

Translate to English

Certainly! Here is the translation of the document into English:

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Mr. Ronnen Jonathan GAITO, born 16.12.1969
40 rue Glesener, 1630 Luxembourg

Dear Colleagues,

Munich, 10 March 2023

We report on the above-named patient, who first presented on 09.01.2023 in our interdisciplinary consultation for neurosurgery, neuropaediatrics, and neuroorthopedics.

Diagnoses:

1. Acquired spastic paraplegia
2. Status post traumatic brain injury (TBI) 1971

ICD codes: G82.13G, S06.9Z

Therapy recommendation:

We examined Mr. Gaito today in the interdisciplinary team and subsequently advised extensively. To clarify the pain situation, further diagnostic measures are initially sensible. We have recommended a hip infiltration to verify it as the cause of pain, a CT scan of the spinal instrumentation, and an MRI including

axial sections of the thoracolumbar junction at the level of the former injury. Furthermore, to clarify whether there is a chronic inflammatory/infectious cause, cerebrospinal fluid diagnostics should be performed if necessary. After these investigations are available, we will be happy to advise Mr. Gaito again.

Medical history:

Mr. Gaito presents for the first time in our interdisciplinary consultation. The patient was run over by a truck at the age of 2 years. Since then, he has had spastic paraplegia of the legs. At age 6, an operation on the iliopsoas muscle was performed. Later, a secondary scoliosis developed and, with a Cobb angle $>70^\circ$, implantation of a growing rod was performed in 1998. At the age of 30, lumbar spine problems with disc prolapse occurred. In 2016, conservative treatment with disc gel and blockades was carried out in Luxembourg. The patient wishes to be advised regarding selective dorsal rhizotomy to improve his quality of life and reduce daily pain.

Mr. Gaito is able to walk without aids; orthoses are not used.

Various MRI findings are brought along; however, the section of the surgically corrected thoracic spine is not depicted.

Clinical findings:

Mr. Gaito shows a spastic diparetic gait in regular shoes. Heel-to-floor contact is complete and there is no crossing of the legs. The knees are slightly bent. Full extension during standing or roll-off phase is not possible.

Passive range of motion in supine position: hip flexion up to 110° . The rib cage is not reached. Hip extension is free. Hip abduction is somewhat reduced at 50° , age-appropriate. There are bilateral restrictions in adduction with tension of the iliotibial tract and limitation of knee flexion with tension and shortening of the quadriceps muscles bilaterally. Knee flexion in the lower leg overhand is limited to a maximum of 45° bilaterally. No calf muscle shortening is found. Passive dorsal extension of the upper ankle joint is good up to 20° . Some tension of the plantar aponeurosis is palpable.

In free sitting, there is a pelvic tilt to the left.

Neurological examination shows widespread reflex zones in both legs.

We thank you for the cooperation and remain with kind collegial regards,

Dr. med. Peter Bernius

Chief Physician

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