[redacted]
Consultant Neurologist
Level 10
Derriford Hospital
Plymouth
PL6 8DH

Tel. Number 01752 432052
Fax Number 01752 517890

Our Ref: [redacted]
NHS No: [redacted]
Clinic: 02/05/12
Typed: 15/06/12

Dr [redacted]
Riverside Surgery
Le Molay
Littry Way
Bovey Tracey

Dear Dr [redacted]

RE: Leonard LAWRENCE DOB: 31/08/55
[redacted]

I saw Mr Lawrence with a colleague from the Brain Injury Team. He is feeling much more positive and I understand that he has been given leave to sue Aero Industries at the High Court. His EEG did not show any seizures but the background EEG did show some non-specific findings suggestive of underlying cerebral dysfunction.

I am not sure there is anything else I can offer him practically from a neurological perspective and I have discharged him from clinic but he is very kindly going to email me some information about a recent scientific conference regarding organophosphates and has indicated that he would be willing to come and discuss his experiences at one of our regional teaching grand rounds though it might well be best to do this once court cases etc have been concluded.

I wonder whether it might be possible to have a repeat psychological evaluation performed. As this was previously done at Torbay I am sure if it would be better if the same person could do it again for the sake of comparative purposes and I wonder if you might consider referral.

Yours sincerely

[redacted]
Consultant Neurologist

[redacted]
Consultant Neurologist and Honorary University Fellow
Department of Neurology
Level 10
Derriford Hospital
Derriford Road
Plymouth PL6 8DH
Medical Secretary: 01752 431265
Fax number: 01752 517890
e-mail: m.sadler@nhs.net

Ref: [redacted]

Clinic: 17.1.12
Typed: 14.2.12

Dr [redacted]
Riverside Surgery
Le Molay, Littry Way
Bovey Tracey
Devon
TQ13 9QP

Dear Dr [redacted]

Re: LEONARD LAWRENCE DOB: 31.8.55
[redacted]
NHS No: 445 020 1442

Problem: Periods of loss of awareness
Past diagnosis of aerotoxicity syndrome

I saw this gentleman today accompanied by one of his support workers. He said that during the 8-hour period that she is with him, he has at least 2 blank periods and that these are happening on a daily basis. She said that he appears to "blank off" and that this will last for seconds. His concentration will drift and he seems to lose time. When she gains his attention she may have to remind him of what they were talking about. Mr Lawrence is unaware of this when it happens and so cannot give an accurate account of how many times this occurs. There are no larger events that might suggest a convulsion. In addition, she describes other mistakes that he makes in his speech with the use of the wrong word or sometimes he struggles to find the right word. He has been seen by a Consultant Neuropsychologist, Dr [redacted] and it sounds if there may be some cognitive impairment which could account for some of this. Indeed, it may account for all of the symptoms.

LEONARD LAWRENCE

As you know his previous static and telemetry EEGs were both reported as normal during symptomatic time although the symptoms were shaking of the leg rather than blank spells. I will arrange some ambulatory recording. His carer knows that she would need to keep a diary for Mr Lawrence and we will see if we can marry up any EEG change with the reported blank spells. I will review him with this but at present I would not suggest any change in medication which is currently ramipril and atorvastatin.

Yours sincerely

Dr [redacted]
Consultant Neurologist

P.S.

[redacted]
Neurophysiology Department
Level 7

I originally wanted a further period of ambulatory monitoring, but since I saw him his carer has been in touch to say that a period of inpatient telemetry will be needed. Can we arrange for him to have that. So far his episodes have not been associated with EEG change but the description of events has changed. I suspect that these are not seizures, but it would be nice if we could come to a clear conclusion.

martin

Neurophysiology Department
Derriford Hospital
Derriford Road
Plymouth PL6 8DH

Telephone (01752) 245187

17th April 2012

Report Type: EEG1TA

EEG TELEMETRY/AMBULATORY REPORT

Patient: Leonard Michael Lawrence
[redacted]

DOB: 31/08/1955

Hospital No: [redacted]
NHS No:
Test date: 19/03/2012
Consultant: [redacted]
Specialty: Neurology
Site: Inpatient
Ward Local: Burrator
Ward Other:
Telemetry No: [redacted]

Electrode Positions: According to Modified Maudsley Measurement System

Factual Report:
48 Hour Video-EEG Telemetry was performed.

Mr Lawrence reported x2 episodes where he described losing concentration and forgetting what he was doing e.g getting up to go to get tissues to wipe laptop screen, but went to the toilet instead, then sat back down before realising several minutes later that he had gotten up to get tissues.
Mr Lawrence also reported several episodes of pain in the side of his head.

No EEG changes are seen in association with any of the reported events.

The EEG shows changes compared to the previous recording (February/March 2011) and now shows an excess of intermittent predominantly theta frequency activity 4-6Hz maximal bifrontally, often extending to involve fronto-parietal and temporal regions. In addition occasional brief bursts (lasting 1-2 seconds) of mixed irregular theta 4-5Hz and delta activity 2-3Hz are recorded diffusely.

The EEG shows symmetrical regular alpha rhythm at 8-9Hz over posterior regions that shows attenuation with eye opening.

Conclusion and Interpretation

Mr Lawrence reported x2 typical episodes where he described losing concentration and forgetting what he was doing, and several episodes of pain in the side of his head (see factual report for details).
No EEG changes are seen in association with any of the reported events. These findings provide very strong evidence that these episodes are not ictal in origin.

No EEG evidence to suggest any unrecognised/unwitnessed seizures during this period of monitoring.

The background EEG shows some change compared to the previous recording. Today's EEG shows frequent intermittent bursts and runs of predominantly theta and some delta activity maximal over fronto-central and temporal regions. These findings, whilst non-specific to aetiology, are suggestive of underlying cerebral dysfunction that could be related to the clinical suspicion of cognitive impairment.

[redacted]
Clinical Physiologist (Neurophysiology)