

26/01/00 Came c mother.

28 JAN 2000

## REVIEW

NAME: WARD MARK

HOSP NO:

GRO-C

Haemophilia < 2u/dl FVIII

Age

GRO-C

69

HIV Pos

Occupation

Receptionist

HCV Pos

### Haemophilia

Present treatment:

Uses replete 2000u

Prophylaxis:

Demand: ✓

Annual use:

Last bleed R & J QEH  
Birmingham.

Planned treatment:

Does not want to move  
to Birmingham.

Prophylaxis:

Demand:

### FE-general health

Had cryotherapy via GP, Hertfordshire.

Had two warts removed @ RFH.

Generally well.

\* Has had epigastric pain again.

CMV gastroscopy  
Sept 95  
Transfusion Transmitted Disease

HIV 14/7/99 10,100  
CD4  
19/1/00 18/μl

presumed  
MAI  
Sept. 97.

Co-trimoxazole 3 / week  
5 Ciprofloxacin 500 BD  
2 Clarithromycin 500 BD  
Fluconazole 50 OD  
Omeprazole 20 OD  
Metoclopramide one OD.

ZDV 300 BD } Mar 97  
3TC 150 BD } U. Zy

Combivir

Hepatitis (including vaccination)

HAV Neg )

HBV 550 } July 99

Wants to have protease inhibitor  
Wants / + changing up & down to  
grandmother  
means he wants to start  
additional drugs - previously  
resistant Friend recently used.

HCV 4.1 x 10<sup>6</sup> July 99 AST 30 )  
Type 3. ALT 36 } July 99

Social Grandmother died 6 days ago

Still living in Birmingham.

Receptionist in residential training centre.

O/E GP is providing sick certificate.

Height (children) =

Weight =

Conclusion

1. Continue on demand Rx  
replenish.

2. Add in 3rd anti-HIV  
drug. CDK

Plan

3/12

GRO-C

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TELEPHONE 020 7794 0500



Royal Free Hospital

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director:** Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
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CAL/HB **GRO-C**

28 January 2000

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

Dear Dr Kirby

**Mark Antony Ward** **GRO-C 69**

**GRO-C**

This 30 year old man who has severe haemophilia A infected with HIV and Hepatitis C came in on the 26th January with his mother. He is using Replenate to treat his haemophilia. He has very few bleeds and was last treated at the QE2 hospital in Birmingham by Dr Wilde. Obviously since he lives in Birmingham, they would prefer if he was treated there but Mark is most reluctant to move from the Royal Free. I understand you have been treating with cryotherapy the warts on his face and he is also complaining of epigastric pain again.

He is on Combivir; Zidovudine 300mgs bd and 3TC 150mgs bd for his HIV infection. This was started in March 1997, that is two years ago. He is also on Ciprofloxacin 500mgs bd and Clarithromycin 500mgs bd for his presumed MIA diagnosed in September 1997. He is also taking prophylaxis with Co-trimoxazole 960mgs x 3 weekly, Fluconazole 50mgs od, Omeprazole 20mgs od, and Metaclopramide x1 daily. We know that he had CMV on gastroscopy in September 95. His CD4 count on the 19th of January was only 18/ $\mu$ l and I think that his epigastric pain is possibly a recrudescence of his CMV with a fall in his CD4 count. I also suspect that the recrudescence of his facial warts is related to his falling CD4 count. He clearly needs to go on an additional drug and it is interesting that he has finally come to that decision himself; partly because of his facial warts, partly because his grandmother has just died and he can't take what he calls 'the chasing up and down' and partly because a friend has recently died.

He has lost his antibodies to Hepatitis A, he has got good antibodies to Hepatitis B, he has got a high viral load of Hepatitis C ( $41 \times 10^6$ ) but normal transaminases and we now know this is Type 3. I have explained to him that at sometime in the future it might therefore be possible to treat him for this.

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In the social situation his grandmother died six days ago. He is very upset about this because he spent a lot of his childhood with his grandmother. He's still living in Birmingham and is working as a receptionist in a residential training centre but is not particularly enjoying it and he tells me that currently he is having sick leave because of his bereavement.

I will refer him to Dr Johnson regarding advise about his additional HIV therapy and will try and see him in the next combined HIV clinic. I will see him again in 3 months time.

With kind regards

Yours sincerely

GRO-C

Christine A Lee  
Professor of Haemophilia

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CAL/HB/GRO-C

28 January 2000

Dr M Johnson  
Haemophilia Centre

Dear Margaret,

Mark Antony Ward/GRO-C/69

GRO-C

I would be grateful for your advise regarding Mark Ward who is a 30 year old man who has severe haemophilia and is co-infected with HIV and Type 3 Hepatitis C. He was presumed to have MAI in September 1997 and is on long-term Ciprofloxacin and Clarithromycin. We know that he had CMV on a gastroscopy in September 95 also. He's on Zidovudine 300mgs bd and 3TC 150 mgs bd as Combivir which he has been on since March 1997, that is two years. He's also on prophylaxis with Co-trimoxazole, Fluconazole, Omeprazole and Metaclopramide. He came to see me on the 26th of January with his mother and he has finally agreed to have a third HIV drug. This is because of the recrudescence of warts on his face and that a friend has recently died and that he realises the advantage of this extra treatment. His CD4 count on the 19th of January had fallen to 18/ $\mu$ l. I have suggested that he comes to the next HIV clinic for us to re-adjust his dosage. I have requested of Professor Loveday resistance studies.

This man lives in Birmingham and if you feel that there is some urgency to get him onto treatment before the next HIV clinic, we could get him down to see you on another occasion earlier.

With kind regards

Yours sincerely

GRO-C

Christine A Lee  
Professor of Haemophilia