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VU medisch centrum
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Datum Ons kenmerk
24-08-2016 wd

Betreft
E. Chkhikvadze, geb. 17-8-1993, gesl. vrouw, patnr. 1133059, BSN Gegevens niet aanwezig,
adres Faliashuilistr 42 0179 Tbilisi Georgië

Dear colleague,

Ms. E. Chkhikvadze has been admitted to our neurosurgical department since 13th August 2016.

Medical history

1998 Viral meningitis.

Admission

Ms Chikhvadze was presented at our emergency department in an unconscious state.

Neurological examination

E2M5V1. The size of the right pupil equaled 4mm without any reaction to light, while the left pupil equaled 3mm which was reactive to light.

Additional radiological investigation

13th August, 2016

Plain computed tomography scan (CT-scan) showed an intracerebral hemorrhage (ICH) in the left hemisphere. CT-angiography: no underlying vascular pathology.

17th August, 2016

Plain CT-scan showed an adequate evacuation of the ICH together with a significant reduction in cerebral swelling. CT-angiography: no underlying vascular pathology.

Neurosurgical treatment

At 14th August 2016, immediately after patient presentation at the emergency department, a left sided hemicraniectomy was performed followed by the evacuation of the ICH. The bone graft has been placed subcutaneously in the abdominal wall.

Postoperative course and recommended follow-up

Postoperatively she was first admitted to the intensive care unit. At 15th August 2016 she was transferred to the neurosurgical ward. From that point on she is training for her rehabilitation in close collaboration with paramedics. Currently her Glasgow Coma Scale equals E4M6V2-3. Furthermore she is suffering from a right sided hemiparalysis. Although she has started eating, she is currently partly feeded by nasal tube. The rehabilitation consultant indicated a clinical rehabilitation program. As a consequence of her limited legal state it is not possible to rehabilitate in The Netherlands. It was advised to repatriate to a hospital in Georgia until an adequate rehabilitation placement is obtained. In the (near) future, it is also advised to replace the autologous bone graft.

Current medication

Nadroparin 2850IE; paracetamol; Movicolon.

Conclusion

23-year old female with an intracerebral hemorrhage. Neurosurgical treatment included a left-sided hemicraniectomy and evacuation of the intracerebral hemorrhage.

Your sincerely,

H. Mijderwijk, MD, MSc
Resident (ANIOS) neurosurgery


Prof. S.M. Peerdeman, MD, PhD
Consultant neurosurgeon

Cc:
Geen ontvangers