

To Dermatologist

Thank You for reviewing this gentleman again. He has improved in the shampoo however he has developed crusty lesions over ~~scalp~~^{neck} and legs which initially start as a papule → blisters

Thank You

GRO-C

Dr. H. Loh

GRO-C

29/11/46 Dr. Rubin

Dermatologist

He has impetiginized eczema on the face, neck, ~~to~~ thighs & (R) buttock.

I've taken a scrub & would suggest

— dermat N Nant bd. to affected areas

— oilatum plus to bath

I note he is on a therapeutic dose of clarithromycin, this may need to be increased if he doesn't respond to the above treatment. Please give me a ring if it doesn't settle & I'll see him again.

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GRO-C

HISTORY SHEET

Hospital No.

GRO-C

M/F
M/SW

Surname

First Names

WILLIAM
FLACK

D. of B.

GRO-C

69

DATE

CLINICAL NOTES (Each entry must be signed)

→ BIDs ✓

Sick Certificate 1/12 - continuing problems with
BA

GRO-C

(SHO)

20/11/95 Well.

Cream + shampoo prescribed by
dermatologist have improved skin
+ scalp.

Has lesions on legs.

Medication as of 20/11/95.

Sept. 95 CD4 10/pl
AST 37.

O/E lesions over both legs 1/12.

(R) buttock ?? look liked
infective areas. To try & get
dermatological opinion.

Needs all teeth extracted - will
need antibiotic cover.

? returning to work New Year.

No longer on gancyclovir. (completed course)

HISTORY SHEET

Hospital No.

GRO-C

M/F
M/S/W

Surname:

First Names:

WIMMO

Mark

D. of B.:

GRO-C

69

DATE

CLINICAL NOTES (Each entry must be signed)

20/1/95

Dr Rustin

Skin swab: Staph aureus +ve Flucloxacillin
patient allergic to Penicillin
on clindamycin
Continue.

24th Dec

mother rang up
Apparently Mark was involved in a
car crash on 23rd Dec
? 22/12/95

Suffered only a whiplash.

No other injury.

Read by mother to 70% on day + today.

Brought to local hospital after crash
was well.

Remains well & no problems.

mother feels he will manage without
bringing him in.

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28/XII/95

Review of notes 1995:

Jan 95 - Drug, alcohol related haematemesis.
Sept 95 - chest infection. October 95 Endoscopy. CARV
Dec. 95. Staph. aureus infected skin lesions.

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CAL/MJ **GRO-C**

2 January 1996

Dr D Kirby
The Surgery
Nevills Road
Letchworth
Herts SG6 4TS

Dear Dr Kirby

Mark WARD - **GRO-C** 69

GRO-C

I saw this patient for routine follow-up on 20th December. He was in general, well and said that the cream and shampoo prescribed by the dermatologist had improved his skin and scalp, which had been badly affected with seborrhoeic dermatitis. However, he represented with new skin lesions on both legs and his right buttock. We sought a dermatological opinion and the result is that he has been diagnosed as having staph aureus infected lesions and has been prescribed flucloxacillin, in addition to the clarithromycin he is on for prophylaxis of his MAI.

He continues on co-trimoxazole 960 mg, fluconazole 150 mg twice a week, omeprazole 20 mg once a day, zidovudine 200 mg once a day and ddl 200 mg once a day.

He is due to be seen again at the end of January. It is likely that he will continue to have infections as he now has profound immune deficiency with a CD4 count running at virtually zero. He has been very compliant with his prophylactic and antiviral medication so, hopefully, we can keep him reasonably well for some time yet.

Yours sincerely

GRO-C

Christine A Lee