11/5/99

REVIEW

Surname WARD Forename MARK

NAME: WARD Mark

GRO-C 69

HOSP NO:

Haemophilia < 2 4 / Fren

Age 30

HIV Pos

Occupation

HCV POS

Not working

<u>Haemophilia</u>

Present treatment:

Prophylaxis:

2000 u Replenan.

Demand: 🗸

No pollens.

Annual use:

Planned treatment:

Prophylaxis:

Demand:

FE-general health

Sow the Radeleffe W. name blockage Nov.
Rescribed nevel spray - bene Has benien on new which is a problembleaving ++:

See in services logg.

Relations to have acted Transfusion Transmiπed Disease antiHIV Changey. Neces HIV JUL 18 reviewing after Medication 2DV 300 BD / 16-11-18 39,900 HIV 3TC 157 BD. 3.1 /2 m 004 58/HI con/aiiiHepatitis (including vaccination) Co. Erimoxante Gpm Hoxacin Onegrande Metodopramide HAV 638 14 /1 16.11.98 HBV ? 4 12/2/98 PCR pos. 41 AST ) 48 ALT (16/11/98 HCV no que vo Social Plans to more from Birmingham. OE Selling honer. Weight = Height (children) =

Plan GRO-C

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13/05/99

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

Dear Dr Kirby

Re Mark WARDGRO-C 69)

GRO-C Birmingham GRO-C

I saw this 30 year-old Mark Ward today, the 11th of May. He has severe haemophilia and is coinfected with HIV and hepatitis C. He is not working. He treats his haemophilia with 2000 units of Replenate on demand.

On functional enquiry, his nasal blockage for which he received treatment from Mr Radcliffe with a nasal spray in November of last year is better. He does however have a lesion on his anterior neck and we will seek a dermatological opinion about this.

His last HIV viral load was 39,900 with a CD4 count of 58/µl. He is reluctant to have further anti-HIV therapy added in, but I think we need to review this in the near future. We will check the viral load and CD4 count today. He remains on treatment with Zidovudine 300 mgs bd and 3TC150mgs bd in the form of Combivir. He is also on Cotrimoxazole, Ciprofloxacin, Fluconazole, Omeprazole and Metaclopramide. He has got good antibody to hepatitis B. He is infected with hepatitis C, but only has marginally elevated transaminases.

In the social situation, he has split up with his boyfriend. He is planning to move house from Birmingham. Thus in summary, he will continue to treat his haemophilia on demand. We will keep him on Combivir for his HIV treatment and we will seek a dermatology opinion today.

Yours sincerely GRO-C

Christine A Lee

Professor of Haemophilia

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA