



S. R. BURZYNSKI

## HISTORY AND PHYSICAL

RESSEL, Jessica  
May 7, 1996

**CHIEF COMPLAINT AND PRESENT ILLNESS:** The patient is an 11 year old white female who complains of double vision and a slightly decreased balance, especially when she is walking the stairs.

This patient was in very good health until April 1996 when she was found to have a brain stem lesion in the pons and middle cerebral peduncle documented by the MRI of April 10, 1996. She was evaluated at St. Louis Children's Hospital and diagnosed with brain stem glioma. Except for a short course of dexamethasone, she has not received any further treatment.

**MEDICATIONS:** Amitriptyline 25 mg hs.

**PAST HISTORY:** The patient was very healthy and did not have any medical problems.

**ALLERGIES:** None known.

**FAMILY HISTORY:** Negative for cancer.

**PHYSICAL EXAMINATION:** Reveals an 11 year old white female, pleasant and cooperative.

**HEAD:** Symmetrical.

**EYES:** With sclerae white and pupils round and equal, reacting to light. The patient has paralysis of <sup>cranial nerves</sup> 6 and 7 on the left side and her lateral gaze of the left eye is decreased by approximately 30%. SRB

**NOSE:** Nostrils are open. No discharge is seen.

**EARS:** Within normal limits.

**MOUTH:** In decent state. Throat not injected. Tongue in the midline.

**NECK:** Symmetrical. Trachea in the midline. Thyroid gland not palpable. Veins nondistended.

**CHEST:** Clear to auscultation.

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**HEART:** Within normal limits. Heart rate 103 per minute/rhythm regular. No murmurs are heard.

**ABDOMEN:** Nondistended. No masses and no enlarged organs are felt.

**EXTREMITIES:** Grossly within normal limits.

**PERIPHERAL LYMPH NODES:** Not palpable.


**NEUROLOGICAL EXAMINATION:** Shows paralysis of the <sup>cranial</sup> nerves 6 and 7 on the left side. DTRs 1/3 on the left side and 3/3 on the right side; Babinski negative bilaterally.

**IMPRESSION:** BRAIN STEM GLIOMA.

**KARNOFSKY PERFORMANCE STATUS:** 90

**May 7, 1996**

**ADDENDUM:** The details of the treatment with Antineoplastons were fully discussed with the patient and her parents who were also told that the patient can be evaluated for admission to the Phase II study entitled "Therapy of Brain Stem Glioma in Children with Infusions of Antineoplaston A10 and AS2-1" according to our Protocol BT-11. The patient and the parents would like to proceed with evaluation for admission to the protocol. She will have preadmission laboratory tests and an MRI of the brain.

  
S. R. Burzynski, M.D., Ph.D.

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