



President: Prof. Dr. med. Dr. h. c. mult. M. Samii

Neurosurgery

Tel.: +49 511 270 92 - 7 00
Fax: +49 511 270 92 - 7 06
Internet: www.ini-hannover.de

INI Hannover ♦ Rudolf-Pichlmayr-Str. ♦ 30625 Hannover

Mr.
Marian Stoenica
Str. Petre Antonescu n. 13, BL.12,
sc. B etj. 8, ap. 106, sect. 2

RO Bucharest

Hannover, 15.01.2009/el

Stoenica, Marian

dob.: 13.04.1988

Dear colleague,

we report on the a.m. patient, who received medical treatment at the INI from **01.12.2008** through **05.12.2008**.

Diagnosis:

- Craniocervical deficit of the CSF circulation after surgical treatment of an Arnold-Chiari malformation with craniocervical decompression in 2002.
- Low back pain with radiation to the right side after two surgical lumbar spine treatments due to arachnoidal cysts at the level L5/S1 in 2003.

History of the present illness:

- The patient reports about strong headache and cervical pain almost 4 - 6 months after the surgical treatment in 2002 (craniocervical decompression). The clinical symptoms became stronger and stronger with lumbar pain and difficulty in gait so that in 2003 he was operated twice for an arachnoidal cysts' removal L5/S1.
- After both surgeries, the neurological symptoms did not disappear and became stronger and stronger in the last years so that it was quite impossible to have a normal daily life and/or to practice any sport activity without feeling pain.
- He underwent craniocervical and lumbar spine MRI control that showed a suspicion of CSF circulation obstruction due to the previous surgical treatment (Arnold-Chiari disease) and recurrence of lumbar spine arachnoidal cysts (L5/S1).
- He used to take Lyrica 150 mg (1 - 1 - 0), Cortison 4 mg (1 - 0 - 1) and pain killers. All the medications did not help enough to improve the clinical neurological status.
- Due to the progressive severe neurological deficit, after contact with our neurosurgical department, the patient was admitted at the INI for neurosurgical treatment.

Neurological status on admission:

- Awake and oriented patient. Headache and gait difficulty due to an atactic status.
- Cranial nerve examination without any focal deficits except the left abducent paresis.
- Anteflexion of the head increased the pain of the neck and upper arms. Lhermitte sign positive.
- Weakness by extending the right foot (muscle strength 4-/5).
- Left hemihypaesthesia.
- Lasègue positive (60°) on both sides.
- Deep tendon reflexes are increased on both sides (right more than left).
- No cloni. Reflexes are bilateral normal.
- No bladder dysfunction.

Diagnostic:

- **X-ray of the lumbar spine in ante- and retroflexion:** No sign of instability.
- **Craniocervical MRI scan with CSF circulation study:** Status after a median suboccipital craniotomy with C1 laminectomy. The images show a low position of the cerebellum with obstruction of the CSF circulation.
- **CT of the cervical and lumbar spine:** Recurrence of huge lumbar arachnoidal cysts at the level of L5/S1.

Medication:

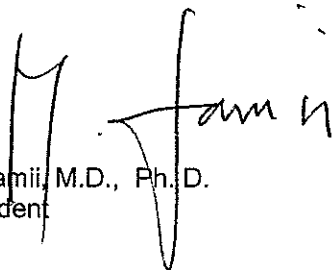
- Novalgin
- 30° in case of pain.

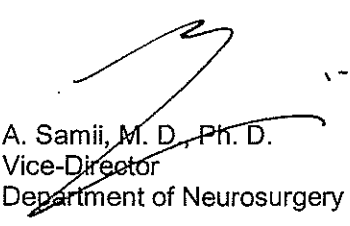
Recommendations:


- Surgical treatment to remove the arachnoidal cysts of the lumbar spine (L5/S1).
- Surgical treatment to revise the previous dorsal craniocervical decompression and remove the dural-arachnoidal scar tissue adhesions.
- Please contact us to schedule an appointment for the surgical treatment under (0049) 511 270 92-157 or -819.

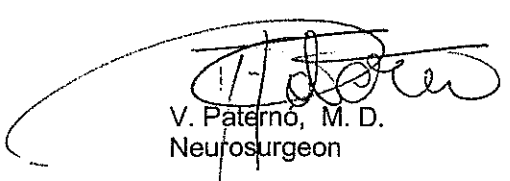
In case of further questions, please do not hesitate to contact us at any time under the above mentioned numbers. Urgent medical requests should be directed to (0049) 511 270 92-155.

Yours sincerely,


M. Samii, M.D., Ph. D.
President


A. Samii, M. D., Ph. D.
Vice-Director
Department of Neurosurgery


W. Lüdemann, M. D.
Associate Neurosurgeon


V. Paternò, M. D.
Neufosurgeon



INTERNATIONAL NEUROSCIENCE INSTITUTE

Neurosurgery

President:

Prof. Dr. med. Dr. h. c. mult. M. Samii

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INI Hannover • Rudolf-Pichlmayr-Str. 4 • 30625 Hannover

Mr. Stoenica, Marian

Via email

Hannover, February 26th, 2009

Dear Mr. Stoenica,

Prof. Samii has recommended, that you receive clinical treatment in the International Neuroscience Institute.

As the date for hospital admission and two operations we have reserved

Monday, March 30th, 2009 9.00 am.

The total costs for your hospital stay (app. 3-4 weeks), diagnostic, the two surgeries and necessary medical examinations will amount to approximately

€ 55,000,-.

This amount must be deposited in our bank account prior to admission or covered by a cost letter from the embassy.

You may arrange for a transfer of the deposit to:

Account Holder: INI Hannover GmbH
Bank: Sparkasse Hannover
Account Number: 85 81 88
Bank Code: 250 501 80
SWIFT-Code: SPKHDE2H
IBAN: DE04 2505 0180 0000 8581 88
Patientname:

Please inform us one week before your definite admission if you will arrive on the set date.



INTERNATIONAL NEUROSCIENCE INSTITUTE

Neurosurgery

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Fax: +49 (0)511 - 270 92 - 1 54

Internet: www.ini-hannover.de

To avoid any problems we would kindly ask you to bring proof of payment with you on the day of admission.

Please note that we have to charge you the banking fees if you pay the deposit by credit card.

If there is any remaining amount of your deposit this would, of course, be refunded to you after hospital discharge. For this purpose and further correspondence, please give us your exact mailing address and your banking details.

For Iranian Patients only:

At the present time, there are some problems, within the EU Directive 423, to refund money from the EU countries to Iran. Because of this, we kindly ask you, to send prior to admission an European bank account, to simplify the procedure.

Please note that accompanying persons can only be accommodated in the patients' rooms, if it is medically necessary.

The costs for accompanying persons (room and-board) are not covered by the deposit and must be paid by the accompanying person(s) themselves at the time of arrival.

All accommodation costs for accompanying persons must be paid for at the time of departure. Payment can be effected in cash or by credit card. In order to guarantee a smooth transaction of the payment please inform your bank in order to be able to exceed your daily credit limit.

Please let me also know which kind of room you would prefer (single-room, 2-bed room or 3-bed-room). The check out time on your discharge day is latest 10:00 a.m.

Please confirm us a date of admission as soon as possible.

Important: In case you take analgesics, do not take acetylsalicylic acid (Aspirin) 10 days before admission! Avoid anticoagulant medication!

We can organize a limousine service on request for you.

Also in case you have any questions please do not hesitate to contact me by phone 0049-511-27092-157, fax -154 or e-mail (pm.international@ini-hannover.de).

With best regards,

Dajana Borchardt
INI Hannover GmbH

Judetul

Localitatea Bucuresti

Data intocmirii :

2008 luna 09 ziua 18

Unitatea sanitara.
SPITALUL CLINIC DE URGENTA BUCURESTI
SECTIE NEUROLOGIE

BILET DE IESIRE DIN SPITAL

Bolnavul: Numele STROENICA Prenumele MARIAN

Sexul M in varsta de 20 ANI ani, cu domiciliul in: STR. ARH. PETRE ANTONESCU

NR. 13 BL. 12 AP. 106 SECT. 2 LOCALITATE Bucuresti

A fost internat in sectia NEUROLOGIE cu DIAGNOSTIC Pareză drept extern
stg. Malformatie Arnold Chiari tip I, Cist arahnoidian
din radacina L4 dreapta

de la 2.09.08 pana la 18.09.08 si iese in stare ameliorata

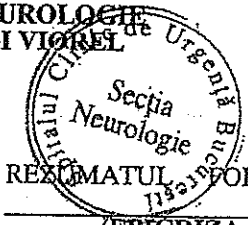
ESTE / NU ESTE purtator de germeni: felul.....

.....tipul.....

SEF SECTIE NEUROLOGIE
DR. POALELUNGI VIOREL

MEDIC CURANT

DR. VIOREL POALELUNGI
MEDIC PRIMAR NEUROLOGIE
DOCTOR IN STIINTE MEDICALE
SEF SECTIE NEUROLOGIE
COD D17820



RECOMANDATUL FOII DE OBSERVATIE

(EPICRIZA, INDICATII)

Pacient cu vârstă de 20 ani cu Malform. Arnold Chiari tip I operat
in 2002 si condusa de foră posterioară. Operat din nou in 2004
pentru un cist arahnoidian din L5-L4 de. Se internase de
cu dureri si senza de dere radiculară L4-L5.

Examenul neurologic directiv: pacient conștient, cooperant. Cefea
epitofrontală, foră vomitari, pareză de stg, diplopie, ataxie
cerebră, foră deficite motorii, foră diminuata galez, tulburări
incontinentele, hipoest Ce stg, hipoestezie L4 dr, Auers posibil si
si sprijin, derea radiculară severa sub inf

Examenul RMN evidentiaza Cist arahnoidian compresiv local
si hernie de amigdală cerebeloasă dr.

Recomandati - Continuă tratamentul conform RP
Milgamma M1 cp 3/100 - 6/2008 - Prog 1222
Profen Cp 2
LIRICA - 150mg/ml. Medrol 8mg cp 2 (2 adpt)

Spitalul Clinic de Urgenta "Bagdasar-Arseni"
SNC-I et. 5

24 October

Telefon: 3343025, 3343026, 3343027
Interior: 1501, 1504

Cod: 1880413420034

Nr. F.O.: 0

Nume: STOENICA
Prenume: MARIAN

Internat in perioada:
20/10/2008 - 24/10/2008

DIAGNOSTIC LA EXTERNARE:

- 1) Malformatie Chiari tip I operata. 2002
- 2) Chist arahnoidian radicular L4 dreapta operata. 2003
- 3) Malformatie vasculara epidurala L4 bilaterala operata. 2003
- 4) Diplopie binoculara.
- 5) Paralizie nerv VI stang.
- 6) Sindrom de hipertensiune intracraniana benigna.
- 7) Edeme papilare AO.
- 8) Malformatie de cai biliare principale.
- 9) Sindrom radicular iritativ bilateral traseu S1.

Medic sef sectie

Medic primar

Medic rezident

STAREA LA EXTERNARE:

AMELIORAT CLINIC

EPICRIZA SI RECOMANDARI

=> ISTORIC <=

Pacient in varsta de 20 ani cunoscut clinicii cu malformatie Chiari tip I operata 2002 si malformatie vasculara epidurala radiculara L4 bilaterala operata 2003 se interneaza pentru diplopie si cefalee instalate in urma cu 1 luna cu lombosciatica traseu S1 bilateral pentru care a fost spitalizat in serviciul de neurologie a Sp Colentina Bucuresti. Afirmativ prezinta sechelar parestezii si hipoestezie hemicorp stang.

=> EX. LOCAL: <=

- cicatrice normotrofica

=> EX. NEUROLOGIC: <=

fara deficite segmentare comparabile stanga-dreapta; SENSIBILITATE: subiectiv parestezii hemicorp stang, obiectiv hipoestezie hemmicorp stang;

Spitalul Clinic de Urgenta "Bagdasar-Arseni"
Soseaua Berceni nr. 12 Sector 4, Bucuresti
SNC I et. 5
Telefon: 3343025, 3343026, 3343027
Interior: 1501, 1504

24 October

- cicatrice normotrofica
=> EX. NEUROLOGIC: <=

fara deficite segmentare comparabile stanga-dreapta; SENSIBILITATE:
subiectiv parestezii hemicorp stang, obiectiv hipoestezie hemicorp
stang;

=> INVESTIGATII: <=
Ex CT cerebral - aspect in limite normale al parenchimului cerebral
fara procese inlocuire de spatiu intracraniene; sistem ventricular
normal pozitionat si normal dimensionat.
Rx coloana lombara si ex RMN coloana lombara - accentuarea lordozei
lombare; formatiune chistica bilobata atasata tecii radacinii L5
dreapta; hemilaminectomie L4-L5 dreapta.
Rx pulmon - fara leziuni evolutive pleuro-pulmonar.

~~ECG - ritm sinusal, complexe QRS de aspect clinic normal.~~

~~Analize sanghine - in limite normale.~~

~~Ex oftalmologic - OS paralizie nerv VI, diplopie binoculara de 1 luna;~~

~~AO edem pilar grad I-II.~~

~~Examen ORI - clinic sanatos.~~

Pe perioada internarii sub medicatie antiinflamatoare
simptomatologia dureroasa s-a ameliorat. In urma investigatiilor se
decide caz fara indicatie neurochirurgicala cerebrala, pacientul
urmand a reveni peste 1 saptamana in vederea efectuarii consultului de
chirurgie spinala.

=> Starea la externare: <=

Ameliorat Clinic

*****†

Spitalul Clinic de Urgenta "Bagdasar-Arseni" Bucuresti, 12 August 2002
SNC I et. 5

Telefon: 01 4610505, 01 44610506
Interior: 1501, 1504

Cod: 0 Nr. F.O.: 0
Nume: STOENICA Internat in perioada:
Prenume: MARIAN 12/07/2002 - 13/08/2002

DIAGNOSTIC LA EXTERNARE:

1. MALFORMATIE ARNOLD-CHIARI TIP I OPERATA, ARAHNOLIZA CISTERNEI MAGNA CU REFACERE CIRCULATIEI LCR.
2. MALFORMATIE DE CAI BILIARE PRINCIPALE.
3. STARE REACTIVA ANXIOASA.

STAREA LA EXTERNARE:

VINDECAT CHIRURGICAL. AMELIORAT NEUROLOGIC.

Dr. FLORESTEAN
NELU-CRISTIAN
Medic

E P I C R I Z A S I R E C O M A N D A R I

=> ISTORIC <=

PACIENT IN VIRSTA DE 14 ANI CUNOSCUIT CLINICII NOASTRE CU MALFORMATIE ARNOLD -CHIARI TIP I SI MALFORMATIE DE CAI BILIARE PRINCIPALE PREZINTA DE PROXIMATIV 3 ZILE UN SINDROM DE HIPERTENSIUNE INTRACRANIANA CU EVOLUTIE PROGRESIVA MOTIVE PENTRU CARE SE INTERNEAZA IN VEDEREA INVESTIGATII SI TRATAMENT DE SPECIALITATE.

=> EX. NEUROLOGIC: <=

DECUBIT DORSAL COORDONARE: TULBURARI DE ECHILIBRU NESISTEMATIZATE; SENSIBILITATE: SUBIECTIV: CEFALEE; fara modificari obiective;

=> INVESTIGATII: <=

EX OFTALMOLOGIC : FO - AO - FRUST EDEM PAPILAR; EX ORL : FARA MODIFICARI PATOLOGICE; CONSULT PSIHIATRIC : STARE REACTIVA ANXIOASA POSTOPERATOR; RX PULMONARA : FARA LEZIUNI EVOLUTIVE PLEURIC-PULMONARE; EX IRM CEREBRAL+CERVICAL+TORACAL : TONSILELE CEREBELOASE DEPAESC PLANUL GAURII OCCIPITALE CU 8mm; DILATATIA MODERATA A CANALULUI EPENDIMAR IN REGIUNILE CERVICALA SI TORACALA; FARA ALTE MODIFICARI DECELABILE LA NIVELUL REGIUNILOR EXAMINATE; EX CT CEREBRAL DE CONTROL : CRANIECTOMIE OCCIPITALA AMIGDALELE CEREBELOASE JOS SITUATE; FARA LEZIUNI HETERODENSE CEREBRALE SAU CEREBELOASE; SISTEM VENTRICULAR SIMETRIC, SITUAT PE LINIE MEDIANA, CU VOLUM NORMAL;

=> OPERATIE: <=

C.O. 573 din 23/07/2002. Diagnostic: MALFORMATIE ARNOLD-CHIARI TIP I. ARAHNOLIZA CISTERNEI MAGNA CU REFACERE CIRCULATIEI LCR.

EVOLUTIA POSTOPERATORIE A PACIENTULUI SUB TRATAMENT SPECIFIC A

Judetul: MUNICIPIUL BUCURESTI - 42
Localitatea: BUCURESTI
Spitalul: SPITALUL CLINIC DE URGENTA 01 October 2003
'BAGDASAR-ARSENI' - 008561
Sectia: NEUROCHIRURGIE II - 2173

Cod: 1880413420034 Obs.: Nr. F.O.: 19484
Nume: STOENICA Internat in perioada:
Prenume: MARIAN 18/09/2003 - 01/10/2003

Diagnosticul la 72 de ore
SD DE COMPRESIUNE RADICULARA L5 DR

DIAGNOSTIC LA EXTERNARE:
MALFORMATIE ARTERIO-VENOASA . Localizare: L4 - L5. DR OPERATA
Cod CIM10(dg.princ):

Diagnostice secundare:
SINDROM RADICULAR DE IRITATIE, NIVEL: L5 DR.
Cod CIM10(dg.secundare):

Semnatura si parafa
Medicului curant
ZAMFIR C

STAREA LA EXTERNARE: VINDECAT

TIPUL EXTERNARII: EXTERNAT

193987 (100)
6.10.2003
MUNICIPIUL BUCURESTI

E P I C R I Z A S I R E C O M A N D A R I

PACIENTUL SE INTERNEAZA PENTRU LOMBOSCIATALGII DR CU TRAIECT L5, CU DEBUT INSIDIOS IN URMA CU MAI MULTI ANI, CU EXACERBARI LA POZITIA DE DECUBIT, CARE S-AU ACCENTUAT PROGRESIV. PACIENTUL A FOST OPERAT DE ARNOLD CHIARI, APOI INVESTIGAT SI PENTRU COLOANA LOMBARA, UNDE SE OBSERVA O FORMATIUNE CHISTICA PE RADACINA L5 DR.

EX. NEUROLOGIC: SENSIBILITATE: LOMBOSCIATALGII DR CU TRAIECT L5;

INVESTIGATII: RMN EFECTUAT PE ET V= CHIST RADICULAR L5 DR RG LOMBARA F+P- LIZA PEDICUL L5 DR RG PULMONARA NORMALA ANALIZE OP IN LIMITE NORMALE.

OPERATIE: C.O. 846 din 25/09/03

=Diagnostic:= MALFORMATIE VASCULARA DE TIP VENOS RADICULARA L5 DR.

=Operator:= DR PANOZA. Ajutor: DR ZAMFIR DR BALTATEANU AS LUSCAN

=Descriere op.:= Zona Inciziei = Lombara. Incizie posteroara mediospinala. Cale de abord = Hemilaminectomie cu artrectomie. SE PRACTICA HEMILAMIENCTOMIE L5 DR SI PARTIAL ARTRECTOMIE L5/S1 DR SI SE GASSTE O MALFORMATIE VASCULARA DE TIP VENOS CARE COMPRIMA RADACINA L5 IN FORAMEN SI SE EXTINDE EPIDURAL PANA LA S1. DISCUL L5 INTEGRU, SE PREZERVA. HEMOSTAZA DIFICILA PRIN ELECTROCOAGULARE SI GELASPON. TRATAMENTUL OSULUI: - ABLATIE Hemilama vertebrala L5 DR. - DECOMPRESIUNE Radiculara L5 SI S1 DR. - HEMOSTAZA. - DRENAJ EXTERN. - SUTURA IN PLANURI. - PANSAMNET. EVOLUTIE POSTOPERATORIE FAVORABILA.

Starea la externare: Vindecat (1)

Judetul: MUNICIPIUL BUCURESTI - 42
Localitatea: BUCURESTI
Spitalul: SPITALUL CLINIC DE URGENTA 05 November 2003
'BAGDASAR-ARSEN' - 008561
Sectia:NEUROCHIRURGIE II - 2173

Cod: 1880413420034 Obs.: Nr. F.O.: 21638
Nume: STOENICA Internat in perioada:
Prenume: MARIAN 20/10/2003 - 05/11/2003

Diagnosticul la 72 de ore
CHIST ARAHNOIDIAN RADICULAR L4 DR. SD DE COMPRESIUNE L4 DR.

DIAGNOSTIC LA EXTERNARE:
MALFORMATIE VASCULARA. Localizare: L4. DR. CHIST ARAHNOIDIAN
RADICULAR L4 DR, COMPRESIV.
Cod CIM10(dg.princ):

Diagnostice secundare:
SINDROM RADICULAR DE COMPRESIUNE, NIVEL: L4 DR.
Cod CIM10(dg.secundare):

Semnatura si parafa
Medicului curant
ZAMFIR C

STAREA LA EXTERNARE: VINDECAT : 1
TIPUL EXTERNARII: EXTERNAT : 1

Dr. ZAMFIR C
medic primar Neurochirurg
COD 216384

E P I C R I Z A S I R E C O M A N D A R I

Pacientul cunoscut din internarea precedenta, se reinterneaza pentru lombosciatalgii dr persistente, cefalee, ameteli, care se accentueaza in decubit.

EX. NEUROLOGIC: SENSIBILITATE: lombosciatalgii dr cu traiect L4 in pusee;

INVESTIGATII: Rg coloana lombara- hemilama L5 si L4 dr. RMN lombar- Chist arahnoidian L4 dr. cicatrice epidurala L5 dr. Analize sanguine- 28 October 2003 hemoglobina = 13.68g/dl leucocite = 4.100mm³ trombocite = 110.000/mm³ VSH = 12la 1h GLICEMIE (s) = 96mg/dl UREE (s) = 32mg/dl CREATININA (s) = 0.8 TRANSAMINAZE - GOT = 15 TRANSAMINAZE - GPT = 50 PT (TIMP QUICK) = 12sec.s APTT (TIMP HOWELL) = 2min15secs FIBRINOGEN = 429mg/dl

OPERATIE: C.O. 952 din 29/10/03

=Diagnostic:= CHIST ARAHNOIDIAN RADICULAR L4 DR, MALFORMATIE VASCULARA EPIDURALA L4.

=Operator:= DR PANOZA. Ajutor: DR ZAMFIR C, DR BALTATEANU AS BORCEA

=Descriere op.:= Zona Inciziei = Lombara. Incizie posterioara mediospinala. Cale de abord = Hemilaminectomie cu artrectomie. SE PRACTICA HEMILAMINECTOMIE L4 DR SI ARTRECTOMIE L4/L5 DR SI SE GASESTE O MALFORMATIE VASCULARA CARE ERODEAZA OSUL, SI UN CHIST ARAHNOIDIAN RADICULAR L4 DR, CARE SE DESCHIDE SI SE REZECA, APOI SE COASE. TRATAMENTUL OSULUI : - ABLATIE Apofiza articulara L4/L5 DR. - ABLATIE Hemilama vertebrala L4 DR. - DECOMPRESIUNE Medulara Laterala. - DECOMPRESIUNE Radiculara L4 DR. TRATAMENTUL DUREI: SE