# MOUNTAINS -- http://posthope.org/superbrock/update/123647/mountains

Brad Morrow , 8:44 pm, 12/30/2013

The consensus from the doctors is that instead of risking the Ventriculoperotoneal Shunt going through potentially infected tissue to relieve the "pressure" of fluid buildup, it is safer in his case to just leave him on antibiotics for another week and hope (pray) that pressure buildup does not become an issue.

So I put up some of his MRI pictures (I hope I'm not breaking the law or anything- although, I guess we did pay for them) for any of you interested nerdy types. Follow the PHOTOS tab at the top. I put a little caption by each one briefly explaining it. I'll go ahead and give you my professional radiologist report on each one (I won't charge you $500, either!) [From Mark, to Church Family: to see the photos go to http://posthope.org/superbrock/photos )

The more RECENT (third round, today- 12/30) scans are on the LEFT, and the older scans (second round- 12/16) are on the RIGHT.

1- ***EDIT*- I've since deleted this picture from the album, realizing that it doesn't really help anybody to see that scan. It's really just the hydrocephalus that I'm trying to explain today, anyway. So you won't find this particular scan-slice in the album. In addition- we're not all that interested in other diagnosis opinions, and I'm afraid we'd get a bunch of "Well my friend's nephew's cousin's brain was damaged in the same spot and..." etc. Hope you all understand. Ok, continuing...** You can see on the left how bright the bottom left area of the brain is. That area is associated with vision, though it's impossible to tell in what way that will clinically affect him. He can obviously SEE and follows things with his eyes. Like his hearing though, I guess that could potentially get worse. The scan on the left shows the a smaller area, but you can see the areas that are left comparatively darker than the rest of the brain- those are the permanently damaged cells. Those cells (as I mentioned in the "Back-Flip" post, could end up basically dissolving out and be replaced by C.S. fluid... or just stay there, hard to tell.

1-3- These are the pictures that show the obvious Hydrocephalus (water in the brain). The earlier scans on the right side show all of the very bright distressed cells, which have since become NOT inflamed, and/or died and dissolved and gave way for the ventricles (which are typically MUCH smaller) to collect more and more cerebral spinal fluid to replace the space once occupied by brain cells. The... fortunate(?) thing in Brock's case is that his skull has room to move and grow with increased pressure (as with any infant). We just have to make sure that the pressure doesn't get TOO HIGH because that could result in further damage. We will have to keep a close eye on his head circumference and, mainly, his behavior, to stay on top of potential issues. The doctors agreed that this is a better route of treatment than the Ventriculoperotoneal Shunt as of RIGHT NOW. We are praying it doesn't ever necessitate that surgery, but it's at least a possibility.

4- This last picture is just showing again the bright, inflamed tissue on the right with the more average sized-ventricle, and then the less inflamed tissue on the right with the larger than normal space of cerebral spinal fluid.

If any of you are attorneys who happen to think it's not good for me to put these pictures up, would you go ahead and notify me? :-) Thanks.

Our Neurologist that Brock will be seeing for the rest of his life enlightened us a bit as to the "long-term" plan as far as medications go. He's on Phenobarbital, Keppra, and Topamax. He will continue taking each of those meds following the same dosage that he has been on here at the hospital. Brock will eventually gain weight and the

dosage will effectively be smaller as they won't change his dosage to continue to match his size. He said that when he has another seizure (not "if", but "when") then we'll discuss in what ways his medication/dosage may need to change. He fully expects that Brock will continue to have seizures long into the future. That would be a harsh and scary reality. He reiterated that seizures are a symptom of the brain damage, and that many of his patients who have damage that is not even visible on an MRI have to take seizure medications constantly. Brock, who has a considerable degree of VISIBLE damage, will likely continue to have seizures as an ongoing symptom.

He sure seems tired at the moment, nice and cute and baby-like. It's hard to believe ANYTHING is wrong when you look at him. He has had trouble with spitting up a lot today for a couple of feeds- this can be a bad sign, we're really hoping it's not one though.

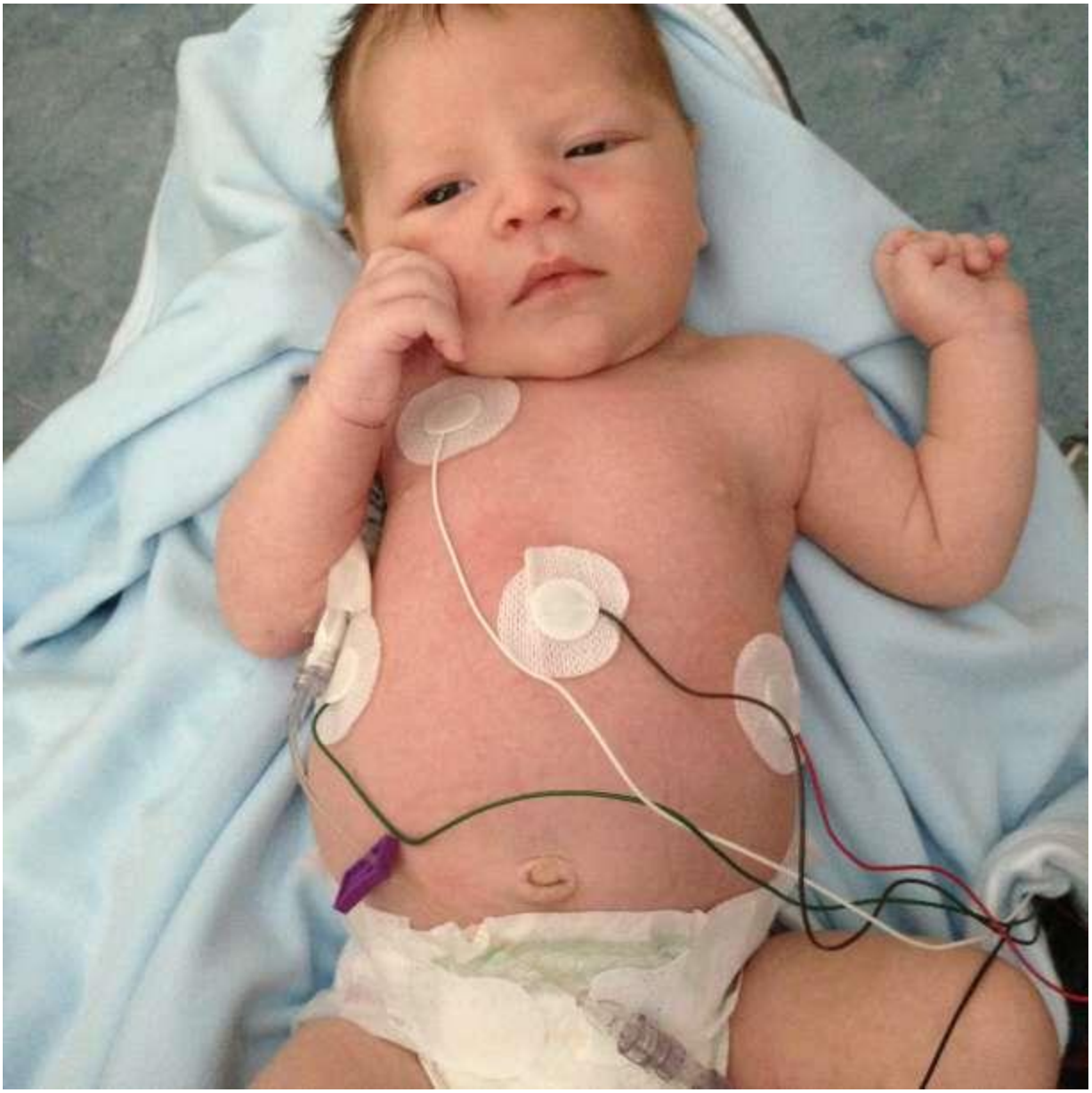
We recognize that nothing is for CERTAIN it seems- and we simply ask that you pray for our peace, patience, comfort, wisdom, and understanding through all of the uncertainty. When I think of the beginnings of the respective faith journeys of Abraham, Isaac, Jacob (Brock's middle name), Joseph, or even the New Testament guys like Peter or especially Paul- all of them seem to have started out in an overwhelming state of uncertainty. Some of them seemed to be uncertain for a considerable amount of time in their ministry (if not most)- perhaps surprised at every turn. I think of Paul who, even in the midst of great adversity (beaten, stoned, whipped, etc), found comfort in knowing the Kingdom was SOMEHOW advancing through God's use of Paul's love for Him. I think of John the Baptist whose task was to "make straight the way of the Lord"- to make the mountains low and raise of the valleys. I wish I could do that for Brock in a very physical sense: make his mountainous hurdles disappear and let all that he faces be flat ground. Taryn and I both feel fairly helpless in this regard, and know that God alone can make the mountains move from in front of him and jump into the sea- and we pray earnestly that, whatever that means, that may happen.

We both feel pretty overwhelmed right now, especially with the beeps and alarms going off every couple minutes (stupid wires...). I know, out of principle, that God is near- pray with us that we experience in more and more real ways how His presence will manifest in this chaos.

“Come to me, all you who are struggling hard and carrying heavy loads, and I will give you rest."- Matthew 11:28 (CEB)

## BACK-FLIP -- http://posthope.org/superbrock/update/123644/back-flip

Brad Morrow , Dec 30th at 4:16 pm



It's probably no surprise that my favorite roller coaster (to date) is the SUPERMAN at Six Flags... the one does the back flip around the giant superman statue. Perhaps it's appropriate that we call him "SuperBrock", because he's taken us on quite a ride the past couple days. Well, buckle up. The rollercoaster is getting ready to plummet again.

We were HOPING that the news we would get today would all be good, and we did receive some good news. For one thing, the MRI results seem to show that MOST of the areas that were effected from the meningitis were mostly just inflamed tissue that has gone back down, leaving only small areas of actual damage (which we already knew about; we just didn't know how much was inflamed cells as opposed to damaged cells). The areas of tissue damage (without getting too technical) are several little pea-sized areas at the front of the brain, and a penny-sized area at the back right, which is an area related to vision. So it is good news that the actual damaged areas are MUCH smaller than what they could have been. That's certainly something to rejoice about. From there on we get not-so-good news:

First of all, even the attending anesthesiologist (who does more spinal taps than anyone in the hospital) was unable to obtain cerebral-spinal fluid after several spinal tap attempts. The neurologist guessed it's for the same reason that

existed before: areas of inflammation around the meninges are still restricting fluid down to that small space where the puncture is attempted. This is a major downer because the infectious disease doctors have been wanting to see the change in cell-counts in his CSF for what seems like MONTHS (ok, so 3 weeks). We are still waiting to talk with them today, but this could mean that they will go ahead and keep him on the Ampicillin (antibiotic he's been on for 22 days now) for …another few days? Week? Two weeks? There ARE other ways to get spinal fluid, like attempting a puncture higher up, but then we're talking a major increase in risks because we're dealing closer to the brain stem (scary). I'll add an update when we know more about that.

Second of all, the MRI revealed one of the three things I mentioned that they didn't want to see, which is, a buildup of fluid (cerebral-spine fluid). This is probably related to the reason they can't get spinal fluid from the lumbar puncture site: most likely there's an area of inflammation that, in addition to not letting spinal fluid down his spine, is causing a buildup of fluid in the ventricles in the brain (like a highway pileup). The initial MRI showed us that the brain tissue was so inflamed that these ventricles in the brain (on an MRI slice you would see them as spaces of black in the middle of the brain in the shape of mirroring V's) were very thin, like they were being pinched by the encroaching brain tissue. Well, now the brain tissue swelling seems to be going down. In addition to that, it's likely that his actual brain is SMALLER due to the infection… like some tissue has simply "melted away," as one of the neurosurgeons put it. Due to these things, the ventricles in the brain that hold (and drain) spinal fluid, are now significantly LARGER than normal. This is called "Hydrocephalus"- water in the brain. So, this is due to either 1) inflamed meninges not allowing the fluid to drain down properly, OR 2) the spinal fluid is simply taking up the space that the brain tissue has receded from (as it is designed to do).

When the neurologist, which is different from a neurosurgeon (you got it WRONG Grey's Anatomy!) came in to show us the MRI results from today, he said that the neurosurgeons might recommend performing a "Ventriculoperitoneal (VP) Shunt" today- which is essentially a straw/catheter that they poke through the skull and brain tissue into the pockets of excess fluid to drain it to the appropriate pressure levels, and then gets pushed down to skin level and stays the rest of his life. This is necessary for many individuals who are at risk for constantly increasing brain pressure, which, left unchecked, leads to brain damage. As it turns out, they might NOT be doing that since they can't PROVE (without the benefit of seeing cerebral spinal fluid that they'd get from a successful spinal tap) that the infection is totally gone. The last thing they would do is go THROUGH a potentially infected area and into the ventricles in the brain… that would be bad. Neurosurgery seems to be leaning towards just monitoring his head circumference and general demeanor (feeding habits, irritability, etc) to determine if the pressure in his brain is getting too high. They said that at the MOMENT, there's no reason to rush into a surgery that he MIGHT NOT need and that would affect him the rest of his life, especially if it seems that pressure in his skull is not dangerously high. Here's a link that explains very easily what a VP Shunt is and how it works, etc- if you want to read it: http://www.healthline.com/health/ventriculoperitoneal-shunt?toptoctest=expand

So here's the basics:

- No increased damage (currently) to the brain tissue beyond what we already knew about. In fact, MOST of the affected tissue was simply inflamed and not permanently damaged.

- No brain abscesses were evident (according to initial reports)

- The Lumbar Puncture failed (again, even by the best of the best)- probably due to a “dry” area caused by the number of punctures he’s had, or the inflamed meninges tissue in that area not allowing fluid to go past a certain point.

- We are still waiting on the team to consult with the Infectious Disease team to determine what the course of action is going to be at this point.

- It’s looking like Brock will NOT be going home this week (as of 3:39pm, anyway).

Aye-yai-yai… I told you to buckle up, right? Taryn was able to sleep a bit at home last night which is good, because I’m not sure she’ll want to leave the Hospital now. Staying up with him and not letting him take a bottle because he had to fast for 8 hours before the MRI was difficult, as you can imagine, but not as bad as it could have been. When we learned he wouldn’t be allowed to nurse or take a bottle last night I told Taryn she should go home and rest since there wasn’t any point in BOTH of us not sleeping. He is now considerably gassy, poor guy, and not feeding as well as he was earlier due to the sedation and everything. It’s also very difficult for Taryn or I to hold him very comfortably because he has to have respiratory, oxygen, heart rate, and blood pressure hook-ups for at least 24 hours after the sedation this morning. Hopefully that won’t make tonight unnecessarily difficult; although, it probably will because none of the leads stay on very well and alarms start going off every 3 minutes interrupting every conversation, ugh. So there’s a bucket of things to pray for if you’re prayer list is getting short.

Sorry this post isn’t as theological or poetic (or short) as previous ones… We are still processing all this information and still living in a currently unknown future, so we haven’t quite had time to really think through what this means. Hopefully the Infectious Disease Doctors will be by soon and, whether good news or bad news, we’ll at least know what the plan is going forward.

We continue to thank you for your tremendous love and support of Taryn and I and our girls. Laurie Frantz and Hollee Ford even stayed up here a few nights over the past couple weeks so that Taryn and I could stay together in our own bed at home, which is an exceptional gift during this time. Our sweet dog Zoe was even being spoiled at Jake Randall’s house- thank you guys! Also, my youth group went above and beyond for my family this Christmas. I had plans for a White Elephant Christmas party at the Holts' house, and when this whole thing happened, the Holts and the youth group decided to make sure that Christmas for our family didn't go down the drain with us not being able to go out and shop for each other. They bombarded Brynlee, Brielle, Brock, Taryn, and even me with presents that brought huge smiles to each one of us- even with all that's happened. Man, they sure are incredible- love them! We love you all so much, and couldn't imagine going through this with anyone other than all of YOU. God bless you. You have richly blessed us with your friendship during this time.

Grace and Peace~ Brad and Taryn

## Quick Prayer Update -- http://posthope.org/superbrock/update/123641/quick-prayer-update

Brad Morrow , Dec 30th at 1:20 am

This evening, Brock spiked a fever right after shift change. While this would be alarming regardless, it was more so because the last time his vitals had been checked was 8 hours previous. The day nurse had forgotten to take his vitals at 4 pm, so we are unsure how long he had the fever before it was addressed, doctors were notified, blood drawn, tests run, etc. Please pray with us that Brock was simply being cuddled a little too tightly and that his body has not caught anything else or this fever is not an indication of something we will see on his MRI/MRV scans tomorrow (like a pocket of infection in his brain). Our floor has now been opened to accept any cases due to shortages of beds, so we now have a number of flu/RSV cases on our floor. This increases the risk of us or another nurse/doctor exposing Brock simply by accident, so we are doing our best to stay in our room and be extra diligent about hand washing and nurse watching (making sure they gown/glove/mask up, washing stethoscopes, etc). Brock will not be allowed to eat anything after 2 am because of the anesthesia, so please be praying he sleeps soundly and gets an early spot for the scan. Mondays are always catch up day, but we have been told infants are typically booked after trauma, but before other older patients. We are hopeful that the MRI will show a decrease in the amount of swelling, but even more so that there are not any pockets of infection that would require additional weeks of antibiotics. If the scans are good, and the glucose and white blood cell counts from his lumbar puncture are in the correct ranges considering what he has been through, we will be looking at going home this week!!

"This is the day that the Lord has made; let us rejoice and be glad in it."

~Brad and Taryn

## SUPER-HEARING -- http://posthope.org/superbrock/update/123617/super-hearing

Brad Morrow , Dec 27th at 3:08 pm

Meningitis, as you're aware, has a long list of issues that tend to follow in its wake. One of those is hearing loss. In addition to the meningitis damage on the rest of the brain, both inner ears were also affected/damaged by the resulting inflammation. It is standard to have a hearing test done with meningitis cases, and particularly in his, with the inner-ear damage.

So Audiology came today to perform this test, which includes some tiny ear-buds that go make a range of "audible" tones and volumes, and probes that stick to a couple spots on his head to monitor brain activity when the tone is produced. Obviously babies can't raise their hand and say, "I heard that" so they have to rely on brain activity.

She said she had to "work fast" once she started which I took to mean, "Don't ask questions or bother me until I'm done." She did say she would share results as soon as it was completed.

The test took about 30 minutes, and when she was done she said. **"HE ACED IT!"**

He will have to have a follow-up procedure in 4 weeks here at the out-patient clinic where they will repeat the test, and then every 3-6 months until he is one year removed from the infection because he is still "at risk" until that point.

They want him to gain little more weight than he is right now, so pray he is able to do that. Also pray that the subsequent hearing tests in the weeks and months to come will be "ACED" as well!

One of the resident doctors came by this morning and said they are very pleased with how Brock is progressing and that Neurology and Infectious Disease both want a MRI/MRV and a spinal tap on Monday or Tuesday. Hopefully they can do these together, as he will need anesthesia for both. The attending physician came in later and reiterated that he is doing great, and HOPES the results on Monday/Tuesday show good cerebral-spinal-fluid glucose levels, no worsening clots, no abscesses around/in the brain, and no lingering pockets of fluid around the brain. IF all these good things show up... THEY WILL DISCHARGE HIM EARLY NEXT WEEK!!!

Please pray that the doctors see what they really want to see so that we can finally go home, show Brock all his Christmas presents, and be together as a family eating meals, praying, and singing and dancing together again soon! If any of the above signs are not present, we'll be talking perhaps an additional 1-2 weeks on the antibiotics. Monday would mark the 21 STANDARD days of antibiotic treatment- so that's the reason for seeing how he has responded up to this point. Thank you all for your prayers, love, support, and visits- they mean so much!

"Let me **HEAR joy and celebration** again..." Psalm 51:8

Blessings

Brad and Taryn

## THANK YOU -- http://posthope.org/superbrock/update/123612/thank-you

Brad Morrow , Dec 26th at 3:36 pm


Brad and I cannot say THANK YOU enough for everyone who went out of their way to make yesterday as special for us as possible considering the circumstances. Thank you for each thought sent our way, each prayer that had Brock's name, each gift under the tree; we are so incredibly blessed!

## MERRY CHRISTMAS -- http://posthope.org/superbrock/update/123599/merry-christmas

Brad Morrow , Dec 25th at 11:13 am


Merry Christmas from SUPER BROCK to you!

The doctors have begun their discussions with the infectious disease team, and as of right now, we are being told the doctors want both an MRI and another lumbar puncture (LP) to help them decide how many more days on antibiotics Brock needs before leaving the hospital. This will likely take place on Friday or Monday. In order to get the best possible images for the MRI, Brock will need to be sedated. Please be praying for the entire procedure- there are always risks when putting anyone under general anesthesia. Pray that the clot has SHRUNK, or better yet, DISAPPEARED. Pray that we will see a DECREASE in the amount of white on the scan (areas of his brain that are dead/inflamed). Pray we don't need additional weeks of antibiotics and can begin talking about getting Brock HOME!

I'm spending Christmas incredibly thankful for the progress our sweet SUPER BROCK has made over the last two weeks, and for the ways that you all have reached out to BLESS us in this journey.

~Taryn