BRIG. (DR.) G. K. MULUNGA (KA RTD.) MBS
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CONSULTANT NEUROSURGEON

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TO WHOM IT MAY CONCERN

24/02/2009

RE: MEDICAL REPORT ON JACKSON MURAGURI: AKH file no. removed

The above named was admitted into Aga Khan Hospital Mombasa from Coast Provincial General Hospital where he had been admitted after a Road Traffic Accident on 18/06/2008.

On examination at the at the Aga Khan Hospital he was found to have a fully dilated right pupil with decerebrate posturing on the left side of the body but flexing the upper and lower limb on the right side.

A C-T- scan done on 19/06/2008 showed some bleeding into his basal and ambient cisterns.

The patient was intensively managed in ICU for over one week then transfer to the children ward.

An MRI scan was done on 25/06/2008 which showed diffuse axonal injuries involving the corpus callosum and left cerebellar penduncle. These injuries were consistent with violent shaking of the brain at the time of the accident.

Due to these injuries the patient had constant epileptic fits and also developed severe spasms of all the limbs and the trunk. At the same time he lost all speech and hearing capabilities and was being feed through an N/G tube.

He was then managed in the ward with drugs, dedicated physiotherapy and feeding until 29/08/2008 when he was allowed home.

During all the time of Hospitalisation the mother had to stay with the child because his condition needed attention on 24 hour basis. In the process she lost her job.

At the time of discharge he still showed lots of spasms in the limbs, had started to stammer a few words and could swallow liquid feeds when assisted.

He has been followed up as an outpatient regularly .

On the last visit on 16/2/2009 he was found to be:

(a) Having a slurred speech with tendency to stumble on some of the words.
(b) He can walk around but has significant spasm and tremor s on the upper limbs. This makes it difficult for him to hold a pencil to write down letters.

(c) He was very hyperactive and has to be restrained from literally grabbing any object within sight.

These disabilities which are directly a consequence of the severe brain injury resulting from the Road Traffic Accident, are likely to linger on and make it impossible for him to attend a normal school.

He will have to be taken to a school for the mentally and Physically disabled.

DR. G. K. MULUNGA
CONSULTANT NEUROSURGEON

24/11/08: Reviewed in the Clinic.

- Has shown appreciable improvement
- Can now speak meaningful words but there is some disarthria.
- Walks with unsteadiness due to limb Spasticity.
- Attempts to write is difficult due to spasticity.

He still needs lots of Physiotherapy, occupational therapy to see how much more he can improve. There is also some degree of hyperactivity which is expected considering the degree of ~~severe~~ initial brain injury suffered.

BRIG. (DR.) G. K. MULINGA (K.A.F.M.)
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DISCHARGE SUMMARY

NO. removed

NAME: JACKSON MURAGURI

DATE OF ADMISSION: 19-6-08 | DATE OF DISCHARGE: 29-8-08

ADMISSION NO. admission no. removed | WARD: C/W

AGE: 8 | SEX: M

DOCTOR I/C: G.K. MULUNGA

REFERRED BY:

DIGNOSIS: 1. SEVERE BRAIN INJURY AFTER
2. R.T.A
3.

OPERATION (S)

MEDICATION; CURRENT/LONG TERM:

(1) ANTIBIOTICS

(2) TEGRETOL. (3) BACLOFEN.

(4) N/G TUBE FEEDING.

DISCHARGE DRUGS: ① Baclofen 10 mg o.d. x 1/12
② Tegretol 50 mg nocte x 1/12

CLINICAL SUMMARY: Severe brain injury after R.T.A. Needed initial ICU treatment (Ventillation)
Developed severe limbs & body spasticity.
At discharge: Regaining some cognitive functions (understands simple instructions, attempting to read). Some spasticity remains (R) upper & lower limbs. He needs PHYSIO; OCCUPATIONAL Therapies as an outpatient.

NEXT APPOINTMENT: ~~dates~~ 4/11/08 DRS PLAZA; AKH 2.00PM OR PRN.

DOCTOR'S SIGNATURE: Kabdul

DATE: 29/8/08

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Radiology Department

X-Ray Report

R [ref removed]	Date: 2/07/08
Name: Jackson Muraguri	Age: C
Pvt./OP./IP: Ch.W	Ref: Dr. Muhinga

Lt. Femur

The soft tsiinue planes are lost.
Associated swelling is seen
No pus is noted within the soft tissue
The bone density and trabeculation are normal
No periosteal reaction is seen.
The shenton's line is maintained.
Conclusion: soft tissue thickening.

NB
Acute osteomyelitis could fail to present radiologically

Dr. Mburu

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Radiology Department

CT Scan Report

Ref.No: ref removed	Date: 19/06/08
Name: Jackson Muranguri	Age: 8
Pvt./OP./IP: ICU.	Ref: Dr./Mr.

Head

Axial CT scans of the head were done and images availed in brain window. Subtle hyperdensity is noted in the left ambients cistern, quadrigeminal plate cistern and partly at the tentorium.

The cerebrum and cerebellum are of normal attenuation (The density seen at the left thalamus is an artifact. Its to be ignored).

The ventricular systems are normal.

No abnormal enhancement is seen.

Conclusion: Suspicious of mild haemorrhage into the ambients and quadrigeminal plate cisterns.

NB

To correlate with previous CT scans.

Dr. Mburu

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Radiology Department

CT Report

Ref N [ref removed]	Date: 07/04/2010
Name: Jackson Muraguri	Age: 10
Pvt./OP./IP: OP.	Ref: Dr. Qureish

CT Brain (Plain)

Dilatations of ventricular system, basal cisterns, cortical sulci and sylvian fissures.
Evidence of hypodensity noted in the corpus callosuos predominatly in the splenium and left frontal white matter.
Cerebellum appears normal.
Sella and para sellar regions are normal.
No evidence of intra-axial/extra-axial collections.
Bony calvaria appears normal.
Visualised paranasal sinuses, orbit and temporal bones are normal.

IMPRESSION:

- Old case of Diffuse axonal injury.
- Gliosis in corpus callosum and left frontal lobe white matter.
- Diffuse cerebral atrophy.

Dr. G. Sekhar
Consultant Radiologist

MOMBASA IMAGING CENTRE
OPPOSITE MOMBASA LAW COURTS
P.O. Box 1255-80100 MOM [redacted] phone numbers [redacted]

25/06/2008

JACKSON MURAGURI ADULT MALE
BRAIN MRI
DR. MULUNGA

Clinical summary

RTA on 18/6/2008.
Seen immediately with right dilated pupil and decerebrate posture on left side but flexing on the right side.
No ICH on CT scans of 19/8/2008.
? diffuse axonal injury.
? small brain stem hemorrhage.

Procedure and findings

CT scans of 19/6/2008 showed hemorrhages into the basal cisterns including the ambient L>R.
MRI scans showed multiple T2 hyperintensity most evident in the left middle cerebellar peduncle but also involving the rostrum and genu of the corpus callosum (orange tags).
No blooming artifact was seen on gradient scans to suggest hemorrhages.

Opinion:

- Appearances are consistent with clinical suggestion of diffuse axonal injuries involving the classic sites of the corpus callosum and left cerebellar peduncle.

DR.ODHIAMBO
RADIOLOGIST

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Radiology Department

CT Report

Ref: ref removed	Date: 18/07/08
Name: Jackson Muraguri	Age: C
Pvt./OP./IP: Ch.W	Ref: Dr. Mulunga

Brain

Axial NECT and CECT of the brain were performed from the base of the skull to the vertex. Images are provided in brain window.

Comparison with CT scans dated 19th June and MRI of 23rd June 2008 was done.

The fronto-parietal sulci have become more prominent. The lateral ventricles are prominent. These changes could be due to atrophic changes or resolution of post-traumatic diffuse oedema.

Associated is formation of cerebral convexity subdural CSF hygroma.

The enhancing right frontal stripe was also present in the films of June 2008.

No osseous or sinonasal lesion is seen.

Conclusion: Bilateral frontal CSF subdural hygroma secondary to atrophic changes.

Dr. Mburu