



Name: Young, Christophe T.	History: [REDACTED]
Address: [REDACTED]	Visit Date: 06/18/2008
Phone: [REDACTED]	Location: 228G
DOB: [REDACTED]	
Race: White	
Gender: Male	
Primary Provider: Kerr, Douglas Anthony	
Other Provider:	Document No: 66704830030

Reason for Visit:

This is a followup visit to the Neurology Clinic for Mr. Christopher Young who has relapsing-remitting multiple sclerosis status post high-dose cyclophosphamide treatment.

History of Present Illness:

Referring Physician: Dr. Gerard L. Guillory

Christ was diagnosed with MS in 2004. I last saw him here in the clinic on 01/09/08. At that time, he had had a progressive disability especially in the last year. He had experienced progression of his disease regardless of various treatments that he had been on namely Avonex, low dose naltrexone, and Copaxone. We therefore decided that it would be appropriate for him to go on the high dose cyclophosphamide treatment for multiple sclerosis which was pioneered here by doctors Dr. Brodsky and Dr. Coe at Johns Hopkins Hospital. He underwent this treatment in 03/08. He tolerated the procedure well during his inpatient stay over 4 days. He thereafter also tolerated and went through the inpatient/outpatient center where he had a return and a reconstitution of his immune system. Over the past 3 months, Christ has been doing well. His blood counts are back up and adequate. He reports dramatic improvement in function. He reports his fatigue has gone. He thinks he is progressively getting better each day just as he progressively got worse while he was on other treatments prior to high-dose cyclophosphamide. Heat intolerance is better. Lhermitte is also gone. With regards to bladder function, he has very much improved in this regard. He notes that bladder function is better in the mornings, but whenever he does tired, he notes that he has some intermittency. He has had no accidents. Bowel function is also improved. Cognitively, he thinks that he has also improved in function right from the period of infusion of his high-dose cyclophosphamide. He feels he is crystal sharp as he felt when he was a child. His memory is good. He is sleeping well. Numbness and tingling has resolved on the whole, but he has some residual tingling in the right arm. Tone in his lower limbs have also improved. He was recently evaluated by his orthopaedic doctors who noted he had problems with his right knee as a result of improper posture during the time when he was getting progressively worse. He is presently in a right leg knee brace, which is helping him in his function. He is using his single point cane, however, he is able to walk with better posture and for about hundred yards using his single point cane. When he has to go a long distances, he uses his wheelchair.

I have reviewed his MRI, which was done at the 3 month mark. This is an MRI of the brain and the cervical spinal cord. We have reviewed this in the clinic today together. He has no new, enlarging, or enhancing lesions. His lesion in the parietal region and the C2 spinal cord level actually appear to now decrease in size.

Christ has started taking subcutaneous Copaxone 20 mg daily since 1 month out off his high dose cyclophosphamide treatment. He is tolerating Copaxone well. We are hopeful that his initiation of Copaxone will vaccinate and bias his immune system during this reconstitution phase towards the prevention of return of disease or the extension of the period of remission of disease.

Systematic enquiry is otherwise, negative except for that which is noted above.

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Medications:

Medication List: Copaxone 20 mg given subcutaneously daily; Baclofen 20 mg taken orally one to two tablets a day; Bactrim one tablet taken orally daily; Zyrtec one tablet taken orally daily

Allergies:

He has no known drug allergies.

Major Findings:

On examination today, Christ is a pleasant gentleman who is present here with his wife. He is casually dressed. He is oriented to time, place, and person. He has a normal mood, speech, and affect. He is intelligent and articulate. Recent and delayed recall are intact. Neurological examination reveals that he has left APD. Extraocular movements are intact with smooth pursuits and no saccades. He has no diplopia or nystagmus. Facial sensation and strength is equal and intact. Hearing is intact. His tongue, soft palate, and uvula are normal. Sternocleidomastoid and trapezius muscles are normal. Motor examination reveals he has normal muscle, bulk, and tone in the upper limbs. Muscle strength in the upper limbs are 5 out of 5 in all muscle groups bilaterally except for the intrinsic muscles of the right hand. In his lower limbs, he has normal muscle bulk with increased muscle tone, Ashworth II. His reflexes are full on the right and 4 plus on the left. Hamstrings are 5 bilaterally. Quadriceps are 5 bilaterally. Tibialis anterior is 4 on the left and 1 on the right. Gastrocnemius is 5 on the left and 2 on the right. Reflexes are 2 at the triceps bilaterally. Biceps are 3 on the right and absent on the left. Brachioradialis are 2 bilaterally. In the lower limbs, reflexes are greater than 3 bilaterally in the knees and the ankles are at 4 bilaterally. He has 4 beats of clonus on the left and 10 beats of clonus on the right. Finger-to-nose testing is normal on the left, but he experiences mild slowing in the right hand. He is unable to heel-to-shin testing. Drawing is normal on the left, but little impaired on the right. Vibration is normal in both upper and lower limbs bilaterally. Temperature sensation is normal. Proprioception is grossly normal. He walks with a right knee brace and a single point cane. He is not able to walk on his heels or on his toes. He is also unable to tandem. His gait with a single point cane, however, is much improved from when he first saw me back in 01/08.

We have completed a multiple sclerosis functional composite today. The 25-time foot walk is completed in 10.8 seconds on trial 1 at 11.9 seconds on trial 2. He completes the nine hole peg test with his dominant left hand in 19.3 seconds in draw 1 and 18.2 seconds in draw 2. With his right hand, he completes in 20.6 seconds in draw 1 and 21.7 seconds in draw 2. He also completes the paced auditory serial attention task (PASAT) and the score was 57 of 60. We have also requested that Christ complete the optical coherent tomography (OCT) at this visit to measure the retinal nerve fiber layer thickness to compare with his previous measurement when he saw him in 01/08.

Assessments:

Christ is 3 months status post high-dose cyclophosphamide therapy for relapsing-remitting multiple sclerosis. Over this 3 months, he has noted tremendous benefit from his treatment. Specifically, his bowel and bladder function have improved. He has had no accidents. He is able to control both of those functions normally. He also notes that his fatigue has resolved. His heat intolerance is better. He has normal Lhermitte. Cognitively, he feels as clear as can be and he actually notes that he feels in "crystal sharp." He also feels that he is getting progressively better even just as he got progressively worse prior to high dose cyclophosphamide. Objectively, Christ's examination is much better since his treatment. He is actually walking better. His balance is better. Spasticity in his lower limbs have improved. He is down to 20 mg of baclofen taking once or twice a day. His gait has improved tremendously. He is in the right knee brace which also helps him in his ambulation. Furthermore, he has completed the multiple sclerosis functional composite which shows improvement in his nine hole peg test as well as his paced auditory serial attention task. His MRI also shows no new, enlarging, or enhancing lesions. Lesions in the parietal region and the cervical spine at C2 have decreased in size.

Problems/Diagnoses:

Problem List: Relapsing-remitting multiple sclerosis status post high-dose cyclophosphamide treatment; Paraparesis in the lower limbs

Plans:

I have discussed the above findings and assessment with Christ and his wife. They both understand. They asked

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intelligent questions. We have discussed these questions in detail. I think Christ is on the right track. He has shown improvement in this short period of follow up following high dose cyclophosphamide. This is too early on in his follow up and we expect that he will show some more recovery, as we go ahead during his follow up. He will continue with his monthly blood test and urinalysis in months 4, 5, and 6. He will also repeat his MRI of the brain and cervical spine 3 months from now. We have encouraged him to continue to push himself while listening to his body. He will continue with his active physical therapy and rehabilitation. He will keep us informed of how he does prior to his next visit with us in 3 months in the outpatient center. We will review him at that time with a repeat MRI of the brain and cervical spine. He has our contact information and will keep us informed of how he does prior to that point.

CC List:

Mr. Christophe Young; [REDACTED]

Gerard L. Guillory, M.D.; [REDACTED]

Referring Physician CC List:

Gerard L. Guillory, MD
[REDACTED]
[REDACTED]
[REDACTED]

Dictated By:

DOUGLAS KERR MD/PHD and DR. EDWARD HAMMOND, , 464158/330655470/MEDQ
D:06/20/2008 T:06/21/2008

SIGNED BY: KERR, DOUGLAS
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED.

DATE SIGNED: 06/29/2008

Note: This clinic note provides information pertaining only to the patient's most recent visit. A more detailed medical history is available in the Medical Record.

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