



Pediatric Neurology
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Monica Gaupp, M.D.
3340 Providence Drive, Suite 466
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RE: Krystin Gardiner
DOB: 2/2/02

Dear Dr. Gaupp:

I had the pleasure of seeing Krystin in the Pediatric Neurology Clinic for a new patient consultation. She is an 18-month-old who presented recently to your office with marked chest deformity after she had fallen from a porch and was complaining of her "shoulder popping" according to her mother. At that time, very marked thoracic levoscoliosis was noted which appears to be longstanding in this otherwise very healthy youngster. She has had fairly normal motor development, and speech and language are progressing well. They have seen no evidence of changes in her abilities. They do note she can become unsteady and fall if she turns in a certain manner.

PAST MEDICAL HISTORY

She has no known allergies to medications. Immunizations are up-to-date. She has not yet differentiated handedness. She was the product of a first pregnancy to a 17-year-old mother with a birth weight of 9 pounds, 2 ounces. She was born via C-section because of difficulty with delivery. She did well immediately. She walked by 11 months and began to use multiple single words. She has otherwise been healthy. They are fairly recent arrivals in Alaska and have just begun to establish care with a pediatrician.

REVIEW OF SYSTEMS

Notable for good general growth and appetite. Sleep is normal for age. Review of non-neurologic systems is similarly negative.

FAMILY HISTORY

No individuals with similar scoliosis are known, and no individuals with neuromuscular or other problems are reported by the family.

PHYSICAL EXAMINATION

On general examination, weight was 26.2 pounds. OFC was 48.5 cm. She was bright and alert with normal physical features and extremities which were symmetric. There were no remarkable skin findings. The most prominent feature seen is a complex pattern of scoliosis with curvature

to the left and anterior-posterior curvature. Lungs were clear. There is a normal cardiac examination with regular rhythm and rate and no murmurs. Abdominal exam revealed no masses.

On neurologic examination, she has appropriate vocalizations. Funduscopy examination reveals flat disks. Pupils were reactive, and extraocular movements are conjugate. Facies are symmetric. Tongue and palate function are normal. She reaches well for objects with both hands. Strength falls within a normal range, and tone is normal. Deep tendon reflexes are symmetric. There is some question whether there may be some weakness of truncal musculature which may be part of the deformity. The actual size and extent of abdominal musculature appears to be normal. She would reach well for objects with both hands and demonstrated good fine motor skills. Station and gait were normal, consistent with an 18-month-old, although there were occasional episodes where she would trip. This did not seem to be part of ataxia, but rather normal development.

IMPRESSION

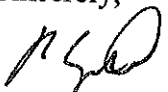
Krystin presents with what appears to be severe scoliosis of a congenital type. Youngsters who have this disorder have a high incidence of associated renal or ureteral abnormalities and have often subtle forms of spinal dysraphic state. The films obtained to date do not include the entire neuroaxis which will be necessary in the near future. We will probably obtain this before she sees an orthopedist. Referral to Dr. Geitz seems most appropriate. In the chest x-ray, there is no evidence of hemivertebrae or other structures which would be expected with the pattern she is demonstrating and no evidence of any soft tissue abnormalities.

RECOMMENDATIONS

1. I will check a CK, although I don't think this is part of a neuromuscular disorder nor are there findings on the nervous system exam to suggest specific regional dysfunction in the nervous system.
2. Referral to Orthopedic Surgery is clearly indicated in the very near-term to determine when intervention is required.
3. To facilitate this better, plain films of the whole spine should be obtained and measurements of scoliosis performed. Follow-up will be largely outside the area of Pediatric Neurology, but if any concerns arise, I would be very willing to see Krystin and reevaluate her if there are any new problems.

Thank you very much for allowing me to participate in her care.

Sincerely,



Roderic Smith, M.D., Ph.D.

RS:mke

cc: Family of Krystin Gardiner