

A journey to hope

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David Lopez's mysterious symptoms came on suddenly. In February 2024, a wave of dizziness and nausea washed over the 50-year-old computer engineer, who lives in San Diego, CA. When they didn't subside, he visited an urgent care. The doctor diagnosed him with vertigo: nothing to worry about, and likely to go away on its own.

It did not go away on its own.

Desperate for answers, David went to his local emergency department, where he finally learned the truth. Rather than vertigo, he had a cavernous cerebral malformation (CCM) in his brain stem—the slender stalk at the base of the brain that connects to the spinal cord. The CCM, which is an abnormal tangle of blood vessels, had been present since birth. Almost 50 years later, it was leaking blood into his brain and triggering his symptoms.

The only proven treatment was surgery. But because the CCM sat deep in David's brain stem, none of the nearly two dozen doctors he consulted in and around Southern California felt comfortable operating. Surgery might leave him with permanent brain damage or even kill him,

they warned. By then the bleeding had stabilized, so doctors advised him to manage his condition with dietary changes and careful monitoring.

Dissatisfied with this advice, David set out to do what he does best: research. “I research for my job. I’m a research guy,” he said. “But I never imagined I’d be researching brain and neurosurgery stuff.”

In April, he found a story eerily similar to his own on Northwell’s website, about a [CCM in another patient’s brain stem](#). [Amir Dehdashti, MD](#), the director of cerebrovascular neurosurgery research at [North Shore University Hospital](#), performed the surgery that saved that woman’s life. Dr. Dehdashti is one of a handful of neurosurgeons in the country with the expertise required for this delicate surgery.

Excited to have found an expert who might help, David made an appointment for a telehealth visit. Afterward, he felt something he’d been missing throughout this ordeal: hope.

“Dr. Dehdashti explained so well what I had. No one else had been able to explain so clearly,” David said. A second bleed wasn’t just a possibility, the doctor explained—it would almost certainly happen, which might have devastating consequences. “He said, ‘We need to get it out. And this is how I’d do it.’”



David's own determination and extensive research brought him to the right care at Northwell.

As eager as David was to fly across the country for surgery, his insurance company would only approve treatment closer to home. His symptoms continued, several times severely enough to send him back to the emergency room, while he kept searching for a neurosurgeon who could perform the operation locally.

In July, David's symptoms got even worse. Now he was having balance issues and difficulty swallowing. During another visit to the ER, fresh scans revealed bad news: the CCM had developed a second bleed, larger than the first one. This one might kill him.

And still, no neurosurgeon nearby was able to help.

Terrified, David reached out to Dr. Dehdashti. His response was almost immediate: How quickly can you get to New York?

A global disruption in air traffic kept David in California for two more days, which turned out to be a blessing in disguise. He used the time to get another scan, which showed his bleed had stabilized, making it safe to fly. He used his time in the air to write a plea to his insurance company, and emailed it upon landing. Before he reached his hotel, he finally had the approval he needed.

On July 29, Dr. Dehdashti performed an eight-hour operation, assisted by neuronavigation guidance, brain stem mapping and other state-of-the-art tools. He successfully removed the entire CCM. After a period of recovery, David was cured.

"Afterwards, one of the post-op nurses asked why I came all the way here to do the surgery," he said. "I told them, 'You're lucky—you have Dr. Dehdashti. We don't have that in San Diego.'"



With the CCM procedure behind him, David can now look forward to a future he wasn't sure he'd have.