



VM MEDICALPARK PENDIK

DISCHARGE SUMMARY

Patient No	: 253116	Department	: Brain and Nerve Surgery
Protocol No	: 5018322	Date of Admission	: 19.10.2020
Name & Surname	: ALMIR HUSKIC	Institution	: Foreign Patient (Paid)
TR ID No.	:	Phone	: 5434186704
Gender	: M	Address	: PENDIK ISTANBUL
Date Of Birth	: 21.12.1987		
Follow-up No - Type	:		

Complaint

Complaint: Gait disturbance, spasticity in lower extremities, Date of Onset: 17 years ago

History: According to the information obtained from the patient and his relatives via an interpreter he was diagnosed with Adrenoleukodystrophy in another institution about 17 years ago and they applied to us due to complaints that occurred during follow-ups.

Treatment Note

Patient was admitted to the ward. Cranial and Whole Spinal MRI scan were performed. Lesion consistent with Adrenoleukodystrophy was detected in the imaging performed. Consulted Endocrinology, Neurology and Physical Therapy departments. Patient's Adrenoleukodystrophy diagnosis was verified. It was learned that he previously used oral Baclofen for lower extremity spasticity. Intrathecal Baclofen was administered to the patient (75 mcg). Observed regression in his spasticity. Patient was recommended getting permanent Baclofen pump inserted.

Pain

No

Drug Applications

- LAFLEKS 0.9% ISOTONIC NaCl SOL. (Sodium chloride) 3 pieces, 300 ml, IV - infusion, 1.5 ml/hour, 3 times a day

Diagnoses

- Pre-Diagnosis - G82 - Paraplegia and tetraplegia
- Pre-Diagnosis - G11.4 - Hereditary spastic paraplegia

19.10.2020

Radiology Results

MR, Knee (LEFT), MR, Lumbar Vertebra (Non-contrasted Routine), MR, Knee (RIGHT), CT, Thorax (Non-contrasted Routine)

20.10.2020

Laboratory Results

ACTH: 414 pg/mL, SARS-CoV-2 IgM: 0.04 Index, Blood Type and Rh (GEL SYSTEM): B RH(+) POSITIVE, Vitamin B12: 152 pg/mL (L), Fasting Blood Glucose (FBG): 91 mg/dL, Sodium: 138 mmol/L, Potassium: 4.7 mmol/L, HBsAg: 0.22 Index, Ferritin: 55.2 ng/mL, Cortisol 08:00: 5.4 ug/dL, LDH: 391 U/L (H), AST (SGOT): 38 U/L, BUN: 13 mg/dL, CRP (quantitative): <2.0 mg/L, Creatinine: 0.92 mg/dL, Urea: 27.8 mg/dL, ALT (SGPT): 69 U/L (H), Vitamin D: 17.5 ng/mL, SARS-CoV-2 IgG: 0.11, Anti HCV: 0.07 Index, RF, quantitative: <20.0 IU/ml, APTT: 27.9 sec, Anti HBs: 0.00 mIU/ml (L)

Sedimentation: Sedimentation at 1 hour: 12 mm

Prothrombin time: Prothrombin time: 13.5 sec, INR: 0.99, Prothrombin Activity: 101 %

Hemogram: WBC: 10.04 K/uL, RBC: 4.95 M/uL, HGB: 15.4 g/dl, HCT: 42.6 %, MCV: 86.1 fl, MCH: 31.1 pg, MCHC: 36.2 g/dL (H), PLT: 262 K/uL, RDW: 12.3 %, MON %: 9.9 %, MON #: 0.99 K/uL (H), BASO %: 0.5 %, EOS %: 1.4 %, BASO: 0.05 K/uL, EOS#: 0.14 K/uL, NEUT#: 5.22 K/uL, NEUT %: 51.9 %, PCT: 0.27 %, MPV: 10.4 fl, PDW: 12.4 fl, LYM %: 36.3 %, LYM#: 3.64 K/uL (H)

Radiology Results

Knee bilateral (RIGHT), USG Whole Abdomen, MRI Brain (Non-contrasted Routine), MRI Dorsal, MRI Cervical

Consultations

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- **Request: Brain and Nerve Surgery (Assoc.Prof.Dr. Zafer Orkun Toktas) 20.10.2020 09:00**

Patient who has had Muscle Dystrophy for approximately 17 years and underwent bilateral knee operation has prominent spasticity present in his lower extremities. You are kindly requested to evaluate the patient.

- Response: Physical Therapy and Rehabilitation (Spec.Dr. Tugba Baysak Tuncay) 20.10.2020 13:20**

dear colleague,

patient was assessed at bedside. weakness in legs, stiffness, inability to walk and hand tremor complaints are present. examination was carried out accompanied by a translator. he is conscious and cooperative, he stated that complaints started at the age of 17. patient was told in another institution that he may have Adrenomyeloneuropathy, a form of adrenoleukodystrophy. Body balance is present. He has previous history of right knee operation, knee ROM is limited, effusion patella subluxed, lower extremity intense spasticity present. He has previous use of Baclofen for spasticity but he did not benefit from it. Fine motor functions of upper extremity are weak. Phase stage 0 urine catheter. Recommendations: neurology consultation, endocrinology consultation in terms of adrenal gland functions, psychiatry consultation. Neurological rehabilitation program was created.
best regards.

- **Request: Brain and Nerve Surgery (Assoc.Prof.Dr. Zafer Orkun Toktas) 20.10.2020 10:00**

You are kindly requested to evaluate the patient.

- Response: Orthopedics and Traumatology (Surg.Dr. Ozgur Korkmaz) 20.10.2020 10:10**

BILATERAL LOWER EXTREMITY PLEGIC NEUROLOGIC PATHOLOGY WAS CONSIDERED. BILATERAL LATERAL EXTREMITY ACTIVE MOVEMENTS ARE NOT PRESENT. CROP DEFORMITY PRESENT IN BOTH ANKLES. PATELLAE ARE LUXED IN BOTH KNEES AND THERE ARE ARTHROSIC CHANGES. NEUROLOGY AND PTR CONSULTATIONS, THEN RE-CONSULTATION IS RECOMMENDED, BEST REGARDS.

22.10.2020

Laboratory Results

TSH: 1.11 uIU/ml, Free T3: 3.90 pg/mL (H), Free T4: 1.08 ng/dL, Prolactin (PRL): 9.89 ng/mL

Consultations

- **Request: Brain and Nerve Surgery (Assoc.Prof.Dr. Zafer Orkun Toktas) 22.10.2020 10:00**

You are kindly requested to evaluate the patient

- Response: Internal Medicine (Spec.Dr. Kursat Alan) 22.10.2020 09:44**

Patient was assessed at bedside.

Emergency internal medicine pathology was not considered as a result of the physical examination and tests performed. Endocrinology consultation is recommended.

**Brain and Nerve Surgery
Assoc.Prof.Dr. Zafer Orkun Toktas
Doctor Registration No: 120161**