

25.11.98

919375

REVIEW

NAME:

Surname
WARD
Forename
MARK

MR

GRO-C 69

M

HOSP NO:

Haemophilia < 2u/ml vIII

Age 29

HIV Pos

Occupation

Not working

HCV Pos

Haemophilia

Present treatment:

Prophylaxis:

Very few bleeds.

Demand: 2000 u.

No problems.

Replenate.

Annual use:

Planned treatment:

Prophylaxis:

Demand:

FE-general health

- Eyes - no further Rx / fine.
- Psychiatry - seen Sept.
- Apparently Dr in haemophilia (? Dr Vadder) refused to renew prescription for venlafaxine 75mg OD. He has stopped this.

89.11.28

Transfusion Transmitted Disease

HIV July 98
CMV Retinitis.

39,900 16/11/98

CD4 66/pl. 32m 3.1

Discussed adding PI -
Hepatitis (including vaccination)

HAV Neg.

HBV 638 16/11/98

HCV 4.9×10^6 10/12/97

Social

Had holiday in Antigua - 'hurricane George hit'
but he is moving
Living with partner GRO-C
one of house Mark owns. He cannot
'cope' with Mark's illness.
Living in Birmingham (mother in Hertfordshire)

O/E

Height (children) =

Weight =

Conclusion

1. Haemophilia not a problem.
Continue on demand.
2. Anti HIV medication as above -
reluctant to start PI.

Plan

Going to dermatology re
warts - GP tried cryotherapy,
but not very helpful,

3/12

GRO-C

6/12 Review

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CAL/ML GRO-C

27/11/98

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

Dear Dr Kirby

Re Mark WARD (69)

GRO-C

This 29 year-old man, who has severe haemophilia A and is co-infected with HIV and hepatitis C came for his haemophilia review on the 25th of November.

He has had very few bleeds and continues to treat his haemophilia on demand with 2000 units of Replenate. There are essentially no problems with regard to the haemophilia.

On functional enquiry, he did have an episode of what was thought to be retinitis in July of 1988. There has been no further follow-up of the eyes and they seemed to be fine now.

He also had depression and was seen by the psychiatrist in September and was prescribed Venlafaxine. This drug was stopped because the junior doctor in Haemophilia refused to renew the prescription. He says that he is fine and does not require any more treatment.

The last HIV viral load we have on file was 39,900 on the 16th of November, the CD4 count was 66 and a beta II microglobulin of 3.1. He remains on treatment with zidovudine and 3TC and I have advised adding in a protease inhibitor. However, at this stage he is reluctant to have that treatment. He is also on treatment with Co-trimoxazole 960 mgs x 3 weekly, Clarithromycin 500 mgs bd and Ciprofloxacin 500 mgs bd. This is essentially long term treatment for the presumed MAI that was diagnosed and he takes Fluconazole 50 mgs daily, Omeprazole 20 mgs daily and Metaclopramide daily.

Mark WARD

He has lost his antibody to hepatitis A. He has got good antibody to hepatitis B. He is infected with hepatitis C, but actually has a very low viral load of 4.9×10^6 . At the present time we are not treating hepatitis C in the face of the HIV medication.

In the social situation, his relationship with his partner, [GRO-C] has split up and he is moving out of the house that Mark owns essentially because of difficulties in coping with Mark's illness. Mark continues to live in Birmingham. His mother is living in Hertfordshire. He recently experienced hurricane George whilst on holiday in Antigua.

Thus in conclusion, the haemophilia is not a problem. He will continue on his existing HIV medication, but will consider the addition of further drugs for this and he was to be reviewed by the dermatologists on the day of this appointment regarding the warts on his face which have not resolved following treatment with cryotherapy. I will see him again in three months' time and we will have a full haemophilia review in a month.

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia