



CEDARS-SINAI MEDICAL CENTER®

NEWS

8700 Beverly Blvd., Room 2429A ■ Los Angeles, CA 90048-1865
Office (310) 423-4767 ■ Fax (310) 423-0435

Media Contact: Sandra Van
Telephone: 1-800-880-2397
E-mail: sandy@vancommunications.com

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HIGHLIGHTS:

When an acoustic neuroma – a benign tumor that grows on a nerve extending from the brainstem to the inner ear – is discovered when it is two centimeters or larger in size, there is very little chance that hearing in the ear can be saved. But a 43-year-old mother of two who had a three-centimeter tumor removed has regained about 68 percent of normal hearing. Her operation was performed by specialists from Cedars-Sinai's Maxine Dunitz Neurosurgical Institute and the House Ear Clinic in Los Angeles.

BEATING THE ODDS, PATIENT CAN HEAR AFTER LARGE BENIGN TUMOR IS REMOVED FROM INNER EAR

LOS ANGELES (Sept. 9, 2004) – Because she had undergone a Caesarean section to deliver her baby girl after suffering two miscarriages, Cheryl Thatt was not terribly alarmed when she first experienced a touch of light-headedness, a feeling that she might faint, and other unusual sensations.

“All of these things I attributed to, ‘Oh, it was the epidural. It was the hormones. I’ve been pregnant so long that my body is just readjusting. Or it could be anemia or whatever,” says the 43-year-old Encino junior high school teacher, who also has a 12-year-old son.

She was concerned enough, however, to go to her physician, who ordered several blood tests that came back negative.

“At the same time, I started getting vision problems, and that was really the clue. I’d actually black out almost. I couldn’t see out of my left eye sometimes – not all the time, but occasionally – and it started getting pretty scary,” Cheryl recalls. “I had a floater in my eye, so I went to my eye doctor who said, ‘Gee, there’s something going on in there,’ which was terrifying.”

He referred her to a specialist who arranged for her to see Glenville March, MD, a highly specialized ophthalmologist. “Dr. March ordered an MRI and told me there was the possibility that I had a tumor because I had swelling and hemorrhaging in my eye that you can’t see with the naked eye. They saw it, and sure enough, the MRI turned up the acoustic neuroma,” Cheryl says. Dr. March immediately referred her to Keith L. Black, MD, director of Cedars-Sinai’s Maxine Dunitz Neurosurgical Institute (MDNSI).

Acoustic neuromas are benign tumors that grow on the vestibulo-cochlear nerve, the eighth cranial nerve extending from the brainstem to the inner ear. They usually grow slowly and begin to cause symptoms as they compress the nerves responsible for balance and hearing. As they increase in size, they may affect additional nerves, particularly the seventh cranial nerve that is involved in facial sensations.

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Cheryl's tumor was large, about three centimeters, growing on the nerves of her right ear. When she met with Dr. Black, he had both good and bad news. "He said, 'Well, you have a three centimeter tumor. You will lose your hearing,'" she recalls. "But the thing he told me, which really relieved me, was that it was benign. He said, 'If we can take the whole thing out, you will be cured. I want to prepare you for the fact that you will lose the hearing in that ear.'"

"When an acoustic neuroma measures one centimeter or less, hearing can often be saved. But for larger tumors, especially those over two centimeters, the chances drop dramatically," says Dr. Black. "Cheryl's tumor was very large, and although we hoped to save her hearing, we did not want to give her unrealistic expectations."

Dr. Black, director of the medical center's Division of Neurosurgery and the Comprehensive Brain Tumor Program, with MDNSI neurosurgeon Brian K. Pikul, MD, and Rick A. Friedman, MD, PhD, from the House Ear Clinic, planned to approach the tumor from behind the ear rather than through the ear canal. Dr. Friedman is a neurotologist, a specialist in the bones, nerves, systems and structures of the ears and head and neck.

"Often, especially when patients have very poor hearing, we go through the inner ear, but in Cheryl's case we just decided to go behind the ear to do the best we could for her," Dr. Friedman says.

The operation was performed on Jan. 29. Dr. Friedman removed some of the bone that covers the ear canal, then identified and protected the facial nerve and other fragile structures, enabling Dr. Black to access the deeper region where the tumor was situated.

Not many days after the operation, Dr. Black handed Cheryl a phone and asked her to hold it up to her ear. When she said she could hear "a little something," he didn't say much but she noticed that he smiled. As she continued to recuperate at home, her husband, Steve, said he thought her hearing was better than expected. "I wasn't saying 'what?' all the time," she recalls. "I'd put the phone up to my ear and I could hear a little bit. I thought, oh, that's really nice. I can hear. I'm surprised. I still knew that this ear was not quite perfect but it was not as bad as I thought."

When she went to the House Ear Clinic for a follow-up appointment about two months after the operation, Dr. Friedman found that she had about 50 percent of her normal hearing. By mid-June, her hearing level was up to about 68 percent, where it likely will remain. "I think she's probably where she's going to be because it has been so long after surgery but I'll tell you, when I saw her hearing test after her first post-operative visit, I was quite pleased," Dr. Friedman says.

Dr. Black, who holds the Ruth and Lawrence Harvey Chair in Neuroscience at Cedars-Sinai, says Cheryl's results confirm the benefits of a collaborative approach. "The House Ear Clinic has one of the largest and most respected practices of its kind in the country, and it's very rewarding when a team effort leads to an excellent outcome like this."

Before the operation, Cheryl had been informed of the potential side effects of the surgery and was most concerned about the possibility of facial paralysis. After surgery, she experienced the expected dizziness and equilibrium disturbances that lessened over the following months, but she was thrilled to find that her facial nerves had not been affected.

"I never had any of the paralysis," she says. "I feel very blessed and fortunate that I had these surgeons and that I'm doing as well as I'm doing. People look at me and say, 'We could never tell that you had brain surgery. Never in a million years.'"

A Magnet Nursing accredited facility, Cedars-Sinai Medical Center is one of the largest nonprofit academic

medical centers in the Western United States. For the fifth straight two-year period, it has been named Southern California's gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities and was recently fully accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP).

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