Dr Charlie Teo
Neurosurgeon

Questions and answers
1 Feb 2005

Why is there still a large amount of fluid in the brain 9 months after the operation? What fluid is this? What are its implications?

- it will remain and has no implications. It is simply filling a void.

The ventricles for cerebrospinal fluid are still enlarged. Will or should they decrease in size? What are the implications of them remaining large?

- they will remain large in size and it has no implications. It is not causing any pressure.

Is the blood clot (thrombosis) still there or has it gone/diminished? If it is still there, what are the risks associated with its ongoing presence?

- Teo doubts that there was ever a thrombosis.

There is a problem with one eye resulting from the neurosurgery; the muscle on one side of the right eye pulls more than the other side can cope with. This results in double vision when she looks to the side. An opthamologist is considering corrective surgery. What is your view on the necessity of that?

- any surgery should wait until 18 months after the operation as Teo has seen natural recovery up until that time.

We have heard of the posterior fossa syndrome / cerebellum mutism concept? Do you think Tamsin had it?

- Teo is aware of the issue but has had no patients with it.

What part and how much of the cerebellum was damaged or destroyed?

- the central part of the cerebellum – vermis – has been destroyed. This is what is causing significant “truncal ataxia” – her coordination is worst for major body motion

We recall that one peduncle (one of six connectors of the cerebellum to the rest of the brain) was damaged or destroyed during the operation.

Which peduncle was it and how did that occur? How will that affect Tamsin's recovery; does it explain her slow progress?

- Teo says all 6 peduncles are still there. Her progress is not great but not unusual.

What is your prognosis for her ultimate level of recovery?

- she will be become a reasonably functional child. She will walk independently but not in a straight line and will not be good at sport. She will speak but not be a good orator. With luck she will walk by herself in a year from now.

What is the probability of the tumour returning?

- very small. Even if it does recur it may well fizzle out without surgery.

How often will Tamsin need MRIs? (We have been told annually for an indefinite period.) How is the next one organised?

- annually for 5 years then every 2 years for a further 5. Discontinue at that that time.

Are there other problems we should look out for? We have heard of hormonal problems resulting from cerebellum problems.

- a further case of hydrocephalus – blocked cerebrospinal fluid – is the biggest risk but unlikely. Has been associated with a fall.

Other info:

- July 2004 MRI shows residual tumour or scar tissue. January 2005 MRI shows less of that so it is probably scar tissue.

- Minor facial asymmetry – nerve damage – may recover naturally

- Booking made for next MRI in January 2006. We should see Teo OR Dr Heather Johnson (neurologist) but not both – unnecessary duplication. Further Teo appointments are $100.