



ABUJA

BOARD CHAIRMAN:
Pharm Hamza A. Sakwa

DIRECTOR OF ADMINISTRATION
J. Odiba Esq
Member/Sec. to the Board

NATIONAL HOSPITAL

The Presidency

(Established by Act No 36 of 1999).

CHIEF MEDICAL DIRECTOR / CEO
Prof. B.B. Shehu, FRCS, FWACS, FACS

DIRECTOR OF CLINICAL SERVICES/CMAC
Dr. Obasi E. Ekumankama
MB.BS, FWACS, FICS

July 9, 2012

TO WHOM IT MAY CONCERN

Re: **HAJIYA FATI ALL, 40 YEARS, FEMALE, HOSP No 368602**

The above named patient was admitted 3 months ago after sustaining a gunshot injury to the back of the bulk of the head at ? close range.

She was admitted through our accident and emergency unit, admitting GCS was 8/15, where she was resuscitated adequately.

CT brain revealed fracture of right temporoparietal bone, cerebral edema, intracerebral right temporal lobe bleed and bullet tract from the posterior right parietal to the frontal lobe.

She subsequently had right fronto temporo parietal craniotomy with debridement. She was on Intensive Care Unit (ICU) admission for 4 weeks and received broad spectrum antibiotics and wound care. She was discharged from intensive care where her GCS improved to 15/15 with a resultant left sided hemiparesis.

She developed wound infection and a repeat CT brain revealed an intracerebral abscess. She was worked up for ultrasound guided abscess aspiration which was done on June 13, 2012.

Intra-operative findings were multiple multiloculated abscess cavities, one superficial to the right ventricle and another deep between the two lateral ventricles. Intra-op the superficial abscess cavity was aspirated which yielded 2mls of seropurulent aspirate. Due to the high risk of transversing the ventricle the deep seated abscess was not aspirated.

Post operative conditions were satisfactory.

Enemosah

Dr Enemosah Ibrahim
For: Dr M R Mahmud
Consultant Neurosurgeon