



A Remarkable Resilience

Revisiting Complex Surgery on Brain and Spine of a 28-Year-Old Woman,
14 Years Ago at Eisenhower

BY JAN MAGUIRE

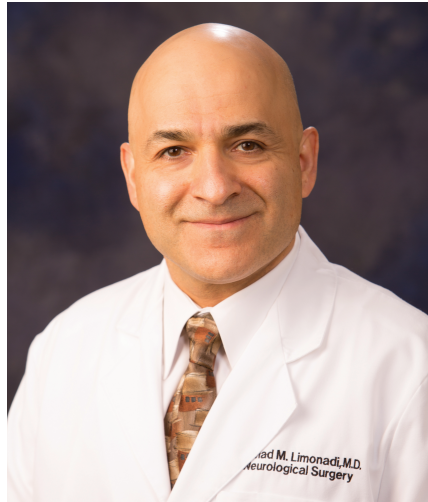
IF AN AWARD EXISTED for young working mothers with remarkable resilience, Kristina Palafox would win it hands down. At 23, Palafox began experiencing severe headaches, chalking them up to a family history of migraines. When the headaches persisted and she suddenly gained weight, and continued to lactate well after weaning her son, her gynecologist referred her for testing. The diagnosis: a prolactinoma, a noncancerous tumor of the pituitary gland that produces an excess of the hormone prolactin.

"The tumor was extremely small and I was put on medication for a few years," Palafox recalls. "Then when I was 27 or 28, the headaches became excruciating."

She was also experiencing blurred vision. Her primary care doctor ordered an MRI, which revealed that the tumor had doubled in size. Palafox was referred to Endocrinologist Mohamad Alnabelsi, MD, who switched her medication to reduce her prolactin level and shrink the tumor. Despite the new medication, symptoms did not improve, so Palafox was scheduled for surgery to remove the tumor.

"Knowing that you're going to have what is essentially brain surgery is scary. I found out in early December [2008] that they wanted me to have it right away, but I wanted to spend the holidays with my family," Palafox remembers.

On January 19, 2009, Board Certified Neurosurgeon Farhad Limonadi, MD, and Otolaryngology Head and Neck Surgery Specialist Syed Ahsan, MD, performed a transsphenoidal resection of the pituitary tumor. The procedure involves using a tiny



**"The biggest treasure
in our lives is the
influence we have on
those we encounter."**

— FARHAD LIMONADI, MD

endoscope to access the pituitary tumor through the nose and sphenoid sinus rather than a more invasive traditional craniotomy.

"Dr. Ahsan provided the approach and essentially put me at the wall of the sphenoid sinus," Dr. Limonadi explains. "I was then able to use this as a corridor directly to the large tumor which was adjacent to the optic chiasm and carotid arteries, without any brain manipulation."

A transsphenoidal approach leaves no visible scar, bypasses brain tissue so that

the risk of brain injury is very low, and enables faster recovery. Still, says Dr. Limonadi, the operation is complicated and requires a highly skilled surgical team to avoid damaging any crucial structures, such as the pituitary gland itself.

"We wanted to achieve complete resection without affecting the pituitary gland function," Dr. Limonadi relates. "It's important to note that Kristina was a young lady, only 28, and all of the hormones the pituitary gland produces were very critical for her functioning."

During the procedure, the team utilized stereotactic computer-assisted navigation, which provided three-dimensional imaging guidance to precisely map out the coordinates of Palafox's brain, pituitary function and all critical structures, such as the carotid arteries.

The operation went smoothly, and Palafox spent a week in the hospital recovering before being discharged home, where she was able to resume her normal lifestyle quickly. Happily, a February 2022 MRI scan has shown no recurrence.

But the story doesn't end there. Although Palafox was recovering well from the 2008 surgery, she complained of back pain in early February 2009 during a post-operative appointment with Dr. Limonadi. She was on pain medication, but it wasn't helping. A thorough examination did not raise any red flags.

"She had no difficulty with her range of motion, she had no painful palpation or percussion of her back, her visual acuity was good," recalls Dr. Limonadi. "She also

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