Case study

TITLE: - IMPACT OF BALANCE TRAINING AND CO-ORDINATION EXERCISES IN POST-OPERATIVE LEFT CEREBELLOPONTINE ANGLE TUMOR: A CASE REPORT

ABSTRACT:

Introduction: Acoustic neuromas are most common tumors of CP angle, accounting more than 90% of all such tumors. Meningoma, primary cholesteatoma and facial nerve schawnnoma are the different type of tumours. Acoustic neuroma is a benign tumour situates in CP angle which has a fibrous growth and originates from the division of vestibularchochlear nerve.

Aim: Impact of Balance Training and Co-ordination Exercises in Post-Operative Left Cerebellopontine Angle Tumor

Case Presentation: A 40 year old male with right hand dominance was reffered to physiotherapy department. On examination he presented with mild impairement in balance and co-ordination, assisted walk with support. On examination he presented mild impairement in balance and co-ordination, assisted walk with support.

Discussion: This case report is a boon to the published literature on rehabilitation of a patient with CPA tumor, as it presents the sequential management is the patients post CPA tumor.

Conclusion: Acoustic neuroma is most common CPA tumor. Management of CPA tumor is important to improve quality of life. As per reference articles and the exercises planned can

progressively improve balance and co-ordination of patient. Physiotherapy plays important role in managing balance training in CPA tumor patients.

Key words- CP angle tumor, sensorineural hearing loss, tinnitus, physiotherapy, case report.

Introduction:

The cerebellopontine (CP) angle is formed anterolateral by the posterior aspect of the petrous temporal bone, posteromedial by the cerebellum and pons (1). Various types of CP angle tumours are epidermoids, meningiomas, metastases, acoustic neuroma and neurinomas of jugular foramen(2). The bulk of these tumours about 80% are acoustic neurinomas(2).

A benign tumour of eighth cranial nerve is known as an acoustic neuroma (AN) (VIII). Vestibular schwannoma, or more precisely vestibulocochlear schwannoma, is a benign tumour of the inner ear.(3)Physicians are conscious of the fact that lesions of the cerebello-pontine angle, particularly acoustic neuromas, can cause a rapid loss of hearing(4). Hearing loss caused by a CPA mass is thought to be caused by one or more of the following theories: 1. pressure on the 8th nerve; 2. inner ear vascular compromise; 3. biochemical changes (4). Tinnitus is termed as a auditory perception of sound though it is absent or surrounding is quiet. Thus, may be lead to hearing loss. It is a rather common condition, with prevalence ranging from 7 to 20%(5) Acoustic neuroma should be suspected if you have unilateral hearing loss and tinnitus(6).

Patient Information:

A 40-year-old right-handed man, presented with complaint of weakness of left upper and lower extremity since 2-3 months; difficulty in swallowin; reduced hearing since October 2018(since 3 yrs) from left ear, unable to hear whispers gradually progressive in nature; left

ear ringing sensation since 3 yrs low pitched ,on and off in nature; giddiness since 3 yrs on and off in nature , lasting for 10 minutes, not associated with positional changes. Patient had initially visited local practitioners and was managed conservatively then visited private hospital and was adivised surgical management. Patient was admitted to AVBRH on 28 September 2021.On 10th October 2021 patient underwent under app under a temporary transorrhaphy of left eye performed under local anesthesia in supine position. Patient had history of alcohol intake since17 yrs, last intake 7 months ago and khara chewing since 15 yrs. No family history.

Clinical Findings:

The patient was examined after taking the consent. Patient was conscious oriented to time, place, and person, well cooperative and can follow commands. On examination he presented mild impairement in balance and co-ordination, walk with support. Motor examination showed normal muscle tone, intact sensations, normal ROM. His score on MMSE is 26.

His deep tendon reflexes are exggaerated.

CRANIAL NERVES	FINDINGS
Optic nerve	Loss of vision on left side
Facial nerve	No facial expressions on left side
	No frowning because of clips attatched to
	left eye
	Mouth deviation to right side

Vestibulocochlear nerve	Hearing loss on left side

Therapeutic Interventions:

The physiotherapy interventions focused on cerebellar impairments and a limitation of activity. (7)

The most frequently used physiotherapy interventions are Habituation exercises, Proprioceptive Neuromuscular facilitation exercises, Frenkel's exercises and exercises for improving static and dynamic balance in standing. (7)

Conservative physiotherapy exercise programme 3 days each week over a period of four weeks.(8).

Physical therapy exercises started with individual leg movements in the sitting position, progressed to static and dynamic standing balancing activity, as well as assisted walking with minimal support.

All the above mentioned exercises are done with task oriented exercises for 35-45 minutes along with ergonomic exercises (10).

Follow-up and outcomes:

There was a tremendous improvement in the Berg balance scale score, DGI Score, and the WHO-QOL post-rehabilitation.

Results:

Early rehabilitation for patients with operated case of CP angle tumor proves beneficial in

improving balance and co-ordination. He is under regular follow-up and rehabilitation in our

department.

Discussion:

CPA tumours accounts for 5-10% of all intracranial tumours. The majority of CPA tumours

are benign, with vestibular schwannomas accounting for over 80% of all tumours(11). Early

rehabilitation in CPA tumours includes balance and coordination training. This review

showed some evidence that physiotherapy can help persons with cerebellar impairment

improve their gait, and activity limitations. Many researches have shown that central

vestibular disorders proves improvement in balance (7). In this patient we gave balance

exercises, gait training, and frenkles exercises which proved to be beneficial.

Conclusion:

Acoustic neuroma is most common CPA tumor. Management of CPA tumor is important to

improve quality of life. As per reference articles and the exercises planned can progressively

improve balance and co-ordination of patient. Physiotherapy plays important role in managing

balance training in CPA tumour patients.

Informed consent: A proper informed consent was taken from the patient prior.

References:

- Zamani AA. Cerebellopontine Angle Tumors: Role of Magnetic Resonance Imaging. Top Magn Reson Imaging. 2000 Apr;11(2):98–107.
- 2. Vellutini EAS, Cruz OLM, Velasco OP, Miniti A, Almeida GM. Reversible Hearing Loss from Cerebellopontine Angle Tumors. Neurosurgery. 1991 Feb 1;28(2):310–3.
- 3. Roos DE, Patel SG, Potter AE, Zacest AC. When is an acoustic neuroma not an acoustic neuroma? Pitfalls for radiosurgeons. J Med Imaging Radiat Oncol. 2015 Aug;59(4):474–9.
- Pensak ML, Glasscock ME, Josey AF, Jackson CG, Gulya AJ. SUDDEN HEARING LOSS AND CEREBELLOPONTINE ANGLE TUMORS: The Laryngoscope. 1985 Oct;95(10):1188???1193.
- 5. Boyen K, de Kleine E, van Dijk P, Langers DRM. Tinnitus-related dissociation between cortical and subcortical neural activity in humans with mild to moderate sensorineural hearing loss. Hear Res. 2014 Jun 1;312:48–59.
- 6. Crummer RW, Hassan G. Diagnostic Approach to Tinnitus. Am Fam Physician. 2004 Jan 1;69(1):120–6.
- 7. Brown KE, Whitney SL, Marchetti GF, Wrisley DM, Furman JM. Physical Therapy for Central Vestibular Dysfunction. Arch Phys Med Rehabil. 2006 Jan 1;87(1):76–81.
- 8. Physiotherapy Approaches in the Treatment of Ataxic Multiple Sclerosis: A Pilot Study Kadriye Armutlu, Rana Karabudak, Gülay Nurlu, 2001 [Internet]. [cited 2021 Oct 22]. Available from: https://journals.sagepub.com/doi/abs/10.1177/154596830101500308

- 9. Balliet R, Harbst KB, Kim D, Stewart RV. Retraining of functional gait through the reduction of upper extremity weight-bearing in chronic cerebellar ataxia. Int Rehabil Med. 1986 Jan 1;8(4):148–53.
- 10. Gill-Body KM, Popat RA, Parker SW, Krebs DE. Rehabilitation of Balance in Two Patients With Cerebellar Dysfunction. Phys Ther. 1997 May 1;77(5):534–52.
- 11. Patibandla MR, Panigrahi MK, Gurram PL, Thotakura AK, Kulkarni D. Morphometric analysis of posterior fossa in Indian CP angle acoustic schwannoma patients. Asian J Neurosurg. 2016;11(3):255–60.
- 12. Tallan EM, Harner SG, Beatty CW, Scheithauer BW, Parisi JE. Does the distribution of Schwann cells correlate with the observed occurrence of acoustic neuromas? Am J Otol. 1993 Mar 1;14(2):131–4.
- 13. Martin C, Tan D, Bragge P, Bialocerkowski A. Effectiveness of physiotherapy for adults with cerebellar dysfunction: a systematic review. Clin Rehabil. 2009 Jan;23(1):15–26.