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Hospital Number: 6161872 Clinic Date: 7 October 2025

Dear Doctor

Re: Mr James SAINT

I had a remote (telephone) consultation with James on the 7th October 2025.

Since I last saw James he has continued to have significant symptoms in relation to his left-sided hemisensory neuropathic pain syndrome which came on acutely following the second of his AstraZeneca vaccines a few years ago. At that time he was also found to have a right-sided cerebellar infarct from which he was asymptomatic with no other obvious vascular changes. Although one could argue that that vascular event could have been related to his smoking I think that the temporal relationship between the onset of his symptoms and the imaging makes it more likely that this was a thromboembolic event related to the vaccine.

In that regard my original clinical diagnosis of myelitis seems to be less tenable based on his recent imaging on a 3 Tesla MRI scan. In that there was no demonstrable signal change in the spinal cord even though there had been some indication of some signal change with some previous spinal cord imaging.

If one takes a step back and tries to put together the left-sided hemisensory syndrome associated with the right-sided cerebellar infarct due to a thromboembolic event then one could argue that there was a small (radiologically indiscernible) brainstem stroke causing his symptoms with the only anatomical abnormality now being the cerebellar infarct in the same arterial territory. These are the sorts of discussions that we will have at our MDT meeting at the Cromwell Hospital on November the 5th.

In the meantime James continues to be symptomatic and I have suggested that we try some sort of neuropathic modulating agent. He has already had experience with many centrally acting neuropathic medications including duloxetine, pregabalin, gabapentin etc and is unkeen to try them again due to side effects.

He has never tried an old style neuropathic modulating agent such as carbamazepine (Tegretol) which I have started at a dose of 100 mg per day which after 2 weeks will be increased to 100 mg bd. At least we will be able to tell whether he has responded to that by the time I feed back following our MDT meeting in early November.

Yours sincerely,

Dr O. Malik

Consultant Neurologist

Cc: Mr James Saint