

HEPATITIS SERVICE- DR AGARWAL/ DR HARRISON

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Hepatitis Outpatient Clinic -- Dr Kosh AGARWAL

Clinic Date: 04 March 2015

PRIVATE AND CONFIDENTIAL

Dr **GRO-B**

GRO-B

Dear Dr **GRO-B**

GRO-B DOB: **GRO-B** 1955, Hospital No: **GRO-B** NHS No: **GRO-B**
GRO-B

Problem List:

- HCV cirrhosis Gen 3a: UKELD 55, MELD 21
- Decompensated following PegIFN/Riba in August 2014
- HCV RNA currently not detected
- Hyponatremia: improved
- Significant peripheral oedema: now established on diuretics and improving
- Hepatic encephalopathy
- Grade 1 oesophageal varices
- Hypothyroidism
- Epilepsy: converted to Keppra this admission from sodium valproate
- Lower limb cellulitis
- Bladder surgery
- MRSA +ve, possible CRE contact
- Altered behaviour: related to interferon therapy?

Current Medication:

Lactulose (not being taking it)
 Haloperidol has been changed to Mirtazapine
 Levetiracetam 500mg bd
 Levothyroxine 100µg once daily
 Rifaximin 550mg bd
 Adcal D3 one tablet bd
 Fortisip

I reviewed Mrs **GRO-B** in the Liver Outpatients Clinic today with her husband. She has had three fits since she stopped Sodium Valproate in December time. The last epileptic fit was in **GRO-B** and lasted six minutes. Her husband informs me that the fits have increased in frequency given that prior to stopping the Sodium Valproate her last epileptic fit had been 15 years ago. Of note her Sodium was 123 in the recent admission to **GRO-B**. Spironolactone and Frusemide which she had been taking for peripheral oedema has been stopped at that time. However she informs me that as she has noticed some leg swelling she has restarted both these medications 3-4 days ago.

I have advised her today to stop the Spironolactone and Frusemide and of note her current sodium is 121. She has not been following a salt free diet or a 1.5 l fluid restriction. In fact she has been drinking 3-4 litres of fluid a day. I have reiterated the necessity for this to her. We also reviewed her medications. She has not been taking Lactulose but has been taking her Rifaximin. However on review of her Dosette box it was clear that the Dosette box which Mrs **GRO-B** fills herself had not been filled correctly for a number of days and so the question arises whether her recent spate of epileptic fit has been related to underdosing of her Keppra. I therefore advised that she has her Dosette box filled by her local pharmacy, she stops her Frusemide and Spironolactone and stays on 1.5 L fluid restriction, has no salt in her diet and takes Lactulose 15ml bd.

On examination today she did not have a hepatic flap and her serum ammonia was 21. Her husband also reports that on psychological level she has been buying large volume of goods, several thousand pounds worth and so he has had to stop her credit card. She is also having problems with simple tasks like picking up the phone due to a mixture of encephalopathy and an underlying psychological issue. We have agreed that we should optimise her and review her in three weeks' time at which time we can look into when safe delivery of the antiviral agents is possible.

Laboratory Blood tests

Test	Value
WBC	11.68 10 ⁹ /L
PLT	127 10 ⁹ /L
INR	1.32 Ratio
Sodium	121 mmol/L
Potassium	4.6 mmol/L
Creatinine	78 umol/L

Albumin	35 g/L
Albumin	35 g/L
Bilirubin (Total)	46 μ mol/L
Alkaline Phosphatase	89 IU/L
Aspartate Transaminase	85 IU/L
Gamma-glutamyl Transferase	83 IU/L
Globulin	30 g/L
Calcium	2.31 mmol/L
Thyroid Stimulating Hormone	0.02 mIU/L
Free Thyroxine	18.3 pmol/L
Neutrophils	$8.29 \times 10^9/L$

Yours sincerely

Electronically checked to avoid delay

Suman Verma

Cc:
patient