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First appointment/face-to-face appointment/platinum Medical Centre/Thursday, 26th October 2023

Private and Confidential

Mr Emanuele Manco
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Sent to E-mail: manumanco@gmail.com

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Dear Mr Manco,

Thank you for coming to see me at the Platinum Medical Centre with your partner for your appointment and explaining your symptoms very clearly.

I am grateful to Dr Bhattacharjee, consultant neurologist, for investigating your symptoms and identifying the problems.

You are 42 years old, usually very active, have a very healthy and active lifestyle including running, you do not smoke and you are not routinely on any medications.

On 7th June you had a fall at a train station when you slipped and fell onto your back. You continued your activities and working .

However, you gradually developed back pain and stiffness and symptoms particularly affecting the left leg which you tried to manage initially.

By 19th June, the left leg was shaking and cramping and you had to go to A&E where you were given painkillers. You did not have any right leg pain but you were struggling to walk.

You had physiotherapy and gradually the intensity of the pain has abated.

Currently, your symptoms are quite constant and mainly in the left leg. The left leg tires out quite quickly and the pain is on the outer aspect of the left thigh/left quadriceps muscle, just above the knee with numbness in that area.

Occasionally, you get pins-and-needles in the entire left leg.

I am sorry to hear about the subsequent injury to your left arm with left biceps detachment for which you have had 2 surgeries and you are just starting to recover from the most recent surgery that was done 2 weeks ago.

On clinical evaluation, gait was slightly antalgic.

Power in both lower limbs was 5/5. There were no muscle fasciculations.

There was no obvious quadriceps or anterior compartment wasting.

You were able to stand on tip toes and on the heels and on each leg individually although standing on the left leg and bending the knee was more difficult.

You have noticed more prominence of the blood vessels in that leg but there were no obvious varicosities and capillary return time was normal and the pulses were normal.

Reflexes were intact.

There was no obvious muscle tenderness or bruising.

Examination of the hip joints did not reveal any pain provocation on internal or external rotation and flexion and range of movements was normal.

Knee movements were normal and with no knee swelling.

Based on the description of your symptoms and examination, I do not think that there is a vascular/blood vessel or muscular explanation for your symptoms.

Therefore, your symptoms are most likely due to a nerve entrapment in your spine.

We reviewed your MRI scan which I have explained to you.

The MRI scan of your spine shows mild wear and tear in the discs of your lumbar spine throughout including the L1-2, L2-3 and L3-4 discs.

There is however no evidence of significant spinal stenosis and the spinal alignment is well maintained.

However, at the L1-2 disc, there is a far lateral disc bulge/disc fragment more evident on the T1 weighted axial images but also seen on the T2 weighted axial images.

This disc fragment compresses the left L2 nerve and is the most plausible explanation for your symptoms.

Separately, at the L4-5 and L5-S1 level, there are disc bulges on the right side/far lateral, causing possible deviation of the right L4 and L5 nerves but you do not have any symptoms related to this.

I have discussed the various treatment options available to you which include:

1. Conservative medical management with simple painkillers such as naproxen or ibuprofen if you can tolerate them and this is taken with omeprazole or lansoprazole usually.

This can be combined with physiotherapy and exercises.

Usually, the disc bulge will shrink with passage of time in the vast majority of patients and gradually the pain will keep improving and get to a stage where it does not interfere with your quality of life.

It is difficult to predict whether the numbness will improve with time or not as the disc bulge improves.

During this period of conservative management with painkillers and physiotherapy and exercises, there is also a role for CT guided left L2 nerve root block injection.

Such an injection can also improve pain.

This is an injection of steroid and local anaesthetic injected close to the nerve as an outpatient procedure and performed by a neuroradiologist with expertise in these procedures and you should be able to go home within an hour or so after the injection and continue your routine activities.

The injection can improve pain in 60% to 70% of patients

These are usually safe procedures.

2. However, some patients will continue to have significant pain and numbness in spite of passage of time, even after 3 to 6 months have elapsed since the initial problem started.

Therefore in some patients there is a role for surgery if symptoms do not improve and continue to hinder quality of life

The option of surgery is called far lateral left L1/L2 discectomy to free up the nerve.

The surgery provides up to 80% chance of improving the pain in the left leg and some chance of improving the numbness as well.

This is a surgery under general anaesthetic that takes 1 or 2 hours to perform, the hospital stay is of 1 or 2 days and overall recovery taking a few weeks and most patients able to return to work by 3 to 4 weeks after surgery in a graduated manner.

At present you are not keen on surgical option as you feel that your symptoms are better than 2 or 3 months ago, you would like to see whether they continue to improve further.

This is also a sensible approach.

You will think about whether you would like to have the injection or not and let us know.

We have also discussed performing neurophysiology tests to ensure that there is not any significant muscle denervation particularly affecting the L2 and L3 myotomes and if the neurophysiology tests do not show any significant motor radiculopathy/denervation, then persevering with conservative management for some time is not unreasonable.

I have requested you to get in touch with my secretary once you have had the neurophysiology tests so that we can arrange a appointment to discuss the results with you and this can be either face-to-face or a video consultation, whichever you prefer.

Best wishes

Yours sincerely,



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