

So back to Hampshire
where he was for the
To see in 30!

GRO-C

74/7795

Problem

Right ankle chronic arthropathy - for 8-9 years.

A few days ago ankle became stuck &
Crunchy - then improved

But still stuck intermittently

Ankle has been locking for a few months

Both ankles have been target joints.

O/E

Dorsiflexion 90°

Plantar flexion 150°

Impression

Sounds like loose body in joint

To be seen in orthopedic clinic

Already has appointment

GRO-C

16.1.96

Not reviewed since May 95.

∴ only enough prescribed for

2 treatments.

GRO-C

REVIEW

28/4/98

NAME:

GRO-B

HOSP NO:

GRO-B

Haemophilia A VIII < 2u/ml

Age GRO-B 75
22y

HIV Neg

Occupation

Motor finance

HCV POS

Worries GRO-B

Haemophilia

Present treatment:

uses prophylaxis
2000u every 3-4th day.

Prophylaxis:

Demand:

Annual use: Now on Replenate.

Access good.

Planned treatment:

Continue as above.

Prophylaxis:

Demand:

FE-general health

Well normally,
but series of illnesses since Xmas
gastroenteritis, URTI, flu.

Transfusion Transmitted Disease

HIV

Neg

Medication

Hepatitis (including vaccination)

HAV Neg Sept. 96 -

Havrix - monodose is now available. Repeat at 6m. I have suggested M.A.V vaccination

HBV >100 Sept. 96

OK write to GP. (send letter to patient)

HCV Seen by Dr Mirbury Oct 96.

Type 1 HCV

Social • 29.2 x 10⁶ Oct 96 Infected 1970s ie. 25y.

US 23 Oct 96 - Normal

AFP 1996 3 68 ALT } Oct 96
40 AST }

O/E Long discussion about HCV : I have advised to review in liver clinic in Autumn.
Height (children) = Weight =

Work don't know he has haemophilia : takes day off holiday. Has 20 days holiday.
Conclusion Conclusion.

1. Continue prophylaxis.
2. Give HAV vaccination. I will write instructions for him + GP for future injection.
3. Review liver clinic in Autumn.

Plan

6/12

GRO-C

17.11.98 29.12.98 25.V.99

REVIEW

NAME: GRO-B

HOSP NO: GRO-B

Haemophilia <2u/dl VIII

Age GRO-B 75

HIV Neg

Occupation
~~None~~ Not working
Income support

HCV Type 1 Neg

Haemophilia

Present treatment:

Using 2000u prophylaxis
every other day.

Prophylaxis:

Demand:

Annual use: M, W, F advise.

Planned treatment:

Prophylaxis:

Demand:

FE-general health

Had RTA 2nd April.

Went to Royal Surrey at Guildford A + F.

- Worst (L) Knee
- x (R) Ankle ? sprained.
- x (R) Shoulder
- x (R)+(L) hips
- x (R)+(L) wrist.

Transfusion Transmitted Disease

HIV

Medication

Negative =

Hepatitis (including vaccination)

HAV Neg

HBV 540 IU.

HCV Type 1

AST 32

ALT 44

Social

29.2 x 10⁶ 16.10.96.

Has information sheet & we will meet in 1/12

? girlfriend to discuss.

Planning to have a child Dec.

O/E

Psychology student at [GRO-C] may be
She lives in [GRO-C]
changing to [GRO-C] Hampshire.

Height (children) =

Weight =

Conclusion

1. Prophylaxis M, W, F 2000 u
2. Apparently liver n/s was not convenient, needs new appt.
Review in 1/12.

Plan

3. Review at next orthopaedic clinic
(Woman who pulled out in front of him may have legal case for his personal injury.)
4. Consider which haemophilia centre if he moves. 1/12. CAL.

HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

7/ix/99

LIVER/HAEMOPHILIA CLINIC - 24.8.99
Did Not Attend.

GRO-C

I have agreed to provide medical report and send to him.

He is having problems c (R) ankle and I agreed to book into Liver Clinic 23/ix/99.

He has run out of Rx - I have suggested continue prophylaxis 2000ux 3 weekly.

GRO-C

GRO-C

Hampshire

GRO-C

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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

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CAL/MJ/GRO-B

30 April 1998

Dr GRO-B

GRO-B

Beds

Dear Dr GRO-B

GRO-B

GRO-B/75

GRO-B

This 22 year old man, who has severe haemophilia A, came for his review on 28th April. He works in motor finance GRO-B. He is HIV negative but, infected with hepatitis C. He uses prophylaxis, 2000 units, every 3rd or 4th day and he uses Replenate - his access is good.

In general, he is well, although he has had a number of upper respiratory tract infections since the New Year.

I have initiated hepatitis A vaccination, which needs to be repeated within the next six months. He has good antibody to hepatitis B. He was reviewed by Dr Mistry in the Liver Clinic in October 1996, when it was ascertained that he has type 1 hepatitis C with a viral load of 29.2×10^6 . He has abnormal transaminases and it is likely that he was infected with hepatitis C about 25 years ago. He had an ultrasound on 23rd October 1996, which was normal. I had a long discussion with him about hepatitis C and I have suggested that he ought to have some treatment with combination therapy at some point, although he might prefer to wait until there are more therapeutic options available. I thought after our long discussion, the best thing was to review him in the Liver Clinic in the autumn.

Thus in conclusion, he will continue on prophylaxis to treat his haemophilia, he has had an hepatitis A vaccination and we will review him in the Liver Clinic in the autumn.

Yours sincerely

GRO-C

Christine Lee
Professor of Haemophilia

Cc Dr D S Thompson
Consultant Haematologist
The Luton & Dunstable Hospital
Luton LU4 0DZ

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

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CAL/MJ GRO-B

30 April 1998

Dr Geoff Dusheiko
Consultant Hepatologist
C/o Haemophilia Centre
RFH

Dear Geoff

GRO-B - GRO-B 75
GRO-B

This patient has severe haemophilia A and is infected with type 1 hepatitis C. He was seen by Dr Mistry in the Liver Clinic in October 1996, when a number of baseline investigations were achieved - he had type 1 hepatitis C, with a viral load of 29.2×10^6 . He had an ultrasound on 23rd October 1996, which was entirely normal. He had an alpha fetoprotein performed in 1996, which was 3, and his transaminases are marginally elevated.

When I saw him for review on 28th April, I had a long discussion with him about the possibilities regarding treatment. However, he seems very reluctant at this stage. I explained that it would probably be helpful for him to be reviewed in the Liver Clinic and to think more about the possibilities regarding treatment in the meantime.

Yours sincerely

GRO-C

Christine Lee
Professor of Haemophilia

Cc Dr Dan Thompson