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9/12/2012

Joseph I Krajchich MD
SHRINERS HOSPITAL
3101 S W SAM JACKSON PARK RD
Portland, OR 97239

RE: Krystin Mary Jane Fauver
OHSU MR #: 06475767/ DOB: 2/2/2002

Dear Dr. Krajchich,

It was a pleasure seeing your patient, Krystin Mary Jane Fauver, for evaluation of syrinx. Please find enclosed a copy of the progress note which includes the history, physical examination findings, and my impression and recommendations.

Once again, it was a pleasure participating in your patient's care. Please feel free to contact me if you have any questions or if I can be of any further assistance to your patients.

Sincerely,

A handwritten signature in dark ink, appearing to read "Nathan R Selden", written over a horizontal line.

Nathan R Selden MD, PhD, FACS, FAAP
Campagna Professor of Pediatric Neurosurgery
Vice Chairman for Education and Program Director

CC:

RE: Krystin Mary Jane Fauver

DOB: 2/2/2002

MR #: 06475767

**PROGRESS NOTES
NEUROSURGERY CLINIC NEW PATIENT CONSULTATION**

Attending Physician: Nathan Selden, MD, PhD

Reason for Visit: spinal cord syrinx.

History: Krystin Mary Jane Fauver is a 10 y.o. female referred by Dr. Krajch at Shriner's for evaluation of a spinal cord syrinx. Per report, this has been followed with serial imaging since she was one year of age. Mother reports that Dr. Krajch is recommending scoliosis correction surgery and wanted neurosurgical evaluation of this syrinx prior to his operation. She has been doing well, denies bowel or bladder dysfunction, denies pain or weakness in the legs, denies back pain.

Past Medical History

Diagnosis

Date

- Other unspecified back disorder

Past Surgical History

Procedure

Date

- No past surgical history

No current outpatient prescriptions on file.

No Known Allergies

Review of Systems:

This patient/parent deny any difficulties with headache, double vision, numbness or weakness of the face, difficulty with swallowing, history of seizures, numbness or weakness of extremities, difficulty with gait, pain, or drop-off in development or cognitive performance. They deny sleep disturbance, food intolerance or unexplained vomiting, or other indirect signs of raised intracranial pressure. Other review of systems are negative. There is no bleeding diathesis.

Birth History:

term, normal vaginal delivery and caesarian section.

Developmental History:

Normal

Family History:

According to the patient/parent there is no family history of presenting complaint and findings.

Social History:

Lives at home in supportive non-smoking home care environment.

Physical Exam:

BP 112/78 | Pulse 95 | Temp (Src) 36.9 °C (98.5 °F) (Forehead) | Wt 31.2 kg (68 lb 12.5 oz)

The patient is well-developed and well-nourished, and pain free.

There are no cutaneous stigmata of neurophakomatoses or of midline spinal dysraphism.

Normocephalic.

The abdomen is soft, without masses or rebound tenderness. The neck is supple without masses and the trachea is midline.

Neurological exam: Alert, oriented, age appropriate fluent speech/verbalization.

9/12/2012

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RE: **Krystin Mary Jane Fauver**DOB: **2/2/2002**MR #: **06475767**

Pupils are equal, round, and reactive to light. EOMI. Sensation to touch in face is present and symmetrical. Faces symmetrical. Hearing grossly intact. Tongue protrudes into midline. Palate elevates at midline. Good SCM and Trapezius muscle function bilaterally. Hearing is intact to finger-rub. Vision is intact to objects/type. No papilledema.

Extremity exam:

Right deltoid 5/5
Right biceps 5/5
Right triceps 5/5
Right hand intrinsics 5/5

Left deltoid 5/5
Left biceps 5/5
Left triceps 5/5
Left hand intrinsics 5/5

Right iliopsoas 5/5
Right quadriceps femoris 5/5
Right anterior tibialis 5/5
Right gastrocnemius 5/5
Right EHL 5/5

Left iliopsoas 5/5
Left quadriceps femoris 5/5
Left anterior tibialis 5/5
Left gastrocnemius 5/5
Left EHL 5/5

Reflexes:

Right Biceps: 2/4
Right Triceps 2/4
Left Biceps 2/4
Left Triceps 2/4

Right Knee 2/4
Right Ankle 2/4
Left Knee 2/4
Left Ankle 2/4

Plantar response: toes going downward bilaterally.
There are no Hoffmanns reflexes, ankle clonus or long tract signs.

Sensory exam in extremities:

No sensory deficits in right upper extremity to light touch.
No sensory deficits in left upper extremity to light touch
No sensory deficits in right lower extremity to light touch
No sensory deficits in left lower extremity to light touch

The lower extremities and feet are of equal size and length with normal, symmetric arches. Muscle bulk and tone are normal and symmetric. There is no gross scoliosis

Cerebellar exam:

No dysmetria on finger to nose on right.
No dysmetria on finger to nose on left.

Mobility/gait is normal for age.

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RE: Krystin Mary Jane Fauver

DOB: 2/2/2002

MR #: 06475767

Imaging: MRI total spine obtained 5/16/12 demonstrates cervicothoracic syrinx.

Assessment: 10 y.o. female with spinal cord syrinx.

Plan:

Refer to urology for urodynamics

Obtain previous MRIs to evaluate stability/progression of syrinx.

Further per Dr. Selden's note.

I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the resident's note.

There is no Chiari. There is a prominent mostly distal syrinx, that would make one suspicious for tethering, but cord is not low and there is no obvious fat or thickening (as per report).

However, child to undergo potentially significant straightening at Shriner's, and mother thinks the syrinx (by her memory - none of repeated old scans is available) is larger than before.

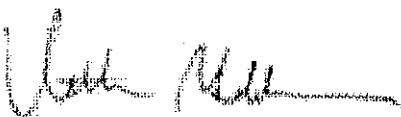
Clearly, esp if latter is true, and even if not but there are urodynamic findings (no urological symptoms per mother), we would be wise to detether by filum lysis before spinal surgery and mother understands rationale for further workup.

She also expresses considerable frustration with organization and medical record handling in the issues of being from Alaska and seeing two hospitals down here (not related to our practice per se in any way or I think anyone in particular). GM is very understanding and helping arrangements.

Dx: Syringomyelia, possible tethered cord.

Plan:

1. Urodynamics
2. Get old MRI's
3. Return visit with me for final planning
4. Copy of this note to Dr. Krajchich at Shriner's



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Campagna Professor of Pediatric Neurosurgery
Vice Chairman for Education and Program Director

Facsimile

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From: Morgan Reynolds

Regarding:
9/12/12 chart note for pt K Fauver

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