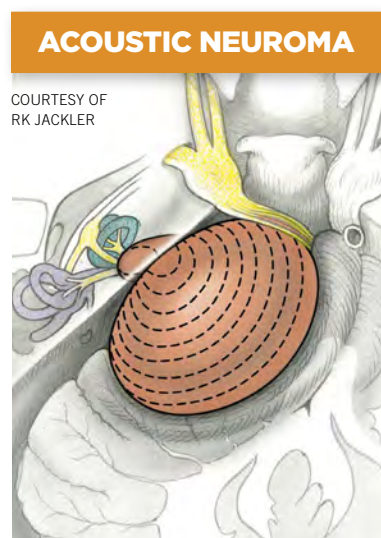


# Rare Skull Base Neurosurgery Expertise for Hearing Tumors

“I started having numbness around my chin that progressed slowly up the side of my face,” says Deborah Goldstrom, Reston. After an MRI showed a tumor, Deborah was referred to **Richard Murray, MD**, Director of Neurosurgery and an expert in skull base neurosurgery at Virginia Hospital Center, who explained that Deborah had a tumor on her hearing nerve.

“From the beginning, Dr. Murray made me feel comfortable and was so patient in answering the many questions my husband Mort and I had,” recalls Deborah.

Acoustic neuroma (also known as vestibular schwannoma) is a noncancerous and usually slow-growing tumor that develops on the hearing nerve leading from the inner ear to the brain, affecting one in 100,000 people. Hearing loss in one ear is the most common symptom, but there also may be progressive balance problems, ringing in one ear and constant facial numbness, as Deborah had.



*An acoustic neuroma growing between the inner ear and the brain causes compression of the brainstem.*

“Treatment for acoustic neuroma is usually not done on an urgent basis,” says Dr. Murray. “The patient is able to take time and think through the different options. We discuss the nuances of each technique.”

For acoustic neuroma there are three treatment options: watchful waiting that includes ongoing MRI scans and frequent evaluations to gauge how the tumor is growing; CyberKnife® radiation treatment; and microsurgery to remove the tumor. The treatment is custom-tailored to each patient based on the patient’s age, lifestyle and preferences, as well as the size and characteristics of the tumor.

In Deborah’s case, her tumor was large and required surgery. “This is a significant operation and one that is quite delicate because the nerve that moves the face is splayed over the surface of the tumor. Our goal is to remove as much of the tumor as possible while preserving facial movement,” says Dr. Murray.

At Virginia Hospital Center, Dr. Murray performs acoustic neuroma surgery jointly with **Ashkan Monfared, MD**, neurotologist (expert in otology and acoustic neuromas), and Associate Professor of Surgery and Neurosurgery at George Washington University Medical School. The two surgeons work in tandem, with Dr. Murray removing the part of the tumor at the base of the skull and Dr. Monfared removing the tumor inside the bone, during the lengthy hours of this complex operation. Endoscopic-assisted microsurgery enables the surgeons to see around corners to remove small amounts of tumor that they would not have seen otherwise. Dr. Murray and Monfared’s team is among the few elite surgeons capable of performing these complex operations with great outcomes.



*Ashkan Monfared, MD, with Richard Murray, MD*

“My wife’s surgery took more than 9 hours,” says Mort. “Both doctors came out separately and told me how it went. She was in intensive care overnight and released after just a few days. The most incredible thing to me was they did not shave her head. I couldn’t even tell where she had surgery. We were very impressed with the care she had at Virginia Hospital Center.”

Deborah’s facial numbness is gone and she is doing well. She is using a special hearing system now to compensate for her hearing loss.

“Receiving a diagnosis of acoustic neuroma is daunting for anyone. Our goal is to provide compassionate and personal care to our patients and use our team’s expertise to serve their individual needs. Treatment for acoustic neuroma is best done at a hospital like Virginia Hospital Center that has all the necessary expertise. When patients are treated by highly skilled surgeons and an experienced team, outcomes are significantly better. We have some of the lowest rates of complications and the highest rates of preserving facial function in the nation,” say Dr. Murray and Dr. Monfared.

**“We were very impressed with the care Deborah had at Virginia Hospital Center.”**

— MORT GOLDSTROM

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