



TWO TWO LIVES LIVES ON ON THE THE LINE LINE

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Valencia Opont

From the time she was a little girl in Bridgeport, CT, Valencia Opont was prone to headaches. “I’d get them a lot but it wasn’t a big deal,” said the 27-year-old nursing assistant. “My mother would give me Tylenol and they went away.”

That was not the case when Valencia became pregnant with her daughter Jana, who will be two in May. “My headaches came back, and they were much more severe,” she explained. Her ob-gyn prescribed a medication called Fioricet, which eased the pain. But in October of 2018, when Valencia became pregnant with her second child, a boy this time, the headaches returned with a vengeance, along with vertigo. “I was really worried,” Valencia said.

So was her doctor, who sent Valencia to the local hospital for an MRI in January.

The scans revealed that Valencia, who was in her second trimester of her pregnancy at the time, had a brain tumor. Even so, local doctors were relatively reassuring. “They told me that the tumor was slow growing, and that because I was pregnant, the best thing to do would be to follow it and do nothing until I delivered the baby.”

By the next month, however, Valencia’s symptoms had grown worse. Besides the headaches, and the vertigo, she was also experiencing severe nausea and vomiting. “One day I came home from work and I was throwing up nonstop, even though I had not eaten,” she explained. She asked her husband Jean to bring her to the ER, only she couldn’t walk to the car; she was too dizzy.

Valencia ended up going to the ER by ambulance, where another MRI revealed that her tumor had tripled in size in just four weeks’ time. Valencia was stunned. “There was nothing like this in my family and I’d always been healthy. The only time I’d ever been to the doctor was for checkups.”

Her doctors were also shocked, and immediately referred Valencia to Jennifer Moliterno, MD, Chief of Neurosurgical Oncology for Primary Brain Tumors at Smilow Cancer Hospital. After reviewing the MRI, Dr. Moliterno was concerned Valencia had a medulloblastoma, which is a relatively rare, but aggressive type of brain tumor in adults. They can be commonly misinterpreted, as initially happened with Valencia. “By the time she came to me, the tumor was the size of a small tangerine, and had grown considerably in a short amount of time. It was now pressing on her brain stem and causing fluid buildup throughout the brain, which can be a life-threatening condition.” The situation was indeed dangerous. After meeting with Dr. Moliterno on a Monday, Valencia was in surgery the next day. “We needed to remove it as soon and as safely as possible,” said Dr. Moliterno.

Of course, performing brain surgery on a patient who was 26-weeks pregnant made an already complicated procedure even more challenging. Given the location of the tumor, the operation is typically done with the patient lying on his or her stomach as to provide adequate access. “That was impossible in Valencia’s case of course because of the baby,” explained Dr. Moliterno. Instead, she positioned Valencia on her side. “It wasn’t ideal in any regard,” she said.

Another concern was the amount of time the surgery would take. Ideally, the operation needed to be done as quickly as possible to minimize the effects of anesthesia and blood loss, not just for Valencia’s well-being, but for her baby. “These types of tumors tend to be very vascular—very bloody,” said Dr. Moliterno. “It can be a difficult surgery to perform to start with, and even more so when you have to modify it.”

On the day of surgery, in addition to Dr. Moliterno and her team, there was an ob-gyn team in the operating room and on standby if needed for an urgent delivery during the brain surgery. “They had a fetal monitor attached to my belly to keep track of the baby’s heart,” recalled Valencia. “I was very scared.” Both Valencia and the baby’s heartbeats echoed throughout the operating room during the surgery.



Dr. Moliterno was mindful of the challenge at hand. “Instead of having one life on the line, we had two. That made it even more important that we remove the tumor quickly and safely.” She did just that, removing the tumor in its entirety in a swift two hours. “We were able to remove all of it, and thankfully had Valencia on and off the table in a relatively short and safe amount of time,” said Dr. Moliterno.

Valencia’s tumor was classified as a Grade 4 medulloblastoma, confirming Dr. Moliterno’s suspicions and explaining the relatively fast growth rate. Additional genetic testing, performed only at advanced centers such as Smilow, better categorized the tumor. When Valencia woke up in the Neuroscience Intensive Care Unit immediately following surgery, she felt a bit dizzy, but her headache was gone. And while she still gets headaches intermittently, “they are not as severe—they come and they go,” she said.

Yet even with such a difficult diagnosis and journey ahead, Dr. Moliterno is optimistic for her patient. “Valencia had a very aggressive operation, which is a very good first start to treating this disease. That is certainly in her favor, and it gives us time to allow the baby mature and to be delivered before additional treatments are needed,” she said. “We do a relatively high volume of brain tumor surgeries at Smilow, which allows for our experience to make a big difference in our patients’ outcomes.”

Dr. Moliterno also feels positive about the fact that Valencia ended up at Smilow Cancer Hospital. “Valencia’s case really demonstrates all of the strengths of our Brain Tumor Center,” she said. “For brain tumor surgery and brain tumor treatment, it definitely matters which hospital

or center a patient seeks care from.” One reason: As with all brain tumor patients at Smilow, Valencia’s case was presented at a multidisciplinary tumor board, which includes a diverse panel of experts—neurosurgeons, neuro-oncologists, radiation oncologists, neuropathologists, neuroradiologists—all with specialized brain tumor expertise. “As you can imagine, when you have that many experts dedicated to once specific specialty, such as brain tumors, it makes a significant difference in the care that is offered,” said Dr. Moliterno. Valencia’s case was also reviewed as part of their Precision Brain Tumor Board, which considered the underlying genetic abnormalities of her tumor, to decide which treatment might be the most effective. “Genetic sequencing, which is performed on every primary brain tumor removed at Smilow, allows us to better understand the tumor on a molecular level and can affect their treatment and outcomes,” explained Dr. Moliterno. “Our patients truly benefit from the expertise and cutting-edge care we provide, including robust clinical trials.”

Home and taking care of her daughter, only a few weeks after her life-saving surgery, Valencia can do all the normal things that a mother-to-be does, including trying to come up with a name for her son, who will arrive early at 34 weeks to allow her to begin radiation and chemotherapy.

“Even despite the challenges, and the added pressure of hearing every heartbeat of the baby while I operated on Valencia’s brain, they both did wonderful. I look forward to meeting this special little boy and seeing Valencia continue to fight this disease,” said Dr. Moliterno. 🔄

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– Dr. Jennifer Moliterno