

Prof. Dr. Md. Raziul Haque
MBBS (DMC), FCPS (S), MS (Neurosurgery)
Fellowship in Neurosurgery (Sweden)
Professor, Neurosurgery Department
Dhaka Medical College Hospital



অধ্যাপক ডাঃ মোঃ রাজিউল হক
এমবিবিএস (ডিএমসি), এফসিপিএস (এস), এমএস (নিউরোসার্জারী)
ফেলোশীপ ইন নিউরোসার্জারী (সুইডেন)
অধ্যাপক, নিউরোসার্জারী বিভাগ
ঢাকা মেডিকেল কলেজ হাসপাতাল

Name: *Shohi Kul Islam* (36 yr)

Date: 03 AUG 2020

ck
left sided weakness - 2 1/2 hr.

RT SMA - ? Pitocrypte estrocytoma

Adv
S. creatin, blood grouping.

CXR

Nasopharyngeal swabs for Covid-19

12/08/2020

Adv
Hospitalization
Haque

01 SEP 2020

Haque
[Signature]

BANGLADESH SPECIALIZED HOSPITAL LTD.

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রোগী দেখার সময় : সন্ধ্যা ৭টা - রাত ৯টা পর্যন্ত (বৃহস্পতি ও শুক্রবার বন্ধ)

01 NOV 2020

Preop - left hemispherectomy.

Complete resection of perianchor

- Giant starburst astrocytoma - GII

Tues Neuroset 600mg

1700h - 5mg

Follow up MRI

→ no residual tumour

Ref to Prof A. Zeman Chodura
FAPS (Rindco)

04 MAR 2024

No anti epileptic drugs for 2 yrs

Seizure - 2 times.

04 MAR 2024

Tues Neuroset 600mg

1700h - 5mg

MON → Recurrence

FLARE -



DISCHARGE SUMMARY



HN	: H12008099815	Admission ID	: A2009017195
Patient Name	: MD. SHOFIKUL ISLAM	Admission Date	: 02 Sep 2020
Age/Gender	: 36Y 1M 2D/Male	Bed Number	: POST OT-BED 2
Phone	: 01712351044	Department	: Neuro Surgery
Address	: BILMOHISHARCHOR, SHATHIA, PABNA	Discharge Type	: Discharge With Approval
Primary Consultant	: Prof. Dr. Md. Raziul Haque	Discharge Date	: 05 Sep 2020

Name of Anesthetist: Dr. Arif.

Anesthesia: G/A.

Name of Surgeon: Prof. Dr. Md. Raziul Haque.

Assistant: Dr. Patoary M Faruque.

Approach: Right precentral transcortical.

Position: Supine with mild neck flexion, thorax elevated 20 and knees flex slightly.

Incision: About 12 cm linear skin incision in the parietal region 4 cm behind the coronal suture; 2/3 in right parietal and 1/3 in the left parietal region.

Finding: Right precentral gyrus was swollen, most part of the tumor was cystic; solid part of the tumor was grayish white discolor deep cortical anterior and medial region; the tumor was not much vascular and no necrosis of the venous system was seen. Anterior part of the brain was edematous and swollen.

Procedure: Then the patient was supine positioned above mentioned with well padding all pressured prone areas and covered the body to control hypothermia. The head was fixed in Mayfield head fixator. Skin and subcutaneous tissue was incised above mentioned and retracted skin retracted bilaterally. Two burr-holes were made over 1 cm the lateral part sagittal suture 1 cm behind the coronal suture, and then about 5 x 4 cm sized parietal craniotomy was performed. Bone flap was preserved. Dura was an incised U-shaped pattern with base toward the superior sagittal sinus. Then fronto-medial bulging of the brain was seen, over the site the whole normal brain was inspected and separated from arachnoids plan with transposition of draining veins. After making a small corticotomy anterior- medially tumor was identified by grayish white discolor and laterally cystic fluid was light yellowish; explored and tumor mass was removed at that time. Whole operation field was washed and irrigated with normal saline. Hemostasis was secured. Dura was closed in watertight with fascia dural reconstruction; nBC surgical and gel foam. Bone flap was re-position and trans-fixed with mini-plate screws done. All layers are closed accordingly without keeping any drain. About 40-50 ml of blood was lost in the whole of the procedure.

TREATMENT ON DISCHARGE

R_x

1. Cefaclav 500 Mg Tab (Cefuroxime Axetil 500 Mg+Clavulanic Acid 125 Mg Tab) X
14 1+0+1 After Meal - Oral - [7 Days] ✓
2. D-Toin 100 Mg Tab (Phenytoin Usp 100 Mg) ✓
20+ 1+1+1 After Meal - Oral - [Continue]
3. racet 500 Mg Tab (Levetiracetam 500 Mg) ✓
14+ 1+0+1 After Meal - Oral - [Continue]
4. Rolac 10 Mg Tab (Ketorolac 10 Mg Tab)
10+ 1+0+1 After Meal - Oral - [5 Days] ✓
5. Napa Extend 665 Mg Tab (Paracetamol 665 Mg Tab)
20+ 1+1+1 After Meal - Oral - [7 Days] X
6. Pantonix 20 Mg Tab (Pantoprazole 20 Mg)
14+ 1+0+1 Before Meal - Oral - [10 Days] X
7. Motigut 10 Mg Tab (Domperidone 10 Mg Tab) X
20+

✓ Sep: clindacin (300mg)
1+0+1 - 5 day

✓ Rp: Retinol forte (50000)
3+0+0 - 3 day

✓ TB: Xinc-B
1+0+1 - 15 day

Handwritten signature
15/09/20



DISCHARGE SUMMARY



HN	: H12008099815	Admission ID	: A2009017195
Patient Name	: MD. SHOFIKUL ISLAM	Admission Date	: 02 Sep 2020
Age/Gender	: 36Y 1M 2D/Male	Bed Number	: POST OT-BED 2
Phone	: 01712351044	Department	: Neuro Surgery
Address	: BILMOHISHARCHOR, SHATHIA, PABNA	Discharge Type	: Discharge With Approval
Primary Consultant	: Prof. Dr. Md. Raziul Haque	Discharge Date	: 05 Sep 2020

TREATMENT ON DISCHARGE

1+1+1 Before Meal - Oral - [5 Day(s)] X

8. **Gastalfet 500 Mg Tab** (Sucralfate 500 Mg)

1+0+1 After Meal - Oral - [5 Day(s)] X

9. **Deltasone 10 Mg Tab** (Prednisolone 10 Mg Tab)

2+2+2 - Oral - [5 Day(s)]

ADVICE 2+0+2 - Next 5 days, then 1+0+1 - 3 days ; then 1+0+0 2 days

- . Diet: Normal.
- . Take the prescribed medications regularly.
- . Stitch off & dressing on 14.09.2020.
- . Follow up after 1 month with Prof. Dr. Md. Raziul Haque sir with prior appoint with all investigation reports.
- . Contact with BSHL emergency if any problem arises.


Prepared By(Electronic Signature)

DR. MAYESHA TAHSIN

MBBS

ID. No.	: 200703729	Reporting date/time	: 21-07-2020 17:28:46
Patient's Name	: MD. SHOFIKUL ISLAM	Exam date/time	: 21-07-2020
Age/Sex	: 35Y/ M	Part Scanned	:
Refd. by	: DR. A.F.M AL-MASUM KHAN, MBBS, BCS (HELATH), MD (NEUROLOGY)		

MRI OF BRAIN WITH CONTRAST

Imaging Protocol:

T1 axial & sagittal, T2 axial & coronal, FLAIR axial and DW axial.

Findings:

Large Cystic lesion with eccentric solid part, hypo intense in T1W, & hyper intense in T2W is noted in right parietal region. The lesion measures about 5.0 x4.0 cm and shows mass effect and mild midline shifting Enhancement of solid part is evident after I/V contrast.

No dilatation of ventricle is noted.

Pituitary gland, brain stem, cerebellum and CP angles are normal.

Mild mucosal thickening is seen in ethmoid and frontal sinuses.

Impression:

Suggestive of low grade glioma in right parietal lobe- Most likely astrocytoma.

Reported By (Electronic Signature)



PROF.(DR). MOHD. ABU TAHER
MBBS, M.Phil, MD (Radiology),
Head and Sr.Consultant
Dept. of Radiology & Imaging,
Ibrahim Medical College & BIRDEM Hospital, Dhaka
BMDC Reg No-A-21427

ID. No.	240300120	Age	39Y	Sex	M
Patient Name	MD. SHOFIKUL ISLAM				
Order Time	24/01/03	Report Time	24/01/03		
Referred by	DR.ARIFUL HAQUE MBBS (DMC)MD(ONCOLOGY),BCS(HEATH),CANCER SPECIALIST.				

MRI of Brain with contrast

Protocol: Pre & post contrast: Sagittal, Coronal, Axial, T1, T2, FLAIR, GRE & DWI.

Findings:

- Evidence of surgical intervention noted at right fronto-parietal bones.
- Altered signal intensity area measuring about 18x13 mm is noted at parasagittal location of right frontal lobe involving cortical-subcortical region adjacent to operation site. The lesion appears iso to hypointense on TIWI, hyperintense on T2-FLAIR, having no restriction of diffusion on DWI & no blooming on GRE images. After I/V contrast enhancement is seen.
- Encephalomalacia with gliotic changes are noted at right frontal lobe involving cortical-subcortical-deep white matter locations resulting ex-vacuo dilatation of right lateral ventricle & adjacent extra ventricular CSF spaces. The lesion appears hypointense on TIWI, hyperintense on T2WI and mixed signal intensity on FLAIR images, no restriction of diffusion on DWI & no blooming on GRE are noted.
- Few T2-FLAIR hyperintense areas are seen in subcortical- deep white matter –periventricular regions of both frontal lobes which show iso to hypointensity on T1, no diffusion restriction on DWI & no blooming on GRE.
- No focal lesion is seen at cerebellum and brainstem having normal gray white matter signal intensities on T1WI and T2WI images.
- Sella & parasellar regions normal.
- Rest of the ventricular & extra ventricular CSF spaces appear normal.
- *Prominent midline retro cerebellar extra ventricular CSF space is seen inferiorly having dural septation. - Prominent cisterna magna.*
- No shift of midline structures detected.
- No lesion detected in CP angle and IAM regions.
- *Inferior nasal turbinate is hypertrophied on left side.*
- *Mucosal thickening are noted in right maxillary & ethmoidal sinus-sinusitis.*

Comment: Postoperative status of gemistocytic astrocytoma, current MRI feature consistent with:-

- Small enhancing & infiltrating lesion at right frontal lobe adjacent to operative site, suggesting - recurrence/remnant of previous tumor.
- Post-operative encephalomalacia with gliotic changes at right frontal lobe.
- Few small vessels chronic ischemic changes at white matter of both frontal lobes.

Reported by Electronic Signature

Hamonto Roy

Dr. Hamonto Roy Chowdhury

MBBS, BCS, MD (Radiology & Imaging)

Radiologist, National Institute of Neurosciences & Hospital, Dhaka.

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