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## **Sydney North Neurology and Neurophysiology**

Consultations, Nerve Conduction/EMG, EEG and Botulinum toxin

2 November 2023

Dr Svitlana Saburova  
3/ 3 Sidney Nolan Street  
CONDER ACT 2906

Dear Svitlana,

**RE:Romen Savesk**

**DOB: 6/1/1987**

### **Diagnosis**

Chronic migraine is part of the post-COVID vaccination multisystem constellation of symptoms, including disorders of the skin (known to Dr. Slape), cardiac dysfunction/pericarditis, on colchicine, recent MRI heart confirming presence, and cognitive impairment.

### **Investigations**

1. 1. A CT scan of the head, neck, and chest with contrast was done at Mermaid Beach Radiology.
1. 1.1 The CT brain appears normal, with a reported dominant vertebral artery as well as moderate compression of the proximal ICA vessels between the styloid mastoid and C1 transverse processes. Calcification of the right adrenal gland
1. 1.2 SPECT CT apparently shows reduced anterior quadrant bilateral uptake of uncertain significance, queried by the reporting radiologist to potentially reflect depression and a non-specific finding.

### **Plan**

1. 1. As has not trialled migraine prophylactic medication so far, it could attempt to improve cognitive function, extreme malaise, and quality of life generally by doing so. Also comorbid is poor sleep and a wide array of chronic fatigue syndrome-type symptoms.
1. 2. To start amitriptyline, take 5 mg nocte, working up to 35 mg as tolerated. There is a low likelihood of significant pharmacokinetic interactions with current CBD and melatonin use.
1. 3. Trial of Imigran for fluctuations in essentially unremitting underlying headaches.

## **Social**

Romen lives with a partner in Canberra, works in the Australian Public Service, and has employment under threat due to significant poor health. Cites was in excellent health before his crash immediately following vaccination with the Pfizer mRNA vaccine. Pending reviews to the immunologist.

I reviewed Romen today. Romen is 36 years old and, prior to two years ago, enjoyed generally good health. He was an occasional migraine sufferer in his younger years and went through a bout of chronic fatigue syndrome at age 17, which had some sort of viral prelude, that took several years for him to get back on track from. He recovered to a very active physical lifestyle before his current ill health. He recalls feeling very unwell immediately after receiving the vaccinations.

Since then, he has developed chest pain, palpitations, brain fog, memory difficulties, and insomnia. He does not endorse having any primary disturbance of his mood and very much desires to be back where he was when unencumbered by physical symptoms in his job as well as recreation. He has had a number of appointments with neurologists and a number of investigations over time.

To be frank, I am not really sure what to make of the results of some of the investigations that have been ordered, particularly the SPECT CT scan. I can see that there may be findings of reduced relative to normal perfusion of frontal and parietal regions, which may represent a common phenomenon within post-vaccine so-called long COVID, but this is more something that really should be considered within a research context at this stage rather than being something we could expect to make any specific recommendations for medication or planned rehabilitation plans from.

What, however, has remained relatively overlooked, I think, so far, is the fact that he is suffering from an unrelenting daily headache with noticeable fluctuations. The headache is predominantly frontal and is associated with a high level of light and sound sensitivity most of the time. This is in the context of his already being a migraine sufferer in the past.

There are a number of other head winds, including sleep, which are probably perpetuating the situation. I understand that Dr. Zhai and Dr. Malhotra have been involved in the past. Dr. Zhai felt that a lot of his symptomatology might be due to functional neurological disorders, particularly speech difficulties, but this is arguably irrelevant in the context of his ongoing headache symptoms. I understand that Dr. Malhotra may have imparted to Romen a diagnosis of post-vaccine encephalopathy and planned to initially evaluate it with a lumbar puncture, but that was never evaluated, some two years ago now.

On examination, Romen appeared extremely tired. He kept his eyes downcast and shut for half of the consultation because of light sensitivity. He had slow and effortful speech, particularly at the start of the consultation, but the speed of his speech as well as his volume did exhibit some reactivity in terms of tone and pace as the interview went on.

The cranial nerve examination was unremarkable. There was no papilloedema. Pupils were equal and reactive. There was no Horner syndrome.

I also might add that I did not review the CT films today but it was not reported in the conventional manner I would expect them to be reported in for CT angiography so it is difficult to make too much, in my view, of the reports of impression of his carotid arteries. In my opinion, his syndrome does not fit with carotid artery compression in any case.

There was no abnormality of upper limb reflexes, tone, power and gait was narrow based and Romberg's test was negative. There were no upper motor neurone signs in the upper or lower limbs. I did not take his blood pressure today as time did not permit that, but I understand it has been checked before. Heart rate was regular as determined at the radial pulse.

In summary, Romen appears to have severe chronic migraine that is occurring in the context of multisystemic post-Covid vaccination medical condition. He deserves support from his employer and I provided him a letter which he can use to aid himself in efforts to justify efforts to be supported.

Though I am wary of introducing new agents he has had no exposure to before, considering his experience of modafinil recently which landed him in hospital due to discomfort and feeling of excessive alertness, I have commenced him on amitriptyline/Endep 5 mg, working up to 35 mg over a few weeks as tolerated. This might also help some of the disseminated aches and pains he has about his body as well as his sleep.

I note that his current medications aside from that would regularly include THC/CBD, which hopefully I can titrate to effect with Endep on board as well as colchicine. I have also provided him a trial of triptan, Imigran, to deploy when he has onset of typical headache exacerbation which fits the bill for being episodic migraine.

I have asked him to return in four months' time at latest but will most likely have Telehealth consult via Sydney rooms in two months' time should everything proceed as hoped. Thank you for involving me in his care.

With kind regards,

Yours sincerely,



Dr Robert Boland-Freitas  
BSc(Med) MBBS FRACP PhD

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