The Arab Republic of Egypt
Ministry of Higher Education
Health Research Ethics Committee
Assiut University
Faculty of Medicine

NATIONAL APPLICATION FORM FOR ETHICAL APPROVAL OF A RESEARCH

The application technical and ethical guidelines format are to be read before completing this form to ensure that the questions are answered appropriately.
You may find it helpful to read both national technical and ethical guidelines and then fill the format. You can add extra pages.
Before requesting an individual's consent to participate in research, the investigator must read chapter three in the Guidelines for Ethical Conduct of Research Involving Human Subjects.
The Arabic version of the informed consent is the form to be used to take the consent from the Egyptian research participants, so you should fill it in details and in a language or another form of communication that the individual can understand the research subject.

Ministry of Higher Education
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NATIONAL APPLICATION FORM FOR ETHICAL APPROVAL OF A RESEARCH PROPOSAL

Please read the technical and ethical guidelines thoroughly before filling the form

Technical proposal form

Applicant

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Title of the case report

Differential diagnosis of a vanishing brain space occupying lesion in a child

Introduction/methodology/data collection/data analysis

Case presentation: a 14-year-old child admitted to the department of Neurology at September 2009 with a history of subacute onset of fever, anorexia, vomiting, blurring of vision and right hemiparesis since one month. Magnetic resonance imaging (MRI) of the brain revealed presence of intra-axial large mass (25x19 mm) in the left temporal lobe and the brainstem which showed hypointense signal in T1W and hyperintense signals in T2W and FLAIR images and homogenously enhanced with gadolinium (Gd). It was surrounded by vasogenic edema with mass effect. Intravenous antibiotics,

mannitol (2grams/12 hours/2days) and dexamethasone (8mg/12hours) were given to relief manifestations of increased intracranial pressure. Whole craniospinal radiotherapy [brain=4000CGy/20 settings/4 weeks; Spinal=2600/13 settings/3weeks] was given based on the high suspicion of neoplastic lesion (lymphoma or glioma). Marked clinical improvement (up to complete recovery) occurred within 15 days. Tapering of the steroid dose was done over the next 4 months. Follow up with MRI after 3 months showed small lesion in the left antero-medial temporal region with hypointense signal in T1W and hyperintense signals in T2W and FLAIR images but did not enhance with Gd. At August 2012, the patient developed recurrent generalized epilepsy. His electroencephalography (EEG) showed the presence of left temporal focus of epileptic activity. MRI showed the same lesion as described in the follow up. The diffusion weighted images (DWI) were normal. The seizures frequency was decreased with carbamazepine therapy (300 mg/12 hours). At October 2014, single voxel proton (1H) MR spectroscopy (MRS) showed reduced NAA/Cr, Cho/Cr, NAA/Cho ratios consistent with absence of a neoplasm and highly suggested presence of gliosis. **Conclusion:** A solitary brain mass in a child poses a considerable diagnostic difficulty. MRS provided valuable diagnostic differentiation between tumor and pseudotumor lesions.

Budget

Personal

Confidentiality

As a corresponding author, I declare that written informed consent was obtained from the patient for publication of this case report and accompanying images.

For office use only

Proposal No.:0043

Date Received: 12th December 2014

Approved

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