**Visit Summary to Botolinum Clinic**

40678815 Dan Yogev

38 years old

Address: Bilu 21 Ra’anana Ra’anana 4358121

Admission no.: 191126

Date of Visit: November 26, 2019 12:42

\*\*\*Medical Confidential\*\*\*

THE STATE OF ISRAEL

MINISTRY OF HEALTH

THE CHAIM SHEBA MEDICAL CENTER LOGO

Affiliated to the Tel-Aviv University

Sackler School of Medicine

TEL-HASOMER 52621, Israel

**The Sagol Center for Neuroscience**

**Institute for Movement Disorders**

**Clinic Director: Prof. Sharon Hassin Tel: 03-5305293/5305864**

**Responsible Nurse: Ms. Chana Strauss Fax: 03-5304929/5005323**

**Email:** [**mirp.parkinson@sheba.health.gov.il**](mailto:mirp.parkinson@sheba.health.gov.il)

BOTOX

40 right sternocleidomastoid

70 left splenius capitis + left semispinalis capitis

Upper limb

Biceps 40U triceps long + lateral head 40 pectoralis major 30 latissimus dorsi 20U Left

Name of physician performing injection: Prof. Sharon Hassin

**Surgical procedural code**

Injection of botulinum toxin into muscles of the neck

Injection of the botulinum toxin into muscles of the mouth/jaw

**Summary of present injection**

**Botox:** 200 units 20 code units

**Visit summary**

38-year-old male, severe cerebral injury after hemorrhage from AVM in brain stem, status post severe hydrocephalus and complications.

Has been in the process of rehabilitation for a long time at Loewenstein Hospital. Has started to mobilize with a lot of help. Does not speak and cannot take food by mouth. In light of recurrent aspirations, a balloon was added to the cannula.

According to the family, the movement disorder developed about two months after the hemorrhage, delaying the rehabilitation process and includes intense tremor in the right hand, extended involuntary opening of the mouth and involuntary rotation of the head to the left and upward head tilt with the suspicion of being due to dystonia. In the previous visit, it became evident that Yogev has an extremely severe injury in the motor nuclei of the cranial nerves of the brain stem (primarily facialis, and trigeminal).\*- Apparently, opening of the mouth is caused at least by denervation as well as degeneration of the masseter and the temporalis and weakness of them both, while at the same time, the muscles opening the mouth are stronger. When we attempted to inject the lateral pterygoid, bilaterally, in order to lessen opening of the mouth, there was no signal at all from the EMG needle and therefore we did give the injection. In the ANT DIGASTRIC muscle, there was a signal from the needle bilaterally and we injected a low dosage. After injection, there was no improvement in the involuntary opening of the mouth.

In regard to the neck – I had the impression that there is considerable limitation in extension of the head to the right and this greatly contributes to the pathological position of the neck.

I am not convinced today that there really is cervical dystonia. Perhaps they were not vigilant with the head position while placing him in bed and there is considerable shortening in the neck. In any event, he received an injection in the hope that they would be able to extend the range of motion and to normalize the position of the neck.

In regard to the lt. hand tremor (as well as right) – the tremor appears primarily during activity (possibly during rest as well) and is at quite a slow frequency. It became much more severe during all hand movements (and is greatly exacerbated from the excitement). This tremor presents as Holmes tremor and is consistent with the injury existing in the brain stem (primarily midbrain). There may also be a different type – but there also can be a cerebellar-outflow tremor, with injury to the course of the rt. denato-rubro-olivary circuit. According to the family, there is a little improvement with Dopicar.

Recommend to continue to increase the Dopicar.

Today, he received an injection to the spastic left limb, shoulder and joint.

**Recommendations**

Recommendation: addition to treatment, continue with Prysoline 250 mg, ¼ tablet a day before sleep and continue to increase to ½ tablet and to a whole tablet.

Increase Dopicar up to ½ tablet x 2 and even gradually up to 4 whole tablets.