NGGCT Masquerading as Seasonal Allergies. Oncologic diagnosis and subsequent NP management

Kamilah A. Dowling, DNP
Case Presentation

• 11-year-old male consult with 1 year history of
  – Blurry vision
  – Rt sided Parietal headaches
  – Rt eye pain
  – Generalized Allergy symptoms
Physical Exam

Positive Findings:

- Two beats horizontal nystagmus noted on adduction of right eye
- Impaired tandem gait
- Impaired finger to nose
- Poor foot-shin/ankle
- Poor Rapid Alternating Movements of hands.
Pain Assessment Tool

PQRST: Provocation/Palliation, Quality, Radiation, Severity & Timing

• P: spontaneous/ NSAID
• Q: throbbling
• R: Radiates from head to eyes
• S: 4-8/10
• T: when pain occurs it last 10-30minutes
Neuro Exam

• **Mental status:**
• The patient is alert, attentive, and oriented. Speech is clear and fluent with good repetition, comprehension, and naming.
Neuro Exam

Cranial nerves:

• CN II: Visual fields are full to confrontation. Venous pulsations are present bilaterally. Pupils are 4 mm and briskly reactive to light.
• CN III, IV, VI: At primary gaze, there is no eye deviation bilaterally. Corneal responses are intact.
• CN VII: Face is symmetric with normal eye closure and smile.
• CN VII: Hearing is normal to rubbing fingers
• CN IX, X: Palate elevates symmetrically. Phonation is normal.
• CN XI: Head turning and shoulder shrug are intact
• CN XII: Tongue is midline with normal movements and no atrophy.
11-year-old Hispanic male presenting with headaches and right eye pain for one year, positive cerebellar signs on physical exam.
The Problem with Headaches

The chief complaint of headache in a child or adolescent can be daunting to the health care provider.

- Practical and rational approach to the evaluation of headache in children can make the experience more efficient and effective.
- Headache hx
- Complete exam (neuro & physical)
Differential Diagnosis

• Brain tumor
• Migraines
• Acute cerebellar ataxia
Plan

- Ophthalmology Consult
Opthalmology Findings

- Bilateral Papilledema – next step MRI
  - Patients with papilledema usually present with signs or symptoms of elevated intracranial pressure, such as headache, nausea, vomiting, diplopia, ataxia or altered consciousness.
Symptomatology Breakdown

Signs & Symptoms of Pediatric CNS Tumors

- Headaches
- Nausea & Vomiting
- Abnl Gait & Coord
- Papilledema
- Seizures
MRI Findings
Intervention

- Dexamethosone
- Admit to PICU - monitor for s/s increased ICP
Surgical Management

• Endoscopic third ventriculostomy to treat his hydrocephalus
• Biopsy of the lesion - results showed a non-germinomatous germ cell tumor.
• Care transferred to Hem/Onc team
Oncology Management

- HD Chemotherapy
- Stem cell transplant
- Craniospinal irradiation (protons)
Outcome

- He remains neurologically intact. Follow up neuro-imaging done two months after initial diagnosis and completion of three cycles of chemo-therapy shows a significant decrease in the size of the tumor.
NP role

• Assessments
• Report information to attending
• Follow up on orders
• Collaboration with multidisciplinary team
• Ongoing care – initial consult, admission, pre, intra- and post-op care, outpatient care
• Ongoing education for family and staff
• Family centered care
Team Approach

• The collaborative approach is best when dealing with complex medical issues
  – Neurosurgeon
  – Oncologist
  – NP
  – Residents
  – OR staff
  – Nurses
  – PICU staff
  – Social Work/ Child Life
Thank You!

Thank you to Professor James T. Goodrich for his constant support and encouragement.
References


