KENNEDY KRIEGER INSTITUTE
NEUROLOGY CLINIC
Initial Evaluation

KKI#: 12-19-03
Name: Al yasin, Haya
DOB: 06/09/2003
Appt Date: 07/15/2008
Age: 5 yrs 1 mos JHH#: 8-433-61-49

HISTORY OF PRESENT ILLNESS

This is a neurology evaluation in the outpatient clinic for this child who came in with her family from Kuwait for an inpatient/outpatient evaluation and therapy session for developmental problems after resection of an astrocytoma in Germany in September 2005. The child had a ventriculoperitoneal shunt in February of 2006, and subsequently earlier this year in 2008 has had the onset of generalized tonic-clonic seizures. Haya was a healthy child the first year, and at 12 months developed progressive loss of motor skills, which led to the diagnosis of a right-sided cerebellar mass, which was said to be a grade I pilocytic astrocytoma. After surgery for the tumor in Germany, she was unable to walk, verbalize, and displayed little social interaction. She was hospitalized for 2 days here at Kennedy Krieger, and then was moved to outpatient for therapies and followup evaluation.

Her past medical history indicates the surgery for astrocytoma and VP shunt. She has seizure disorder. She had an adenoidectomy in May of 2005, and her developmental delay. There are no known drug allergies. Her immunizations are up-to-date.

Since discharge from the hospital, Haya has been staying in a hotel in Annapolis with her family and had one short seizure yesterday. In the hospital, her Tegretol level was 5.8, and today on a dose of 300 mg twice a day, her level was 8.9 at about 1:15 this afternoon; however, this was not a trough level as she had received her dose of Tegretol at about 7 o'clock. The blood chemistries and CBC were normal. While she was an inpatient, she had a white count of 6000, hemoglobin 11.7, and a hematocrit of 35. Her sodium was 139. Electrolytes and liver function tests were normal.

She had audiology testing on July 10, which was normal. She had an EEG done in the hospital, and this showed some epileptiform activity present in the temporal head leads on the left with some medium-high voltage activity, and she had slowing, which was more severe temporofrontally on the right. Based on this, we decided to go ahead with an MRI scan with and without contrast at Johns Hopkins Hospital on July 7, 2008.

PHYSICAL EXAMINATION

GENERAL: On the visit today, Haya was resting comfortably in her stroller. She was a bit sleepy, but was friendly, was not upset or crying. Her general physical examination was unremarkable except that she appears to have a large head circumference at 56.5 cm, which is greater than the 98th percentile.

VITAL SIGNS: Her temperature was 36.3, pulse 103, respiratory rate 30, blood pressure 93/57.

NEUROLOGIC: She was generally hypotonic in all extremities. She was able to lift her arms and legs. On cranial nerve testing, pupils were equal, round, and reactive to light. I could not see her fundi. She has had her eyes examined recently. She seems to have good visual acuity. She has full extraocular movements. The rest of her cranial nerves appear to be normal. She has no trouble with eating or swallowing. Reflexes are generally hypotonic. Toes are downgoing. I did see her walk while she was in the hospital, and she was able to walk with a somewhat wide-based gait, and she was somewhat hypotonic throughout the trunk. Sensation appears to be intact. The reflexes were symmetrical and 2+ in all extremities.

IMPRESSION

In summary, Haya is a 5-year-old little girl being evaluated here for seizures and developmental delay who had pilocytic astrocytoma removed at around 1 year of age, and a VP shunt inserted later. She is now having seizures, although one occurred last week on the increased dose of Tegretol. Dr. Thierry Huisman in neuroradiology read the MRI as showing evidence of prior resection of a right cerebellar astrocytome with no signs of residual or recurrent tumor with mild to moderate ventriculomegaly with the shunt in the correct position. Dr. Edward Ahn in neurosurgery at Johns Hopkins also reviewed the scan and agreeed with the reading. The MRI shows no reason for concern at this time. She is also getting therapies and getting evaluation by neuropsychiatry, as well as behavior psychiatry, and the

family was quite happy with the therapeutic program.

DIAGNOSES

1. History of removal of right cerebellar astrocytoma with no signs of recurrence on MRI
2. History of ventriculoperitoneal shunt in correct position on MRI
3. Epilepsy with left-sided focal spikes.
4. Developmental delay, secondary to her tumor, hydrocephalus, and surgery.

PLAN

The family did not want to increase the dose of Tegretol today, and she does have some room to go up on the dose. If she needs another medication, I did suggest that maybe we might switch to Trileptal or Keppra if higher doses of Tegretol are not effective.

Michael Johnston, MD
Professor of Neurology and Pediatrics

Electronically Signed by Michael Johnston, M.D. on 07/22/2008 03:32:08 PM