

# Needed: Teaching hospital to remove 9cm intracranial cavernous hemangioma

By Holly Lisle

Here's the news. My brother-in-law is now back home because the hospital where he was cannot do anything else for him.

The tumors in his brain are benign. That's the good news. The diagnosis is intracranial cavernous hemangiomas.

The bad news is, he needs to see a neurologist. He needs to have **at least** the largest of the hemangiomas removed from his brain—it's 9cm in diameter, about the size of a baseball.

Because it has been slow-growing, his brain has rerouted around this mammoth tumor, so that until about a week ago, it wasn't apparent that anything was going wrong. Last week something—we have no idea what—changed, and suddenly he had right side weakness, periods of incoherence, and what has become evident as short-term memory loss.

Now the tumor has become something that, if he is to survive, must be fixed. There are only a few places in the country that can do the surgery required, which involves threading a catheter through a blood vessel in his leg up into his brain, breaking up the tumor, and sucking it out a bit at a time.

The process is nightmarishly risky. Unbelievably expensive.

Not having the surgery, though, is a sure thing, in the worst of all possible ways.

And he has no health insurance, though he might yet be able to get it through work, and it might yet cover this condition. That remains to be seen.

Assuming he can't, he and his folks are left hoping that a 9cm cavernous hemangioma in the brain, along with smaller hemangiomas, in a 34-year-old patient with few neurological symptoms (so far), and a history of leukemia as a kid, would be a rare enough and tempting enough case to interest a teaching hospital into taking him on for the education he would provide its medical students.

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