

NAME : MR AALO INNOCENT ATEA
Age/Sex : 53 Yr(s) / Male
Admission Date : 23/10/2016
Consultant : Dr. PRAVEEN M GANIGI

HOSPITAL NO : MHB02154271
IP NO : I0000309092
Medical Discharge Date : 04/11/2016
Department : NEUROSURGERY

Sodium - Serum

Result Date & Time: 03/11/2016 07:22

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
SERUM SODIUM (ISE / IMT)	141	mmol/l	134 - 145

Sodium - Serum

Result Date & Time: 04/11/2016 07:24

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
SERUM SODIUM (ISE / IMT)	132	mmol/l	134 - 145

RADIOLOGY INVESTIGATIONS

MRI OF THE BRAIN WAS PERFORMED WITH AND WITHOUT CONTRAST ENHANCEMENT DONE ON 19.10.16:

PROCEDURE: PRE CONTRAST T1, T2, FLAIR, DIFFUSION WEIGHTED IMAGING

POST CONTRAST T1 WEIGHED MULTIPLANAR IMAGING.

Contrast enhancement was done using 10ml of Gadolinium.

There is a fairly large mixed cystic solid, predominantly supra sellar lesion measuring 3.9 x 2.3 x 4.1cm.

Cystic component seen superiorly and along edges show T1, T2 hyperintensity keeping with proteinaceous content. Few of these show blooming on GRE with fluid levels. Inferior solid component measures 22 x 17mm

and appears hypointense on T1, heterointense on T2, shows blooming and post contrast enhancement.

Superiorly lesion is seen extending upto the roof of third ventricle without compromising foramen of Munro. No obstructive hydrocephalus.

Optic chiasma and tracts are seen draping the lesion anteriorly and laterally respectively.

Bilateral A1 and bilateral P1 are seen draping the lesion anteriorly and posteriorly respectively.

Anterior lesion is seen involving optic chiasma with poor visualization of optic chiasma.

Posteriorly the lesion is abutting mamillary body.

Inferiorly pituitary gland is seen separately. Infundibulum is not clearly visualised. No obvious sellar extension seen.

Mild age related cerebral and cerebellar atrophy noted.

Rest of ventricles and cisterns are normal.

There is no shift of Midline structures.

Intracranial vessels show normal flow voids.

IMPRESSION:

SUPRASellar MIXED CYSTIC - SOLID LESION AS DESCRIBED. FEATURES ARE POSSIBLY SUGGESTIVE OF CRANIOPHARYNGIOMA.

SURGICAL/THERAPEUTIC PROCEDURES

ON 24/10/16 HE UNDERWENT RIGHT PTERIONAL CRANIOTOMY AND DECOMPRESSION OF THE LESION UNDER GA.

COURSE OF TREATMENT IN HOSPITAL

Mr. Aalo Innocent Atea aged 53 years/male, presented with complaints of increased weight gain, headache, blurring of vision and memory disturbances since May 2016. MRI head was performed which revealed sellar suprasellar lesion extending to brain stem and pituitary stalk. Thus, patient relatives were explained regarding the involvement of brain stem invasion and pituitary stalk, hence decided to do only the decompression of the tumor and consented for the same. Reference was sought from Dr Karthik Prabhakar (Consultant Endocrinologist) for the hormonal work up. After all pre-operative work up, visual assessment and perimetry he underwent Right pterional craniotomy and decompression of lesion under GA on 24/10/16. Post-operative he had increased urinary output for which he was reviewed by endocrinologist and managed accordingly with desmopressin nasal spray. Presently he is

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neurologically GCS- 15/15, surgical wound is healthy, mobilized and started on oral feeds. He is symptomatically improved. Planned to repeat a MRI brain and after 2 months and start Radiation therapy / surgical decompression. Hence being discharged with following advice.

CONDITION ON DISCHARGE

Recovered / Improved

FURTHER ADVICE ON DISCHARGE

CONTINUE STEROIDS AND HORMONAL CORRECTION AS PER DR KARTHIK PRABHAKAR
TAB. LEVIPIL 500 MG 1-0-1 TO CONTINUE
TAB. RETENSE 100 MG 1-0-1 FOR 1 WEEK
TAB. DOLO 650 MG 1-1-1 FOR 3 DAYS THEN SOS FOR PAIN AND FEVER
SYP. DUPHALAC 30 ML AT BED TIME FOR 7 DAYS

STRICT INTAKE AND OUT PUT CHART

APPLY CREP BANDAGE FOR 1 WEEK OVER THE SURGICAL SITE

CAN HAVE SHOWER OVER THE WOUND AND KEEP THE WOUND CLEAN AND DRY

REPORT IMMEDIATELY IN CASE OF PERSISTENT VOMITING, HEADACHE, SEIZURES AND LIMB WEAKNESS.

PLAN TO REPEAT MRI BRAIN AFTER 2 MONTHS

REVIEW WITH DR PRAVEEN M GANIGI IN NEUROSURGERY OPD AFTER 1 WEEK WITH PRIOR APPOINTMENT FOR APPOINTMENT 0802502-3267.

DR KARTHIK PRABHAKAR'S ADVICE:

1. TAB WYSOLONE 10 mg AT 8 AM
 2. MINIRIN SPRAY 1 SQUIRT AT 9 AM DAILY
 3. DRINK LIQUIDS AS PER THIRST
 4. MONITOR URINE OUTPUT DAILY
 5. REVIEW WITH DR KARTHIK PRABHAKAR ON 07.11.16 WITH SERUM SODIUM REPORT WITH PRIOR APPOINTMENT
- FOR APPOINTMENT PLEASE CONTACT: 080-25023404.

 **Dr. PRAVEEN M GANIGI**

Consultant

Department of NEUROSURGERY

Seek medical help if:

- The initial symptoms get aggravated
- Any new symptoms (like breathlessness , bleeding etc) is causing concern