

Fritz

Background & Symptoms:

It started one day when he had trouble hearing me & he had some tinnitus. He was always full of life and had spent many of his early years at an Ashram; thinking about transformative processes to change himself and the world for the better.

In the past fifteen years, he was a tough negotiator; skills honed by knowing himself and knowing his place. That isn't to say that he isn't slightly off-center and somewhat frenetic. Being around Fritz had its own energy; you knew you were in the presence of someone who understood the mystical, emotional, and communicative properties of human beings.

Then one day, he thought he was coming down with an ear infection. A couple of days later, he noticed a ringing in his ears and an ever so slight imbalance when he bent over the feed a stray cat that had started coming around. There was never much pain, until later. He poked at his ear canal, used q-tips to dig out stuff that should have been taken out years ago :->.

The pressure started about a month after the initial tinnitus and imbalance. It was by far the most troubling thing that had ever happened since he broke his leg – an event he could still vividly recall after more than 40 years.

He was 55, active and fit otherwise. It has been a long time since he had been sick and didn't even have a doctor. He went to his dentist, thinking that there might be some issue with his mandible and his bite; but nothing appeared. His dentist gave him a clean bill of health, recommended some antibiotics and suggested that an otolaryngologist see him.

Over the next few weeks, which turned into months, his hearing became affected. He claimed he could hear sounds but could not understand what people were saying. His friends said in a humorous way, perhaps he was suffering from Mad Cow like Denny Crane on Boston Legal.

Then his imbalance & dizziness became more pronounced and his facial numbness started. "This is getting serious", his friend Michael observed.

He asked one of his good friends, a physician, "Do you think it could be an infection in my ear?" It was as if he had a bad hangover and a bulging disk in his cervical spine. "Should I take some antibiotics?" They can't hurt his friend said. If anything, the symptoms worsened and the hearing loss, the occasional dizzy spells that made him have to lie down and the facial numbness seemed to become more frequent and more intense.

He finally went to a doctor in the Los Angeles suburbs; a respected doctor who was referred for his specialty in treating rare conditions. "Just in case this is something rare, I'm referring you to a specialist" was his referring doctor's comment.

The specialist looked in his mouth, ears, his nose; nothing. It might be some kind of virus or bacteria, the specialist told him. "Here are some stronger antibiotics, take plenty of fluids with these and come back to see me in 2 weeks. If it is treatable with these antibiotics it should get better on its own." But it didn't.

And then he started experiencing the pain and it brought him to his knees. A long-time postponed trip to the specialist was scheduled. The doctor was young looking with a pleasant, businesslike manner. Fritz liked his clinical approach because he thought it matched his own style; no shrinking violets here.

A more thorough physical along with an explanation by Fritz of the facial tics and spasms he had been having over the past year since his last visit gave the specialist some indications. But when Fritz talked about the headaches and unsteady gait, the specialist knew there was increased intracranial pressure.

Routine auditory tests were scheduled and a clear hearing loss on one side over the other was detected and documented. In addition, an auditory brain stem response test was scheduled and performed with similar negative results. Of course, the inevitable CT scan was next. The doctor speculated privately that if this is a small tumor the CT scan might not find it. MRI is the gold standard for testing small tumors in the intricate areas of the brain, neck, ear, spine, and would be the next test.

The CT scan came back with a diagnosis of an acoustic neuroma ("AN" for short). Fritz's specialist suspected Meniere's disease or a tumor. But AN is really rare; much, much less than 1% of all benign tumors of the brain. There are some that feel steroids are a possible treatment; shrink the tumor and see how it does. In general, AN tumors are slow growing and the treatment of a person in their 8th decade might be to simply watch and wait.

Then Fritz did something out-of-character when he consulted with UCLA Medical Center and then the University of Pittsburgh about the acoustic neuroma, and did so many times. Fritz was always a great researcher of information and this was no exception. He turned his attention to gathering and learning as much about AN as he could find.

It all had to do with the details; since AN is a benign tumor that produces pressure on surrounding structures, careful observation over time may be the appropriate treatment for some patients – but not for Fritz. His tumor was not small and he had taken his time getting this looked at by a specialist.

Cause:

An acoustic neuroma arises in the vestibulo-cochlear nerve; important blood vessels and adjacent nerves are in close proximity and/or innervate the tumor. The cause of the AN is unclear. There is a genetic defect that leads to the appearance of the tumor and an abnormal protein "Merlin" is produced. No one knows why this gene waits until age 48 (on average) to appear but it does.

Once the tumor fully occupies the internal auditory canal it often begins to erode the walls of the canal and enlarges the canal, which can be detected on x-ray. The erosion does not always occur; they typically remain in their capsule and displace the

surrounding nerves, blood vessels and tissue very slowly. Sometimes the AN can grow quickly which is the case for Fritz. With increasing tumor size, it can press on the brainstem which can be life threatening. For some reason there is no relationship between tumor size and hearing loss and the tumors grow from the ear side into the brain. The growth rate does not appear to be constant; it might grow for a while and then remain dormant and then start growing at some later time.

Treatment Options:

The only treatment option open to Fritz was removal of the tumor by surgery; classical surgery or radio-surgery (Gamma Knife). His specialist was quite skilled at these kinds of operations and had done many more than his contemporaries; Fritz felt hopeful and confident. But something the doctor said had a slightly troubling effect. "This tumor may be aggressively growing and I may not be able to remove it all."

Fritz had a large tumor by any standard and the surgery would require extensive removal of the bone to properly excise the tumor and to control the large blood vessels, which makes access to the tumor difficult. So a set of arteriograms was performed, landmarks in Fritz's skull were identified so as to establish the 3 dimensional position of the tumor. As an aside, surgeons still make the 3-D image in their heads using 2-D flat images – the state-of-the-art of 3-D images has still come nowhere close to being implemented in the operating room.

Fritz's choices; My own brother, a great doctor, says the default option is to cut "it (whatever it is) out". Radiosurgery (Gamma Knife) has some real advantages in recovery over classical surgery but it can and has turned benign tumors malignant. With this condition and using either surgery, the primary treatment is to arrest the growth, control the symptoms and postpone any new aggressive growth.

Resolution:

Fritz elected, after much research, to take the most-advanced treatment, gamma-knife surgery, which he had in December 2005, had a good recovery, prognosis 97% survival. But during the summer of 2006, Fritz's condition started to deteriorate. Statistically, he fell into the most unlikely 3%. Another round of consultations followed with LA Medical Center and University of Pittsburgh and with the result that his doctors scheduled the full surgical approach to excise the neuroma, in mid-September 2006. With delays caused by insurance-company clearance, UCLA surgical schedule, and his own busy entrepreneurial work, the surgery was scheduled for UCLA Medical on October 27, 2006.

He died on the afternoon of October 26, while his sister was on the way to pick him up for the surgery the next morning

Thoughts:

From the movie “Out of Africa”: *“Now take back the soul of Fritz Perlberg, whom you have shared with us. He brought us joy...we loved him well”*

To an Athlete Dying Young by A. E. Housman (1859-1936)

The time you won your town the race
We chaired you through the market-place;
Man and boy stood cheering by,
And home we brought you shoulder-high.

To-day, the road all runners come,
Shoulder-high we bring you home,
And set you at your threshold down,
Townsmen of a stiller town.

Smart lad, to slip betimes away
From fields where glory does not stay
And early though the laurel grows
It withers quicker than the rose.

Eyes the shady night has shut
Cannot see the record cut,
And silence sounds no worse than cheers
After earth has stopped the ears:

Now you will not swell the rout
Of lads that wore their honours out,
Runners whom renown outran
And the name died before the man.

So set, before its echoes fade,
The fleet foot on the sill of shade,
And hold to the low lintel up
The still-defended challenge-cup.

And round that early-laurelled head
Will flock to gaze the strengthless dead,
And find unwithered on its curls
The garland briefer than a girl's.