

GENERAL NEUROLOGY CLINIC

Clinic Date: 04/08/2021 Date Dictated: 04/08/2021 Date Typed: 10/08/2021

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Consultant Neurologist

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Our Ref: JW/JM/W000391356
NHS No: 6069660536 / Number present and verified

Dear Dr Tong

Re: Cora Vials Moore **DOB: 11/03/1978**
2 Coronation Drive, Crosby, Liverpool, L23 3BN

I met with Cora and her husband in clinic. The history is largely outlined in my previous correspondence to you. Cora was previously under the care of Dr Boix-Codony who has now left the hospital. To briefly summarise, she presented in 2016 with meningoencephalitis to Aintree Hospital. Since then she has never returned back to her normal self. She suffers with a number of neurological symptoms which we discussed today. First and foremost she has problems with concentration and attention, problems with memory, mobility, behavioural changes as well as episodes labelled as "hemiplegic migraines" associated with headaches. These symptoms wax and wane but are present to some extent most of the time. Associated with this she has recently noticed increasing amounts of anxiety and she can become quite obsessive over things. She also gets unpleasant intrusive thoughts which she finds difficult to control. Alongside this she also gets vacant spells, she will frequently go about her day and end up doing something unaware quite how she got to that position. She also describes symptoms of dissociation and derealisation. Alongside this she has significant fatigue.

Medical history is significant for diagnosis of antiphospholipid syndrome for which she is on treatment dose Fragmin. She also has folic acid, omega 3, co-enzyme Q10, B12, and Chio supplement.

Full neurological examination, including fundoscopy, appears unremarkable.

Impression and plan

I think the symptoms described by Cora are likely in response to her previous brain injury. I have discussed these to her in terms of brain "reaction". It represents dysfunction of the brain but I don't think represents ongoing structural damage to the brain. She has previously accessed some neuro-rehab services through the stroke team but I don't think referral back to them at the moment is necessary. However, I am slightly concerned about her mental health, which again



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could be a reactive problem but is likely to make a lot of her other symptoms worse. I am going to ask our colleagues in neuropsychiatry to see her to see if there is anything that could help. She is open to the idea of anti-depressants/anxiety medications but is mindful of the fact that she doesn't want them to react with the antiphospholipid syndrome – I would leave this to their expertise if they felt this was appropriate.

With regards to her headaches, she is keen to avoid migraine preventatives. I will include a link to our migraine comprehensive guide, and she can have a read through this for lifestyle factors that might be beneficial. www.bit.ly/migrainebooklet

One option that we could trial, given that she describes prominent symptoms of neuralgia, would be nerve blocks and she will have a think about this.

Yours sincerely

Dr John Williamson
Consultant Neurologist

Authorised on 11/08/2021 11:20:08 by John Williamson.

cc.

✓
Dr Cora Vials Moore
2 Coronation Drive
Crosby
Liverpool
L23 3BN

Dr Antonio Da Costa
Consultant Neuropsychiatrist
The Walton Centre NHS Foundation Trust

Dear Dr Da Costa

I wonder whether you would be able to meet with Cora in your clinic. She is now aged 43 and previously worked as a barrister. She had meningoencephalitis in 2016. Since then has a number of cognitive symptoms. More recently although it has been a problem for a while, she started noticing increasing anxiety, obsessive behaviours and I would be grateful for your assessment as to whether you think any further intervention would be beneficial?

Yours sincerely

JW