

John Hunter Hospital  
Lookout Rd  
New Lambton Heights NSW 2305

15<sup>th</sup> Oct 2018

Dear Dr. Collins,

**RE:                    Ian Makepeace**  
**DOB: 19/07/1961**

Thank you for referring Mr. Makepeace to the ENT outpatient clinic at JHH.

On reviewing Mr. Makepeace clinically and his imaging, I agree that he has a right vestibular neuroma at his cerebellar pontine angle. This would account for all of his symptoms.

His MRI demonstrated a complex T2 enhancing mass at the right cerebellar-pontine angle, appearing to arise from CNVIII. No appreciable mass effect of the cerebellum was seen.

His cerebral angiography and carotid Doppler's were normal, which is reassuring there is not a vascular cause for his symptoms.

If surgical management were decided upon I would recommend a retromandibular suboccipital approach. This is suitable for all sizes of tumours in this region and can be conducted with aim to preserve hearing.

Other options for management of Mr. Makepeace would include radiotherapy, or observation with 6-12 monthly MRIs to track the growth of the lesion.

I look forward to hearing from you in regards to the future management of Mr. Makepeace.

Kind regards,

Dr Henry  
John Hunter Hospital  
Staff Specialist – Ear Nose and Throat