

How a Brain Tumour took over my Life

Diagnosis and removal of a benign meningioma

*Rosalind Buckton-Tucker

كيف سيطر ورم الدماغ على حياتي : تشخيص وازالة ورم
سحائبي حميد

روزالين بكتون - نكر

I have suffered from headaches, in particular migraine headaches, since I was a teenager, and there is a family history of the condition. While annoying and occasionally incapacitating, they did not affect my life in general. I have always otherwise enjoyed good health and fitness and taken part in a variety of active pursuits.

It was, therefore, especially frustrating when from August 2008 onwards I experienced worsening headaches, sometimes migraine-type, sometimes a band of pain around the back of the head, which by the early part of 2009 were occurring on almost a daily basis. In addition to the headaches, I was experiencing intermittent vomiting, insomnia - sometimes not sleeping until 5 or 6 a.m. - weight gain, occasional dizziness, and general fatigue. I would return from work to spend much of the time resting (not a typical pattern for me) and found routine tasks an effort.

Since August 2008, I had been seeing a succession of doctors at the University health clinic, but no conclusion was reached about what was troubling me, although a variety of tests were carried out and medications tried. One doctor ordered a computed tomography (CT) scan and electroencephalogram in December, but the appointments were given for some months ahead. Since the symptoms I had were similar to those for depression, I was evaluated for depression and given medication for the condition, and later started to see a psychiatrist at Sultan Qaboos University Hospital (SQUH) on a regular basis. He prescribed medication for sleeping in addition to anti-depressant drugs, and carried out further tests.

In March, with the headaches and insomnia continuing, the psychiatrist was concerned that I did not seem to be responding to any medication despite an increased dosage, and said he thought I should have an immediate CT scan, which he managed to arrange for the following morning. I had regarded this as in the nature of an exercise to eliminate possible conditions, and was therefore all the more stunned following the scan when he told me I had a brain tumour [Figure 1]. Specialists at the SQUH agreed that surgery was the only option, and arranged for me to be admitted to the Neurosurgical Unit, Khoula Hospital the same afternoon, with the operation scheduled to take place the following morning.

The tumour I had was a benign meningioma, which is a tumour arising from the dura, one of the meninges or membranes surrounding the brain and spinal cord. The cells of the meninges multiply, leading to a tumour, but the cause is uncertain. A meningioma may occur wherever there is dura but the most common sites are over the cerebral hemispheres of the brain. It is the only brain tumour more common in women than men; it usually occurs between the ages of 40 and 60, but can occur at any age. It is rarely malignant.¹ Mine was 5cm x 5cm in size (about the size of a baseball, according to my American husband) with accompanying oedema. I was astounded to hear that it had probably been there for 15-20 years, as during this time I had taken part in several major mountaineering and adventure expeditions, and medical examinations prior to these had pronounced me not just fit but in excellent health. A doctor friend in England later

commented on the difficulty of diagnosing such tumours; as mentioned, symptoms may be similar to those of depression, hence the likelihood of the latter diagnosis.

A meningioma may remain small, causing no symptoms, and never require treatment. If it is diagnosed early and does not require immediate attention, the doctor may monitor the condition and discuss possible treatments.² In my case, the meningioma had been growing gradually and had now reached the size where it was manifesting itself in clear physical symptoms, apparently displacing 20% of the brain matter, so I had no options to consider! Fortunately, my tumour was in a frontal position (on the right side), where it was most accessible to surgery [Figure 1]. Because a meningioma is a vascular tumour, the operation carries risks of bleeding, and four units of blood were kept in reserve because of the size of the tumour, although none was needed during the operation.

At Khoula Hospital, I went through the preliminary routines of examinations and talks with the surgeons, who were very reassuring and anticipated a straightforward operation. The reassurance was relative, and I did not sleep much prior to the surgery! At about 6.30 am, accompanied by my husband, who had come to the hospital to be nearby throughout the procedure, I was taken from the ward to the theatre and the anaesthetic administered. I woke up seemingly only a few minutes later, being wheeled along a corridor with my husband and two nurses in attendance, with a profusion of tubes surrounding me. In fact, the operation had taken six hours, longer than the original estimate of four, but the surgeons were able to report that they had removed the tumour in its entirety (initially, they had thought that a second operation might be needed) and that it was 100% benign.

I spent the rest of that day and part of the next in the Intensive Care Unit (ICU), with vital signs being carefully monitored and my vision and movement of limbs tested. Such an operation entails certain risks, which had been explained in advance. Because the tumour was on the right side, there had been a chance that my vision might be affected or that there might be loss of motor skills on the left side. Possible longer-term effects are difficulty in concentrating, memory loss, personality changes and seizures.²



Figure 1: Computed tomography scan of patient's meningioma

Immediately following the surgery, I was placed on a Redivac drain, which sucks blood from the operation site so that it does not collect. This was kept in place for 24 hours and then removed. I received anti-convulsion medication (given after any brain operation), antibiotics and painkillers, some intravenously and some in tablet or liquid form. My blood sugar was high at first (although I have no history of diabetes), which necessitated additional medication.

Once I left the ICU and returned to the neurosurgery ward, I was able to get up and move around, although on the day following the operation I was given one unit of blood as a precaution to counteract a low haemoglobin count. The surgeons advised me to walk frequently, and I became a familiar sight to the hospital personnel walking from the ward to the hospital exit and back, close to the hand rails just in case, a cap concealing my shaved head and scar.

Almost from the time the operation was over, I felt stronger and more energetic than I had done for months. I was also, naturally, in much better spirits now that the problem had been diagnosed and treated and I could foresee a return to my former state of health. Just a week after the operation, instead of the expected ten days, the sutures were removed, the last cannula taken out, and I was free to go home. I did not need any further medication

except an anti-epileptic prophylactic, which I would continue taking for the next three months in decreasing doses. Thinking of the summer holidays, I asked when I could fly, and the surgeon said, "Today, if you like."

Two months after the operation, I have not had a single headache or bout of insomnia, and am feeling more energetic each day. However, I have tried to get plenty of rest and avoid strenuous exercise. I am now back at work and ready to face new challenges and adventures. I am awaiting my final check-up at Khoula Hospital in mid-June.

The support and encouragement of friends were instrumental in my recovery. Numerous visits to the ward, text messages and telephone calls were a wonderful tonic during the days following the operation. The highlight of my stay in hospital was the surprise visit of my 99-year-old mother and my brother, who had flown from England within two days of hearing the news of the impending surgery and who were a great source of positive energy as I recuperated.

My husband set up a webpage on www.caringbridge.org, the website of an organisation designed to keep family and friends in touch in times of ill-health, and which I can strongly recommend to anyone in a similar situation. He wrote an initial account for the 'story' page explaining the operation and its background and updated the news assiduously during the following days. I was touched by the messages of good wishes posted by friends in Oman and all around the world. In fact, I am still receiving messages as the latest progress in

my recovery is reported.

I cannot emphasise enough how indebted I am to the doctor who sensed the need for the immediate CT scan and to the excellent surgeons at Khoula Hospital for their skill, care and readiness to explain everything that was happening and to answer questions. The nursing teams in the ICU and neurosurgery wards also deserve high praise for being so friendly, competent and professional at all times.

Following our expressions of thanks as my husband and I prepared to leave the hospital, we were asked if we would give a testimonial on video to convince others that there was no need to go abroad for such operations when the necessary expertise and facilities were right here in Oman. We were only too delighted to do so.

Now all I need is a little more hair and I will be completely back to my old self!

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