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## The Royal Free Hampstead NHS Trust

Pond Street Hampstead London NW3 2QG

Telephone 071-794 0500 Ext.

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPath Director Dr CHRISTINE A. LEE, MA MD FRCP MRCPath Consultant Haematologist

Ref: PT/EAD

23rd May 1991

Dr D Kirby
The Surgery
Nevills Road
Letchworth
Hertfordshire

Dear Dr Kirby,

Re: Mark Ward - GRO-C 64 GRO-C

Diagnosis: Severe Haemophilia A HIV Seropositive

Mark is now 27 and continues to work for British Airways as a Cargo Customs Service Officer. He attended for an annual review this afternoon. I am pleased to say that he is extremely well at present. The haemophilia has not been a problem, and indeed he cannot remember when he last had to use Factor VIII. He has Factor VIII supplies and is able to obtain venous access without trouble should he get a bleed. From the point of view of his joints, there has been no progression, he has an arthritic right elbow and left knee, but is extremely active and does not find that the mild disabilities interferes with his work.

HIV seroconversion was probably in 1982, but he remains a symptomatic from that point of view. He continues to live at home and does not have any sexually relationships. He is on no medication, does not smoke and drinks occasional alcohol. On examination he looked well, but is thin, his weight is steady at 50.3 kgs. He has some shorty lymph nodes in both axillae and also in the femoral regions, but otherwise there was nothing to find on general examination. Examining his joints, he has chronic arthritic changes in the right elbow and movement is reduced to  $40-90^{\circ}$  flexion which is non painful. The left knee has a scar and he has a range of movement of 0 to  $45^{\circ}$  with crepitus. His other joints are fine.

We discussed issues related to HIV infection and the significance of his falling T4 lymphocyte count. We would recommend that he starts AZT when the T4 count goes below 0.2 x 10° per 1/t, but Mark is not at all keen on taking AZT at present, as he feels very well and is worried that the increased medical attention that it would entail, would interfere with his work and social life. His liver function tests have been abnormal in the past and he probably has Hepatitis C infection, although this has not been tested in the past. We discussed Hepatitis C testing and he has agreed to go ahead with this. Finally, I have recommended that he makes an appointment to see our dentist, as he has some problems with his molar teeth. He is going to ring back to the Haemophilia Centre in about 2 weeks time when we have the results of his blood tests. There were no other recommendations at present.

Yours sincerely,

GRO-C

Dr Paul Telfer MA MRCP

Registrar