

John Hunter Hospital
Lookout Rd
New Lambton Heights NSW 2305

15th Sep 2018

Dear Doctor,

RE: Ian Makepeace
DOB: 19/07/1961

I am referring Mr. Makepeace to your clinic for evaluation of surgical approach for a likely vestibular schwannoma. Mr Makepeace has had unilateral right-sided hearing loss and tinnitus with associated vertigo developing over a number of years. He has more recently in the last couple of months also complained of right-sided facial paraesthesia.

On examination Mr. Makepeace has evidence of right-sided sensorineural hearing loss and a peripheral cause of his vertigo symptoms (HiNTS positive). Cranial nerve examination revealed paraesthesia on distribution of right trigeminal nerve and loss of right corneal reflex. He has no vascular risk factors and the time course makes a posterior circulation stroke unlikely.

The GP had previously sent Mr. Makepeace for pure tone audiometry which demonstrated unilateral sensorineural hearing loss, more pronounced at high tones, and out of proportion speech discrimination, which is 92% sensitive and 45% specific for vestibular neuroma.

I have sent Mr. Makepeace for T1 and T2 weighted MRI imaging, as well as carotid Doppler and cerebral angiography to exclude vascular cause. I will review Mr. Makepeace in clinic on 15th of October. In the meantime, I would appreciate your input on a surgical approach.

Kind regards,

Dr Collins
John Hunter Hospital
Staff Specialist Neurosurgeon