

PROF M F BASSENDINE - EXT 26208

MFB/DA/0301316T

19 August 1994

Dr I T Gilmore  
Consultant Physician and Gastroenterologist  
Royal Liverpool Hospital  
Prescot Street  
LIVERPOOL  
L7 8XP

Dear Dr Gilmore

WILLIAM MURPHY DATE OF BIRTH 07 11 34  
94 HILARY AVENUE LIVERPOOL L14 6US

DIAGNOSIS

1. Haemophilia A
2. Cirrhosis secondary to chronic hepatitis C with portal hypertension
3. Hepatocellular carcinoma

Thank you very much for asking us to assist with this charming 59 year old man for liver transplantation. As discussed on the phone we were all optimistic that he would be an ideal candidate, as transplant would not only cure his liver disease, but also his haemophilia. As part of his work up he had an NMR scan (copy enclosed), which confirmed a small shrunken liver with splenomegaly and ascites, but unfortunately also revealed a lesion of approximately 7cm in the left lobe possibly penetrating the capsule. On review of his Liverpool medical records we unearthed an alpha-fetoprotein protein from blood taken on 15th of July of 9280, confirming that he has developed a hepatocellular carcinoma, on the background of his hepatitis C cirrhosis.

Contd./....

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Mr Murphy and his wife have been told that he has developed a growth within his liver and that this alters our decision to recommend transplantation and probably other surgery. They know that on their return to Liverpool treatment options will be discussed with you and the ones that I have mentioned are of chemotherapy and/or intra-hepatic injection of alcohol, directly into the growth. Mr Murphy and his wife asked whether a transplant would be reconsidered if the tumour shrank and I indicated that we would happily re-discuss this with you, but emphasised that he should not hold out too much hope for this as in the past I had had patients turned down at the assessment meeting despite some improvement in the growth however, it may be that we will shortly adopt a protocol using intra-venous Adriamycin pre-operatively, during the anhepatic phase and post-operatively as good results have been obtained in tumours of this size using this regime in the States. Certainly if his alpha-fetoprotein falls reflecting response to medical therapy I would be very keen to re-discuss this option with you.

King regards

Yours sincerely

M F Bassendine  
Professor of Hepatology/Consultant Physician

ENC

# Liver Transplant Assessment

Name: GILBERT MURPHY

August 1994

## Bloods:

Hb : 10.0	Na+ : 136	Ferritin: 104
WCC : 5.9	K+ : 3.2	Iron : .....
Hct : 29.5	Urea : 4.8	%Satn : .....
MCV : 99.9	Creatinine : 83	TransF: .....
Plt : 56	Tot. Protein : 73	IgG : .....
PT : 19	Albumin : 32	IgA : .....
KCT : 83	Tot. Calcium : 2.04	IgM : .....
Fib. : 1.7	Phosphate : 1.50	Caerul : 0.14
Fac.V : 777	Bilirubin : 40	CRP : 6
B12 : 1000	Alk.Phos. : 124	TSH : .....
Folate : 8.3	ALT : 87	<del>*</del>
RCFol : 705	Amylase : 14	Mg : 0.65
Glucose : 5.2	AlphaFP : >100,000	Zn : .....
Alpha-AT : .....		Cu : .....

AutoAb:

B-2-M :

BLOOD GROUP: A POSITIVE

Antibodies?

CMV IgG :

Blood Film: no