that the shunt function is normal.

We have no doubt that the epilepsy is due to the residual brain damage induced by the critically increased ICP before the operation of the tumor. Because Tegretol liquid due to its short half-life time shows distinct variation of the blood level during the day, we changed the medication to a retarded Tegretol formulation. If the child will have further seizures despite adequate dosing, we recommend to change the medication to valpoate, topiramate or lamotrigin.

Further medication: Timonil retard 2 x 150 mg
Diazepam 10 mg rectal solution in seizures longer than 3 minutes

With best regards,

Prof. Dr. med. R. Korinthenberg
Ärztlicher Direktor