RC 1681624
SAFECARE CLINIX
& ENDOSCOPY CENTRE

67, Sam Shonibare Street,
off Ogunlana Drive,
Surulere, Lagos.

08034263614

safecareclinix@gmail.com

NEUROSURGICAL MEDICAL REPORT

Date: 4th of August, 2026

Re: **Kabir Saidat**

Age: 44-year-old

Sex: Female

To Whom It May Concern,

This is to certify that **Mrs. Kabir Saidat**, a 44-year-old right-handed businesswoman, is currently under my care for the evaluation and management of a brain tumour.

She presented with a two-year history of insidious-onset, persistent throbbing headache, which was initially relieved only transiently with analgesics. At its peak, the headache severity was reported as 7–8/10, although it has become less severe over the past six months. She also developed progressively worsening blurring of vision over the past one year and is now unable to use her mobile phone because of poor vision. There is no history of diplopia.

Additional symptoms include hearing impairment, occasional memory lapses with personality changes, and focal seizures involving the left upper and lower limbs. There is no history of vomiting, dysphagia, limb weakness, or bowel and bladder dysfunction. She is a known hypertensive but is not diabetic.

On examination, her general physical condition was satisfactory. Neurological assessment revealed a Glasgow Coma Scale (GCS) score of 15/15. She demonstrated impaired attention and concentration, while memory was intact on formal assessment. Both pupils measured 4 mm and were briskly reactive to light. Visual acuity was markedly reduced, with the patient only able to read large print at approximately one metre. No gross cranial nerve deficits were identified. Muscle tone, power (Grade 5/5 in all limbs), and deep tendon reflexes were normal.

Magnetic Resonance Imaging (MRI) of the brain demonstrated a huge right sphenoid wing lesion that was hypointense on T1-weighted images and isointense on T2-weighted images, with intense contrast enhancement. The lesion exerts significant mass effect, evidenced by effacement of the ipsilateral lateral ventricle, associated midline shift, and moderate surrounding perilesional cerebral oedema.

Based on the clinical and radiological findings, the diagnosis is:

Diagnosis: **Right Sphenoid Wing Meningioma**

The patient has been counselled extensively regarding her condition, the imaging findings, and the available treatment options. Given the size of the tumour and its associated mass effect, definitive management will primarily require **Neurosurgical intervention for Tumour Excision**, following completion of further specialist assessments.

She has therefore been referred for:

Neuro-ophthalmology assessment to evaluate the extent of visual impairment.

Otorhinolaryngology (ENT) review to assess her hearing impairment.

The patient and her husband have requested this medical report to support applications for financial assistance towards the cost of her investigations, surgery, hospitalization, perioperative care, medications, and subsequent follow-up.

In view of the seriousness of her condition and the need for timely specialist treatment, any financial assistance offered to facilitate her care would be greatly appreciated.

Please accept the assurances of my highest regards.

Yours faithfully,

RC 1681624
SAFECARE
CLINIX
& ENDOSCOPY CENTRE

Dr. Oshoala
Consultant Neurosurgeon