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## NPH diagnosis in San Tan Valley man returns him to normal life



Tim Hacker

### NPH

Edwin "Ed" Stall, of San Tan Valley, was diagnosed with NPH (normal pressure hydrocephalus) after suffering from Parkinson's and Alzheimer's-like symptoms for years, shown in his home with his wife Betty Stall, Tuesday, Jan. 31, 2012. After having a shunt put in last year, he regained the ability to walk and is hoping to start golfing again. [Tim Hacker/ Tribune]

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By [Stacie Spring](#), East Valley Tribune

Surgery to implant a shunt into a 75-year-old San Tan Valley man's brain has returned him to a nearly normal life years after he was diagnosed with Parkinson's disease and began suffering from bladder incontinence and dementia.

Edwin "Ed" Stall had been diagnosed with Parkinson's disease-like symptoms in 2007 at the age of 71. It was hard for him to walk and his balance was off. An MRI showed "nothing alarming," Stall said.

"I always felt a sensation like I was falling forward when I was walking," he said.

After falling a few times, the doctor tried to correct Edwin's gait, or his stance, as he walked.

"He's always walked faster than me, because he's taller," his wife of 54 years said. "Then I started walking faster than he did."

Over the next three years, Stall and his wife, Betty continued to seek answers to his medical problems to no avail.

Slowly, he stopped being able to do work around the house or play a round of golf, he said. He was unable to walk down the street to a friend's house and instead had to have Betty drive the car.

Eventually bladder incontinence made it nearly impossible to leave the house. Memory problems started to affect him and despite Stall's love for baseball statistics it became harder and harder to keep it straight. He spent most of his day in the recliner, he said.

His wife had to essentially help him with everything, she said. "Things were only getting worse."

During a water aerobics class in the summer of 2011, a friend told Betty that her husband's symptoms could be NPH - normal pressure hydrocephalus.

"I spent the whole weekend researching NPH," she said.

### **Normal Pressure Hydrocephalus**

NPH, commonly, is referred to as "water on the brain."

It is caused when excess cerebrospinal fluid, the fluid that insulates the brain from injury, builds up in the brain, said Dr. Joseph Zabramski, a neurosurgeon at Barrow Neurological Institute at St. Joseph's Hospital in Phoenix, and chairman of Barrow's section of cerebrovascular surgery.

"The brain constantly makes cerebrospinal fluid. It's constantly made and constantly absorbed," Zabramski said. "For most people, the amount absorbed is the same as the amount made."

With those with NPH, it is believed that the brain doesn't absorb as much as it should, he said.

Often times, its symptoms are mistaken for the effects of aging or Parkinson's, as in Stall's case, Zabramski said. NPH typically only affects people over the age of 55. Since most of the people who develop NPH are over 55-years-old and their friends often say they have similar problems, symptoms are often attributed to aging.

Experts estimate that about 375,000 people in the U.S., or 5 percent of all patients with dementia, including Alzheimer's disease, may actually be affected by NPH, according to the Hydrocephalus Association.

It's common for people with undiagnosed NPH to be shuffled from doctor to doctor searching for a correct diagnosis, Zabramski said.

Without treatment, it can lead to irreversible brain damage, he said. But since the disease often takes years to progress, in many cases the disease's progress can be stopped or even reversed if treated early enough.

## **Diagnosis**

An MRI in 2011 showed that Stall did have enlarged brain ventricles, the chambers in the brain that produce fluid, he said. Enlarged brain ventricles can be a telltale sign of NPH. Soon after, Stall was given a lumbar puncture (commonly referred to as a spinal tap).

"In a lumbar puncture we take about 30 CCs of fluid from the spine," Zabramski said. "Usually, when we take that out, the patients who have NPH get better very rapidly. In about two or three days, they go back to their old selves (being able to walk, better memory, etc.). If a few days later they have some of the trouble, these patients almost always can benefit from a shunt."

Basically it works as a preliminary trial to see if a patient will respond to the typical treatment.

On Aug. 15, Stall had a shunt surgically placed in his skull. A tube now leads down his neck and into his abdomen, where the fluid is absorbed into his bloodstream.

He has a programmable shunt, something Betty made sure he had after doing her usual extensive research, which means that if the valve size needs to be readjusted, it can be done without having to replace the shunt, Zabramski said.

Shunts typically last ten to twenty years, and in Zabramski's ten years treating NPH, he's only had to replace two shunts.

Surgery took only an hour, which is normal for the procedure, Zabramski said. It was followed by three days in the hospital.

That being said, there are possible complications to surgery. Infection of the surgical wound, bleeding into the brain or ventricles, seizure or blood clots are all risks of the surgery.

"It is brain surgery after all," Zabramski said. "But it's a pretty benign procedure. The risks are about one or two percent."

Follow ups every year are very important after the surgery to make sure that revisions aren't necessary, he said. But after surgery, most people live relatively normal lives.

## **Life Now**

Now life is nearly back to normal for Stall.

"Relief - what a relief," he said. "I don't have to rely on someone all the time."

Each day he grows stronger, his wife said. He's back to doing simple yard work and chores. She quizzes him on his extensive baseball knowledge, and now he remembers most of it. His short term memory is slowly improving, he said.

"I've practiced driving at the range, but I haven't been to the course yet," he said about his golf game. "I have plans next week to go out to the course."

"Now, when I see people out in restaurants and they're shuffling like Ed did, I want to run up to them and say, 'You might have NPH,'" Betty said.

Usually those who are intimately knowledgeable are the best at recognizing the symptoms in others, Zabramski said.

"They and their families will be the first ones who know the signs," he said. "Families are the perfect screeners for NPH."

Zabramski hopes that further knowledge and awareness of NPH among primary care doctors can mean that more people receive treatment sooner. If doctors can diagnose patients sooner, it may mean that fewer people will end up in nursing homes and can instead live longer, healthier lives.

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