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## HOSPITAL DISCHARGE SUMMARY

<b>Name and surname:</b> FILIP BULANDA	<b>Sex:</b> M
<b>PESEL:</b> 18250703299	<b>Date of birth:</b> May 07, 2018
	<b>Age:</b> 1 yo (21 months old)

**Patient's address:** 21-077 Jawidz, 43 a

**Attendant's data:**

Hospitalization: L/NC/ONC – Neurosurgical Department  
From: **Feb 07, 2020** Till: **Feb 10, 2020**  
Insurer: 03 – Lublin branch of the National Health Fund in Lublin

Hospitalization: L/AT/OIT-2 – Intensive Care Unit II  
From: **Feb 10, 2020** Till: **Feb 11, 2020**  
Insurer: 03 – Lublin branch of the National Health Fund in Lublin

Hospitalization: L/NC/ONC – Neurosurgical Department  
From: **Feb 11, 2020** Till: **Feb 17, 2020**  
Insurer: 03 – Lublin branch of the National Health Fund in Lublin

Hospitalization: L/ON/OON – Oncological Department  
From: **Feb 17, 2020** Till:  
Insurer: 03 – Lublin branch of the National Health Fund in Lublin

**Diagnosis** (with statist. ICD 10):

**Primary diagnosis:**

**C71.1 Malignant neoplasm of the brainstem** [*translator's comment: originally it was „brainstem”, even though „C71.1” is for „Malignant neoplasm of the frontal lobe”, probably incorrect statistical numer, but correct diagnosis*]

**Diagnosis:**

Exophytic tumor of the brainstem (Ependymoma anaplasticum)

**Lab tests:**

**Examinations results:**

CT

Feb 13, 2020 – head CT without contrast administration

Result: Check-up after sub-total resection of an exophytic brain-stem tumor. Compared with the previous CT examination, made in the domestic clinic, dated Jan 31, 2020.

Tumor bed in the posterior cranial cavity – without bleeding fetaures, with minor bone extract, on its edge, on the right. Due to the operative passage, hypodense changes in both cerebellar hemispheres. Detailed assessment of the heterogeneous residual tumor mass, occupying the posterior cranial cavity, in the MRI examination.

Trace intracranial oedema, under the applied bone flap, in the occipital region, air layer up to 8 mm width. False meningocele [*translator's comment: originally „falsmeningocele*]. Supratentorial ventricular system, slightly asymmetric, in frames of posterior horns, enlarged, Evans' index 0.40 (previously 0.46). Width of the ventricle III 16 mm. Convexity sulcuses visible. Prepontine cystern invisible, filled with the tumor mass.

The tip of the ventriculoperitoneal shunt, placed from the frontal right side, in the body of the right lateral ventricle.

CONTRAST\_TYPE:

## CONTRAST\_AMOUNT

Histo- and Cytopathological Diagnostics Laboratory

Feb 11, 2020 – Histopathological examination of post-operative specimen

SNOMED diagnosis:

### HISTOPATHOLOGICAL DIAGNOSIS:

Organ code:

Price list code:

Additional orders:

Examination result: Specimen: Posterior fossa tumor.

Clinical diagnosis: Posterior fossa tumor.

Macroscopically:

Brown fragments of tissue, a total of the biggest dimension 3.0 cm.

Microscopically:

Anaplastic ependymoma (WHO G III).

Ependymoma with cells consolidation, increased mitotic activity and foci of necrosis..

Wiesława Grajkowska, MD, PhD, professor IPCZD

Feb 11, 2020 – Intraoperative histopathological examination

SNOMED diagnosis:

### HISTOPATHOLOGICAL DIAGNOSIS:

Organ code:

Price list code:

Additional orders:

Examination result: Specimen: Posterior fossa tumor – intra.

Clinical diagnosis: Posterior fossa tumor.

Microscopically:

A couple of brain tissue fragments (0.2 – 0.4 cm) were sent for an intraoperative assessment.

Collected scraps: A, B.

Intra no. C-95/20:

Glial tumor with heterogenous tissue, perivascular formations suggesting ependymoma.

Malignancy grade assessed based on paraffin block.

Maciej Pronicki, MD PhD, profesor IPCZD

In paraffin blocks no. 776/20:

Anaplastic ependymoma

(check diagnosis no.786/20)

Wiesława Grajkowska, MD, PhD, professor IPCZD

### Results – additional:

#### Medical consultations:

Feb 13, 2020 – Oncologic consultation

Consultation summary: A boy, 1 year 9 months old, after subtotal resection of exophytic brain-stem tumor – histologically ependymoma anaplasticum. Follow-up treatment in the oncological clinic needed.

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## HOSPITAL DISCHARGE SUMMARY

Proposed transfer date: Feb 17, 2020

### Treatment:

surgical

Feb 10, 2020 – Suboccipital craniotomy. Partial laminectomy C1. Subtotal resection of the exophytic tumor of the brainstem, penetrating into the ventricle IV, left lateral recess, prepontine cistern and the spinal canal.

### Orders:

1. Follow-up treatment in the Oncological Clinic IP-CZD  
Current orders – as to the prescription sheet.
2. Dressing changing – every other day and removal of stiches on Feb 24, 2020

### Patient's diet:

Diet: Oral.

Diet type: Suitable for the patient's age.

### Medical History Report

A boy, less than 2 years old, referred to the IP-CZD from the hospital in Lublin, diagnosis D43.1. In the history: imbalance, nuchal rigidity and forced head position, for about 2 weeks. CT and then MRI were performed, which revealed an exophytic brainstem tumor and acute internal hydrocephalus. On Jan 31, 2020 a ventriculoperitoneal shunt system was implemented, as a matter of urgency (PediGAV 5/29). After admission to the IP-CZD: quite good general condition, post-operative dressings on the head and belly, cerebellar syndrome, no symptoms of increased intracranial pressure. Surgery done on Feb 10, 2020, described above. No post-operative complications, The post-operative wound is healing by adhesion, general and neurological condition did not change significantly (the child is conscious, oral feeding [*translator's comment: originally: „bleeding”, crossed with a pen and handwritten: „feeding”*], respiratorily stable, imbalance). Check-up CT and histopathological examination revealed as above. After consultation with Marta Perek-Polnik, MD PhD, he was transferred to the oncologic ward for further treatment, with recommendations as above.

### Attending physician:

PAWEŁ DASZKIEWICZ MD, PhD, 3958615

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Manager Deputy

NEUROSURGICAL CLINIC

Institute „Pomnik – Centrum Zdrowia Dziecka”

Paweł Daszkiewicz MD, PhD

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### Manager of the Clinic: