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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
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GRO-C

CAL/MJ/ GRO-B

25 January 1993

GRO-B

Dear Dr GRO-B

GRO-B

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This 21 year old GRO-B came for his six-monthly review on 20th January. However although he is meant to come every six months, he hadn't actually been seen since August 1991 and had made an appointment in response to a letter I had written to him.

He has severe haemophilia A, he is infected with HIV and hepatitis C.

He uses monoclate, the high purity factor VIII, for his haemophilia and the only problem joint that he has had is his right ankle, where he had a synovectomy in 1985. He treats bleeds when they occur and uses approximately 36,000 units a year, which is under our average usage. I told him that in future, we will probably be using the monoclonal product from The National Health Service, 8SM. I have also explained to him that we are in the process of checking patients hepatitis A status, with a view to vaccinating those who have no antibody.

He has had natural infection with hepatitis B in the past and has a good antibody level.

He is hepatitis C positive but, his liver function tests are not abnormal. I discussed in detail with him, the implications of this and the fact that we would not give therapy if the liver tests were normal and it is possible he has cleared the virus.

He came to the Royal Free from GRO-B in 1984 when he was already HIV seropositive. We do not know exactly when he seroconverted but, it is probable that he has been positive for over 10 years.

GRO-B

I had a long discussion with him about therapy for HIV disease and explained that we introduce antiviral treatment with zidovudine and prophylactic treatment at a CD4 count of 0.2. The last count we have on him is in August 1991 and I explained that it was possible that as a result of this follow-up, we may have arrived at a time to start treatment.

His greatest concern about the progression of HIV disease is of death, although he says that he is able to live with this problem particularly following his experience on the Ziebrugger disaster. He has a girlfriend who does not know about HIV but he always uses precautions. He lives with his parents who both know about HIV.

On functional enquiry he has no mouth ulcers, he has had what he calls a "heat rash" for which I think you prescribed a cream. In the GI tract, he has had no indigestion and no diarrhoea. In the GU tract, he has not had any haematuria and he has not had any chest pain. He did have eczema as a child and he says that this has recently recurred in his hair. We do find that adults sometimes get a reactivation of their eczema with HIV.

On examination his weight was 76.7 kg, there was no lymphadenopathy, his mouth was healthy, the blood pressure was 130/90, his chest was clear, the abdomen was normal and the skin showed a mild folliculitis.

INVESTIGATIONS

CD4	0.41
AST	25 u/dl
Hb	15.9
Platelets	280
HCV	Pos
WBC	8.3
HBsAg	neg

Yours sincerely

GRO-C

Christine A Lee