





Clinical Note

UNSIGNED NOTE

Outpatient NS OPD, Neurosurgery 01 August 2025

Mohammed Arshath - Male, Age : 7Y 1M 9D NS/D /499202 Tirunelveli.

Diagnosis

RECURRENT 4TH VENTRICLE ANPLASTIC EPENDYMOMA RE EXPLORATION AND GROSS TOTAL DECOMPRESSION DONE ON 06-JUL-21 HPR (S/678/2021): ANAPLASTIC EPENDYMOMA (RECURRENT), WHO GRADE III, RCC 217761

Clinical note

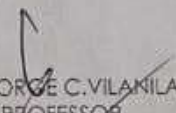
Recent onset falls and some dullness and low appetite
Walks independently

Investigations

MRI-Intra 4th ventricular recurrence with contrast enhancement

Plan

Surgical decompression
Benefits/risks of resurgery explained
Date for surgery


DR. GEORGE C. VILAKILAM
PROFESSOR

Medical Reg. No. 15803

Date for surgery

6

REGIONAL CANCER CENTRE
Thiruvananthapuram - 11

REQUEST FOR CONSULTATION

NAME: MOHAMMED ARSHATH
AGE: 3 Male FC M
217661
217661

Patient's Identification

Routine / Urgent

Diagnosis Bilateral Ependymoma

To Consultant Neurosurgeon
Dept: of Neurosurgery
SCIMH

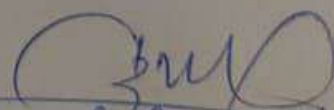
Dear Sir,

Referring 7yr old boy, a case of 4th ventricle ependymoma which Surgery on 10/11/2020 from outside. and was on follow up. Underwent tumor Surgery for removal disease from SCIMH on 2021 and HPR was anaplastic ependymoma. Child need radical RT, completed on April/2021. At present. he has recurrent disease in the posterior fossa, spine - negative.

Kindly advise regarding Salvage Surgery

Thank you

Date 1/8/25


Anand
Signature
A302 HPT



REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

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Associate Professor

Dr. Renuka G, DNB
Assistant Professor

Dr. Rakesh C A, DNB
Assistant Professor

Patient Name : **Mohammed Arshath**

DOB/SEX : 7 Years 1 Month 8 Days/M

Patient ID : **217661**

Admission Type : **OutPatient**

Approved BY : **Celin Sowmya S**

Accession No : **858931**

MRI BRAIN of 17.07.2025:

COMPARISON:done with MRI BRAIN of 10.08.2024

CLINICAL DETAILS:posterior fossa anaplastic ependymoma of 4th ventricle- post op- post RT on follow up.

FINDINGS:

Interval appearance of a large well defined T2 mass lesion measuring 2.2cm x2.4cm x3.4cm seen within the 4th ventricle (T2:intermediate signal,T1:isointense to grey matter, patchy areas of restricted diffusion, heterogenous enhancement post contrast) MR spectroscopy: shows elevated choline and fall in NAA with increased perfusion on . This lesion is seen to abut the posterior aspect of pons and medulla, superiorly displacing them .Current imaging shows interval increase in dilatation of 4th ventricle and up stream dilatation of 3rd and left lateral ventricle. No periventricular ooze seen.

Interval appearance of a small nodular enhancing extra axial lesion measuring 7mmx7mm seen in right cerebello-medullary junction

Near stable dilatation of foramen of luschka on the left side.

The tip of the shunt tube is seen in the right lateral ventricle.

No midline shift.

Major intracranial flow voids are preserved.

No extra axial collection.

Bilateral orbits and PNS appears normal.

No definite calvarial lesions.

CONCLUSION:

Interval appearance of enhancing lesion in 4th ventricle with mass-effect , extra axial metastasis in right cerebello-medullary junction and appearance of interval hydrocephalus as described.